

Hampshire County Council

# Fleming House Care Home with Nursing

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Fleming House Care Home with Nursing is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 55 people some who may be living with dementia.

### People's experience of using this service and what we found

People felt safe living at Fleming House Care Home with Nursing and they were very much at the heart of the service. We received positive feedback from people, their relatives and health professionals about the care provided.

Staff knew people well and were responsive to people's needs. People were able to choose what activities they took part in and suggest other activities they would like to complete. The impact this had on people was outstanding and had resulted in people living an active life with choice evident throughout.

The service had introduced a tea room which was a popular meeting place throughout the day. People told us it was a great addition to the home and enjoyed get togethers held in the venue.

The Fleming Arms pub remained a popular destination and we observed many people enjoying themselves throughout the inspection and looked forward to planned events in the pub.

Staff were passionate about making a difference to people's lives and had raised funds for improvements to the service and enjoyed working at the service.

People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

People were cared for by a motivated and well-trained staff team, who always put people first. Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in an individualised and compassionate way. People's privacy and dignity was always maintained.

People received outstanding end of life care by a team of staff that were passionate about providing high quality care during people's final stages.

Relevant recruitment checks were conducted before staff started working at the service to make sure they

were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The registered manager developed and promoted community involvement within the home. In the summer the home involved the national citizenship scheme which involved local children tidying the garden.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 04 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Fleming House Care Home with Nursing

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector, a specialist nurse advisor in the care of older people and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Fleming House Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with 21 members of staff including the registered manager, deputy manager, maintenance manager, assistant unit managers, registered nurses, assistant practitioners, activity coordinators, care staff and the cook.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and quality assurance records. We spoke with three health care professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel secure here, the best thing here is there's always someone about and someone here to help". Another person said, "I feel safe here, oh yes". A relative told us, "I think he's safe here. His mobility has gone now. From what I've seen he's safe".
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, personal care and the maintenance of skin integrity.
- A health professional told us, "All moving and handling plans I have seen cover risks and have appropriate mitigations in place. The staff know when to seek expertise from other professionals to help manage a situation they are unsure about. For example, when a nurse stated that a leave in sling couldn't be left in situ due to risk of skin breakdown. They made a referral to the moving and handling service for an assessment as they didn't want to leave the resident in bed but wanted to look at alternative slings".
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Staffing and recruitment

- People we spoke with felt that there were enough staff to keep people safe. One person told us, "There's plenty of staff here. You couldn't wish for better staff. They get me anything, I have no complaints". Another person said, "If they're not too busy with someone else they're very quick at answering the bell otherwise they will say 'be with you in a few minutes', they're very good".

- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.

#### Preventing and controlling infection

- Staff followed a daily cleaning schedule and most areas of the home were visibly clean. There were no malodours around the home.
- There was an infection control lead in place who monitored staff and areas of the home by observations and regular audits.
  - However, on the first day of our inspection we observed an agency nurse support people with their medicines. The agency nurse did wear gloves but did not wash their hands or use hand gel before or after administering people's medicines. For example, they administered eyes drops for an eye infection and did not wash her hands before or after administration. We brought this to the attention of the registered manager, who acted promptly, and a meeting was held with the agency nurse and a reflective account taken on their actions and improvements put in place.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes. The care plans described people's needs in a range of areas including personal care, and daily living activities.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people we spoke with told us they enjoyed the food. One person said, "The food is nice, you get a choice". Other comments included, "The food is nice enough, they'll get me something else if I don't like it", "I had my dinner today, I enjoyed it".
- However, for one person they felt the food could be improved. For example, they prefer their fish and chips to be deep fried and told us the fish was baked in the oven in breadcrumbs. They also told us, "They never offer another alternative for dessert only yoghurt. We don't get hot puddings. I want custard and suet pudding, jam roly poly and custard! They don't ask me if I'd like a hot pudding, you have what they give you or yoghurt".
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. However, on the first day of the inspection in one of the dining rooms we observed only one member of staff and relatives supported people with their meals. The staff member kept leaving the room and leaving people at risk of choking and this resulted in one family member assisting two people to eat. In the three other dining rooms we saw a positive meal time experience.
- We spoke to the registered manager about our concerns, who took immediate actions. The second day of the inspection we saw more staff assisting people with meals and a much-improved meal time experience.

Staff support: induction, training, skills and experience

- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff

praised the training provided.

- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision and annual appraisals. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Health care professionals told us the service delivered high quality care. One health professional told us, "I find the home staff helpful and always accompany me to see a patient.

The home is peaceful, and calm, residents look well kempt and comfortable. When I advise or visit the nurses are keen to cooperate with treatment and often very grateful for support". Another health professional told us, "There is a lot of joined up working. [Registered managers name] is very committed to her residents and I would say overall the standard of care there is very good".

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses, tissue viability nurses, physiotherapists and chiropodists.

Adapting service, design, decoration to meet people's needs

- The environment was appropriate for the care of people living there. The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories.
- The home was suitable to meet the physical care needs of people with wide corridors and doorways, and bedrooms large enough for the use of any specialist equipment required.
- During our inspection a staff member was updating one area of the home which was going to incorporate historical local knowledge to engage memories for people living at the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff. One health professional told us, "They [staff] showed they had a good understanding of the mental capacity act".
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the

right to refuse care at any point.

- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives we spoke with told us staff were caring. One person told us, "I can't moan about the care, it's very nice here and the people are nice". Another person said, "They [staff] will always help you here, always". A relative told us, "They [staff] seem so kind". Another relative said, "They [staff] treat her right here. Staff come and check her, they are friendly and say 'hello'".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I love my job, really love it. If you can make someone smile, then I've had a good day". Another staff member said, "You do get attached, you can't help it. The day I stop caring is the day I stop working".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- We saw lovely interactions amongst people and staff. For example, one person was seated in the reception area content to watch passers-by and watching the 'slideshow' of recent events and activities. A staff member knelt in front of him, they were holding hands. The staff member asked them, 'Have you got your hearing aids? Do you mind if I get them for you? The person nodded, and the staff member having quickly retrieved the hearing aids took the care and time in checking they worked properly before carefully fitting them. The person told us, 'I like the people here, they're all kind to me".
- However, we observed an agency staff member not communicating with people in a lounge area and one person who kept trying to get up was told to sit down. We spoke to the registered manager about our concerns who reported the staff member to the agency and the local authority. The provider confirmed they will not be using the agency staff member again in the home or any of the providers other homes.

Supporting people to express their views and be involved in making decisions about their care

- People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity. One health professional told us, "Staff always knock on the resident's door prior to entering and seek consent before completing any moving and

handling activities".

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same rated outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service went above and beyond to recognise and respond to people's needs for social interaction and mental stimulation and many innovative, person-centred activities took place daily.
- People we spoke with were all happy with the activities on offer and especially enjoyed the 'Fleming Arms' and 'The Rose Tea Room'. One person told us, "It's lovely out there in the garden, I was out there until 18.00 last night. It's lovely. Yesterday I was in the tea room, it's nice in there, oh yeah, not half". Another person said, "The best thing here is the pub and the café over there. They look after me well here". Other comments included, "The staff are kind. I like quizzes, we do have quizzes here", "I'm happy enough. I'm well looked after. I've got all I need. They're always ready to do anything for you". A health professional told us, "Residents always appear happy (residential side) and enjoying the activities in the lounge or coffee shop".
- Since our last inspection the service had created 'The Rose Tea Room'. The money raised to fund the tea room was raised by staff. We spoke to one staff member who had the idea of raising money and had so far raised over £2000 towards the improvements for people living at the home. They told us, when they first started working here they thought it was a bit old fashioned and thought about raising money to improve the quality of life for people. Money then started flooding in through, donations, raffles and selling donated items with people and staff all getting involved and looking forward to the finished projects. Over a £1000 had been raised for the tea room and as a result it looked a beautiful authentic tea room. The room was very pretty with different types of tea and pretty tea pots and crockery with matching table cloths and curtains. There was tea and cake available all day for people to help themselves and was manned by staff for a few hours a day. The registered manager told us, "I'm so proud of [staff members name] to fund raise off her own back, own time and wants to make a difference".
- During our inspection the tea room was a popular meeting place throughout the day, offering a lively, stimulating area with lots of chat and laughter. On the first day of the inspection a knitting and natter was held in the tea room. Activity staff and a Volunteer were in attendance with a few people. It appeared a pleasurable experience with an upbeat and jolly atmosphere. A staff member told us, "The tea room is worth its weight in diamonds". Another staff member said, "It's a good way for our residential residents to mingle with nursing residents".
- We observed one staff member in the tea room showing people pictures of a recent fishing trip she had been on. People were animated and stimulated by the exchange of communication. It was apparent the staff member knew the people well and held a fondness for them.
- The Fleming Arms pub was still an extremely popular venue. The Fleming Arms is a large authentic bar

with a recessed section at a lower height for wheelchair users and was open every Thursday evening and Friday afternoon but also used for activities and functions throughout the week. The registered manager told us, "This is fantastic! People get dressed up to come to the pub! It's one of the best things we've done here". Other staff we spoke with confirmed its success and agreed people dressed up to go there.

- On the first day of our inspection people were enjoying a game of 'large dominoes' in the pub. There was plenty of interaction between them who all appeared to enjoy the activity. People were supplied with 'pub' style drinks if preferred.
- On the second day of our inspection there was a cream tea and Pimm's afternoon where family and friends were also invited. This was held in the tea room and the bar which also had an outside entertainer in the bar singing songs. This event proved hugely popular with both the bar and tea room overflowing into the garden area. For people in their rooms cakes and refreshments were taken to their rooms. There was a great atmosphere and it turned into a great social occasion.
- Since the last inspection the service now had a professional nail bar, for people to attend and have their nails pampered. We saw this was well used during our inspection and people were happy and looked forward to having their nails painted.
- Other improvements to the home using money raised by staff included the two residential dining areas being decorated. As well as hydration stations in the dining rooms containing, flavoured waters and juices, jelly's, mousses and custards. People we spoke with were happy with the updated dining rooms and told us how they and their families had presented the staff member who raised the money with a bunch of flowers to show their appreciation. People and staff were already planning the next stages of improvements with the money raised.
- The activity coordinator was very passionate about their role and told us how they involved people in the chosen activities. They told us, "I've been here 22 years, there's been lots of changes, better changes with understanding of dementia across the country. There's three of us, we work as a team, we bounce off each other and we always ask the residents too. We go out on trips, we alternate the residents. We play skittles. I suppose for improvement we could extend the Pub, it's very popular and gets busy and with wheelchairs and so on".
- Other activities included, chair exercises, quizzes, bingo, gardening club, breakfast club, gentlemen's club, church service and holy communion. Outside entertainer's visited the service and day trips were also held including boat trips, formal gardens, seaside and museum trips.
- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.
- People and their relatives were happy with staff knowing what care they needed, and everyone confirmed that they had been involved in their care plans and that reviews had focused on their individual needs.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, the service invited 'Southampton Sight' and they provided some training for staff on how to improve communication for people with a sight impairment.

#### End of life care and support

- The provider had been reaccredited for the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.
- Management and staff were very passionate about end of life care. The registered manager told us, "My administration staff said wish people could see what we do here and when families say you made a difference. What I like about my job is that I can make a difference. I am my residents advocate so important. I'm determined going to make a difference".
- A memory tree had been planted in the gardens for a relative who had passed away. The registered manager told us how a relative had placed their wedding flowers in front of the tree as their loved one would have wanted this.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Relatives were provided with a place to stay with two family rooms so that they could be close to their family members in their final days. A relative told us, "In that last week, as a family, we were camped out here. They were brilliant here. They didn't mind us staying here and made up beds for us and gave us meals". A visiting relative whose family member had passed away said, "The staff are always friendly. We always had a good rapport with the staff. It's been two years and they still remember me".

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us, "I don't like complaining anyway but nothing has been really wrong". Another person said, "I have no complaints here, whatsoever".
- The service had a complaints policy and procedure in place which was displayed in the home. This detailed the timeframes within which the complaints would be acknowledged and investigated.
- Records showed complaints had been responded to in writing or management had met with people or their relatives in person.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives we spoke with were happy with the service and the care provided. One person told us, "They look after me well here". A relative said, "The manager always has an open door".
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements to the quality and safety of the care provided continued to be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff we spoke with thought the registered manager was a good role model. One staff member told us, "No issues with management at all". Another staff member said, "I can pop in anytime and the manager always has five minutes for me".
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walk around the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I'm supported really well. [Registered managers name] has always got her door open. The Deputy is good too. If I had a complaint, I could speak to [registered managers name] and feel confident it would be sorted out". Another staff member said, "It's a lovely team, we help each other where it's needed. I feel respected and valued".
- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions.
- The provider sought feedback on the quality of the service through the use of an annual quality assurance survey sent to people and their families. The feedback from the latest survey showed people were satisfied

with the service and the care provided, but would like more animals in the home and as a result pets as therapy had been contacted and were on the waiting list.

- The service also produced a newsletter twice a year to keep people informed of upcoming events and to celebrate achievements.
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.
- The registered manager was keen to integrate with the local community. For example, shortly before the inspection the National Citizens Service (NCS) who provide 15 – 17-year olds with opportunities to learn and develop their skills had visited to tidy up the garden. The registered manager told us, "It's lovely to see the teenagers react with residents, we are very involved with NCS and try and support them when possible".
- The registered manager had also built up links with the local schools who visited and helped raised funds for the home.
- The service worked in partnership with the local authority and the local doctor's surgeries and relevant health professionals.
- The provider was involved in a six-month pilot and were half way through. The pilot was for a falls trail, to reduce falls in older people with four rooms having a sensor built into the nurse call system. This activated the lights when someone got out of bed. This had identified that this would be more suitable in the residential unit as it was currently placed in the nursing side of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.