

Methodist Homes

Fitzwarren House

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection over two days on the 27 and 28 January 2016. The inspection was unannounced. Fitzwarren House is registered to provide accommodation for up to 60 people who require nursing and personal care. On the day of the inspection, there were 60 people living at the home.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

People's medicines were managed in a safe and competent manner. People received timely support to meet their health care needs and the nursing and care staff were focused on how the person wished their care and support to be given. Care records reflected people's wishes about their support needs and gave staff appropriate guidance to be able to deliver personal care in the way the person wished. People's care and support was regularly reviewed with them and their families. The nursing staff demonstrated an excellent understanding and implementation of wound care.

People said they felt safe living at the home. Staff were aware of their responsibilities towards safeguarding people and showed a positive attitude to this. There was a complaints procedure in place; the service investigated complaints and responded in a timely way.

Staff were deployed in a way which meant people were appropriately supported in a timely way. People told us their care was not rushed and we observed staff took time when they were supporting people. Staff also spent time chatting with people and their families. People enjoyed the food and were supported to eat and drink in a sensitive manner.

People and families praised the staff for the caring nature of staff, their compassion and humanity. Families felt the end of life care people received was outstanding. Staff had developed positive relationships with people and sought to improve each person's quality of life. People were treated as individuals and equally by staff.

Staff received training which was relevant to their role and staff demonstrated a high skill base. Staff were offered supervisions and the registered manager was in the process of arranging further clinical supervision for nursing staff and the annual appraisals.

Health care provision was available to people through regular GP visits and other health professionals visited the home to offer care and treatment, such as speech and language therapy. People had access to dental and optical care.

There was a range of activities which people could take part in and the activities co-ordinator sought to make activities meaningful for people. A music therapist supported people through the use of music to help express themselves.

The registered manager and management team were keen to expand their knowledge of best practice and other methods to improve outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe living at Fitzwarren House and relatives agreed.

Staffing levels were monitored to ensure they met people's needs.

People received their medicines on time and medicines were administered in a safe and competent way.

The home was clean throughout and people commented on the level of cleanliness.

Is the service effective?

Good 

The service was effective.

There was a variety of nutritious food on the menu and people told us they enjoyed their meals.

Staff felt supported through receiving regular meetings with their line manager.

People had access to a range of health care professionals and the nursing staff provided information and guidance to care staff about people's health needs.

Is the service caring?

Outstanding 

The service was caring.

People were supported by caring, respectful, compassionate staff.

Staff had strong values and promoted people's rights. Staff were concerned about people's welfare and worked hard to enable a sense of wellbeing.

People and their relatives were extremely satisfied with the staff, their qualities and the overall care provided.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care in a person centred way and were responsive to people's needs.

There was a range of activities which people could participate in if they wished.

People and families knew how to make a complaint and there was a process in place to support this.

Is the service well-led?

Good ●

The service was well led.

Staff told us they felt valued and supported by the management team.

There were clear lines of accountability and the nursing staff demonstrated an excellent leadership and clinical skills.

Regular audits were carried out within the home to ensure people remained safe and the quality of the service was monitored.

Fitzwarren House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 January 2016 and was unannounced. We returned on 28 January 2016 to complete the inspection.

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

Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, two care managers, four care workers, the activity co-ordinator, music therapist, hospitality manager, kitchen assistant and housekeeper and hairdresser. We spoke with 22 people who live at Fitzwarren House and ten visitors. We received feedback from health and social care professionals who have contact with the service. We spent time observing the way staff interacted with people who use the service and looked at the records relating to the support and decision making for 20 people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Fitzwarren House. Comments included "I am happy here and I feel safe, it's a lovely place to live" and "I feel safe living here, if I did not like something I would speak to the manager. There were only positive comments from visiting relatives in relation to the safety of their loved one, such as "Oh, yes mum is definitely safe in here" and "Yes, she is safe and comfortable".

There was sufficient staff available to support people in a timely way. Throughout our visit we observed that the deployment of staff meant there was a consistent level of support available. We observed that staff took the time to stop and chat with people and staff told us they felt the level of staffing was good. People commented "I have a call bell around my neck and the staff come quickly if I ring" and "I haven't found any problems with having to wait or anything". Likewise, relatives told us "I think there are enough staff" and "there always seems to be plenty of staff around". A relative told us that sometimes it could be busy at lunchtimes. This had been raised at a recent 'residents' meeting and the registered manager had responded by the recruitment of five more volunteers at busy times to free up care staff.

Medicines were organised and administered in a safe, competent manner and administered on an individual basis to suit people's needs. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Senior staff had responsibility for administering and disposing of medicines and undertook training and competence checks to ensure they remained competent to deal with medicines. One person told us "they [the staff] know when I am not feeling too good, I am never left in pain, I can't fault them". Some people administered their own medicines and had lockable cabinets in their room to keep their medicine safe. There were protocols in place on how staff should support people to administer their own medicines if required.

Staff were considerate of people's safety whilst promoting their independence. We heard two members of staff discussing that one person was getting a bit wobbly on their frame and they would refer this to the care manager to decide if this person's mobility and equipment should be reassessed. Staff explained to us how they ensured people were safe through making sure the walkways were clutter-free, to making sure footwear was secure and that people had their spectacles on and hearing aids were working properly. Each person had individual risk assessments in place which supported them to be safe, whilst still making their own choices and for staff to enable this. For example, specific risk assessments were in place and regularly reviewed in relation to mobility, hydration and nutrition, health and wellbeing including social isolation. The clinical risk assessments such as for epilepsy or diabetes, were of a high standard and focused on a person centred approach to minimising risks for the individual. For example, people were involved in putting forward ideas of how they could be safe in certain situations.

We spoke at length to the newest member of staff who was knowledgeable about safeguarding people and in their understanding of the different types of abuse. Staff told us they had received safeguarding of vulnerable adults training and records confirmed this. Staff were able to tell us who they would contact to

raise an alert and were confident that the registered manager would listen and act on any concerns they may raise.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The home was clean throughout and people commented on the level of cleanliness for example, "the rooms are excellent and so clean, they are always cleaning" and "the home is so clean and tidy, it is lovely, there are never any unpleasant odours, we are lucky to have got a place here". Housekeeping staff and care staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which housekeeping staff followed to ensure all areas of the home were appropriately cleaned. All staff completed infection control training on an annual basis and there was a weekly infection control audit. The service had recently purchased new cleaning trolleys with colour coded mops and cleaning materials. The housekeeper told us it was "much easier" to locate the equipment. They explained, that bedrooms were deep cleaned on a monthly basis and where carpets were not able to be refreshed, these were replaced.

There were robust continuity plans in place in the event of an emergency evacuation of the premises including alternative accommodation.

Is the service effective?

Our findings

A relative told us "I looked at several homes and thought no way. We were recommended this home by someone else, it is marvellous. We have a wheelchair for our [loved one] and we go out. Tonight we have ordered a take away and some friends will come over and we will all enjoy a glass of wine together. Sometimes we bring in a slow cooker for a meal, we like to socialise as a family". Another relative said "I have never eaten here but mum loves the food". People told us the food was good, they had sufficient to eat and drink and were able to select an alternative if they did not like the menu for the day.

People had the option of eating in one of the dining rooms or in their own room. Care staff offered people a choice of drinks which were also available throughout the day. In the dining rooms, people sat at their preferred table and people who were a wheelchair user were asked if they would like to sit at the table on a chair as opposed to their wheelchair. Each person who was asked this accepted. There were sufficient staff on hand to provide assistance where required. Different types of diets were accommodated such as pureed, which was attractively arranged on the plate. A care worker served the meals from a hot trolley and showed people the plates of food to enable them to make a visual choice of meal. Staff assisted people to eat in a kind and dignified manner, engaging with the person appropriately. Staff had a good knowledge of people's likes and dislikes and people were asked if they had eaten sufficient or would like more mains or dessert.

We observed three people who were sat in specialist chairs being supported to eat and drink. Staff fully engaged with people, explaining to the person what food was on the plate and what was on each spoonful they were offering. Staff also ensured they asked people if they wanted a drink in between mouthfuls. Staff patiently waited until the person was ready to eat more before offering another mouthful or to rest. Staff asked people if they would like their meal cut up and sensitively reminded one person where their knife and fork was, putting the fork into the person's hand as a prompt.

People who were sat at a table chatted amongst themselves and with staff. Some people changed tables to talk to other people about their day. One person was sat in an easy chair eating their lunch from a tray. They told us this was how they preferred their meal, they liked to join people in the dining room but not sit at the table.

The chef held a record of people's likes and dislikes regarding food and where specialist diets were required. People were regularly asked for their views on the quality of food and the menu's on offer. Where required, care staff monitored people's weight and their food and fluid intake. This was to ensure people had enough to eat and drink and to put into place preventative measures if the person's weight fell. For one person their weight had been incorrectly recorded and we advised the registered manager of this. However, we found everything had been done to mitigate the risks to this person following an acute illness. Where required, care staff made referrals to the speech and language service such as for difficulties in swallowing or the dietician to put together an individualised eating plan.

During our discussions with staff it was clear they saw their role as ensuring people's rights to make their own decisions was respected. Staff told us that people could make decisions for themselves; some people

may need support or 'framing' a question in a way that the person was more able to understand. The care records stated how staff could communicate with people to better support them to be involved and make their wishes known.

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 legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

At the time of our inspection the provider was introducing new paperwork to record mental capacity assessments and the best interest decision making process. We were provided with a copy of the documents which explained a clear pathway of seeking and recording consent. The registered manager explained they would now be updating people's records. All of the staff we spoke with were able to confidently explain to us the MCA and DoLS and how this underpinned the care and support people received. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. We highlighted to the registered manager where some care plans had not been signed by the person, they told us they would follow this up. Where decisions were made by someone other than the person, the registered manager kept a copy of the appropriate documents to validate the decision making process was lawful and cross-referenced these in the care plans.

One person told us "I think the staff are excellent" and a relative said "the staff are very well trained and skilled". Staff who worked at the home had a wealth of experience in their field and training was appropriate to their role. The nursing staff demonstrated an excellent knowledge of wound care and end of life care. They had been trained under a local initiative designed to reduce the spend on dressings and wound care products and to order products and manage a communal store within the home. This was overseen by the community tissue viability team. The music therapist was also a qualified psychotherapist. They held an advanced degree in music therapy and had also carried out research projects into dementia and around 'unlocking' the person. These were skills which were invaluable to the level of support they could offer to people who live at Fitzwarren House.

Most of the staff we spoke with had received supervision recently where they were able to discuss their training needs, progress and any concerns they may have. A member of staff commented "we have set goals for our development and specific training we are interested in doing". Clinical supervisions for some of the nursing staff were being arranged at the time of our visit. New members of staff told us they were very well supported throughout their induction and beyond. The registered manager had planned staff appraisals for March and April in 2016.

The nurses at Fitzwarren House demonstrated excellent leadership and clinical skills. They shared information, ideas and concerns in respect of the care and welfare of the people they looked after on an ongoing basis so that the best possible outcomes could be achieved. The delivery of care was person

centred with emphasis on encompassing external agencies advice and support to further enhance the staffs' skills and practice. Care staff had completed qualifications in health and social care and the registered manager had introduced the new care certificate which all new staff undertook. Staff completed additional training which was relevant to their role, such as pressure ulceration prevention, nutrition training and dementia awareness. All staff received training in end of life care and the local hospice were involved in this training. The housekeeping team had all undertaken training in infection control. The housekeeper said this was essential in making sure there was a healthy environment for people.

People were supported to maintain good health and had access to appropriate healthcare services. A local GP visited each week. Families supported people to access dental and optical care or care staff were available if families were not able to. The nursing staff were very pro-active in ensuring care staff had the right information and guidance regarding people's on-going health needs. There were a range of health professionals who visited people to offer care and treatment, such as the mental health team. Referrals and interactions with outside agencies were made in a timely manner.

Fitzwarren House had been newly decorated, the hallways were spacious and bedroom doors were painted in different bright colours. Whilst we were with the registered manager, we met with a designer who had put together samples of pictures to be displayed in the communal rooms and hallways. These were based on themes which people had said they liked. In the hallways were hand rails at waist height, however these were painted the same colour as the walls which may make it difficult for people to distinguish where the hand rails were. Some of the communal rooms had signage on, however these were not at a height that people who use a wheelchair would easily be able to see. The registered manager told us once the redecoration was complete they would be reviewing how they could adapt the communal areas to encourage and enable people to maintain their independence.

Is the service caring?

Our findings

There were only positive responses from people and families about the caring nature of the staff and their experience of living at Fitzwarren House such as, "we couldn't have found a better place" and "all of the care staff are worth their weight in gold". People and staff were happy, smiling and looked to enjoy each other's company. We found there was a closeness between staff and people with a genuine affection and respect for each other. A relative said "we really feel part of one big family and know that the relatives matter as well". During our visit we found all of the staff were caring and kind, respectful and attentive, and always ready to have a chat with people and their families. At times we saw that staff would be sat holding a person's hand or with a caring arm around a person. A member of staff said "it's really important that people have physical contact by being able to hold hands or through a hug, we all need that".

Staff had a very caring manner and approach with people and used language in a way which focused on the person's abilities. We heard people being constantly praised and encouraged by staff for what they could do. Staff had strong values around treating each person as an individual and not defining people by their disability. We observed a crossword quiz which was taking part in one of the communal areas. People were sat together and a member of staff was calling out the clues. Staff were very skilful in acknowledging each person's response even though it was not the answer or may not have been a known word. People were laughing amongst themselves at the different words they were saying, how funny the words sounded or when it wasn't the correct answer. People were invited to join in as they walked passed and some did. People told us they liked doing the crossword because it was fun. This proved to be a thoroughly enjoyable and positive experience for people.

When speaking with staff and the registered manager it was evident they were committed to upholding the values of the home through treating people with respect, dignity and compassion and there were many examples of this. One person had an accident at lunch time, the staff very sensitively and discretely asked the person to go with them and before long the person was back in their seat with a change of clothes and shoes. Staff addressed people respectfully, made eye contact as they spoke and ensured the conversation was at a pace where the person could fully participate.

Staff told us they did the little things which made such a big difference to people and their well-being. Some people enjoyed spending time with animals and staff brought their pets to see people on their day off. Another member of staff was concerned that one person was becoming agitated because they had not seen their son who has a disability. The staff member arranged a taxi and went with the person to see the son who lives in a care home in a neighbouring town. On Christmas day, the registered manager, other managers and staff went into the home to celebrate Christmas with people. A care worker told us "so many people wanted to work on Christmas day and if you were not on the rota to work, we all came in anyway. It was a lovely day and everyone had so much fun". Some people recalled to us how they had enjoyed the Christmas break with everyone.

The home was calm and had a relaxed and welcoming feel about it. People walked about as they wished and there were no restrictions or questions asked from staff as to what people were doing. People were able

to be 'themselves' and staff understood the importance of this. One person was in an office where the door was open. They were humming to themselves and were transferring storage files from one desk to another. A member of staff told us "they like to organise and put things in order, they enjoy doing this". Later in the day, another person in the dementia wing was in one of the kitchenettes making some toast. The member of staff did not interfere but asked if they would like a cup of tea to go with their toast, the person accepted.

A healthcare professional told us "I always feel uplifted when I visit Fitzwarren House, just because it is such a lovely atmosphere, the way staff are so caring and people are happy. People were treated as individuals and valued for their own unique characteristics and beliefs. Staff were able to tell us about the people they cared for, their background and previous occupation, hobbies and interests and their faith beliefs. A member of staff told us "I know one person loves to have a beer in the afternoon, so I make sure to always pop in and offer one. It's small things like that which makes a difference to a person's day".

The activities co-ordinator explained how they sought to involve people by looking to their skills and previous experience. One person told us "I used to be a florist; a member of staff is getting married next year and I am going to do the wedding flowers". Another person was growing vegetables in the garden and delivered their produce to the kitchen themselves. Staff confirmed the produced was cooked and eaten by people at meal times. One person was dancing in the foyer practising for the forthcoming tea dance. A succession of staff had danced their way down the hallway with the person and it was evident the person was having a lot of fun. People told us they enjoyed the visits from the chaplain and staff told us the chaplain used different communication aids to enable people to take part such as, pictures on a touch computer pad or through books.

A care manager told us, "when people first make this their home and when visitors arrive, I tell them, 'I will make your first cup of tea and then you can make your own, this is your mum's home and you would make the tea in her home'. The family are as important as the resident, I know all staff treat the residents as they would like to be treated and include the family".

All of the staff from housekeeper, administration to care staff knew people well and their likes and dislikes. The hairdresser told us "if I see one of the gentlemen whose hair is getting a bit long, [they don't like their hair long], I suggest to one of the care workers to let the person know I can cut their hair at any time. The ladies love to have their hair done. I have worked here for years and I would put my mum here, this is a very caring home, in fact we are waiting for a place".

The registered manager employed the services of a music therapist. The therapist told us this support had resulted in many positive outcomes for people with dementia and for people who could not verbalise their views. This ranged from stimulating memories to giving people their voice and identity. Following an assessment, the therapist put together an individualised programme to support people who may be withdrawn, not able to communicate their feelings or have feelings of agitation or frustration. They described one person who was able to sing fluently accompanied by a piano; yet this person was not able to fully verbalise. This had helped to stimulate the person's memories, give them a feeling of self-worth and had improved their speech. Another person with a tremor was able to use a computerised touch piano whilst the therapist played a guitar in the background. The person is able to participate in a meaningful two-way activity with the therapist through moving their eyebrows and eye contact. The therapist also runs a group for families and relatives to help them understand the stages of dementia, what their loved one could be experiencing and how they could continue to empower and promote the person's independence.

People and their relatives praised the staff at Fitzwarren House for their compassion and humanity. The staff at Fitzwarren House went over and above what was expected of them in their role. We spoke with one

person who showed us a letter he had written to the Chief Executive of the provider Methodist Homes. This person sustained a fall in their home and was found by a neighbour. The neighbour contacted the registered manager of Fitzwarren House, as they knew the person's spouse lived there. The person told us "when I was about to be discharged from hospital, the registered manager visited me and told me there was a place for me at Fitzwarren House with my wife. I now experience for myself, the same excellent care that I had seen the caring, professional staff give to her. I can't say good enough about them. It was clearly no longer safe for me to live on my own, this is now my home with my wife and we now have a life together".

The care people received was rated by people, families and staff as outstanding, in particular the end of life care and support people and their families received. Comments from thank you letters and cards included "your care of mum always went beyond expectations and made her last few days as peaceful and dignified as anyone could hope for" and "on the day she died you had created an atmosphere of peace with the music and staff keeping her company, I cannot put into words how much that meant to all of us". Families felt supported and involved when their loved ones passed away because the registered manager and staff created an inclusive and holistic approach to people nearing their end of life. Families commented how involved they felt and appreciated the spiritual after care from the resident chaplain. A thank you card from a relative said "it was so lovely to see people [the staff and other people who lived in the home] who really cared about her at the funeral, thank you".

Staff told us they 'got upset when people passed away because they became very attached; but they shared in celebrating that person's life'. Staff were free to attend the funeral and families could use the facilities at Fitzwarren House for the reception after the funeral. A care manager told us "this was the person's home, they have lots of friends and staff who want to be there for the family and remember the person. We also keep in touch with the families afterwards making sure they are alright through what is a very difficult time".

Compassion and empathy was also shown to relatives whose loved ones were nearing the end of their life. Throughout all of our conversations with staff, the families were seen as an integral part of who the person is and their 'belonging'. One of the many examples of compassion was of a relative who was not coping well knowing their loved one was at the end of their life. With the relative's consent, the registered manager arranged for them to receive support through bereavement counselling. They told us "the relative was already grieving even though the person was still with us; this is how hard they found it." The counselling enabled them to have much needed support and to find ways of coping through a difficult time.

The dementia unit was praised by a healthcare professional who stated "My interaction has always been with the dementia unit and basically it is the most person centred unit in Swindon. They pride themselves on finding ways to help people without resorting to medication and the floor manager is one of the best in the business".

The registered manager told us there were no available places at the home and they had a waiting list of people who wished to live there. Likewise, there was a waiting list of staff who had applied and wanted to work at the home.

Is the service responsive?

Our findings

People looked well cared for and seemed happy and content. People were very positive about their experience of living at Fitzwarren House and with the staff who supported them. Staff told us "we have very clear values, we offer person centred care, it is about the person with dementia, not just the dementia, we care about the person themselves" and "what is important for one person may not be for another, it is about finding out about who the person is and what is important to them". One person said "I am very happy with the staff, they are very kind and sympathetic, and they spend time doing the job properly and never rush. I am involved in all the decisions". People and families confirmed they were always involved in every element of care and treatment and in the decisions being made.

We looked at the care records of 20 people. They were person centered and had taken into account the person's wider individual needs, including: personal care, emotional well-being, medical needs and cultural and spiritual needs. The records clearly identified how people preferred to spend their day and how they wished their care and support to be given. The nursing team were responsive to people's health and social needs and considered the whole person when delivering care and treatment. We observed that all staff took the time to ensure that people were physically comfortable and offered emotional support throughout. Staff knew people well, their likes and dislikes and were able to communicate with the person in a way which promoted a two way interaction. For example, some people used different signs such as the 'thumbs up' to say yes whilst others used facial expressions and staff understood what the person was saying.

The daily support plans evidenced that people were given personal care according to their wishes, people's food and fluid intake was monitored if required and when people were repositioned whilst in bed or sat in a chair. Where people had lost weight this was followed up and records evidenced where people gained weight or were stable. People commented to us how well the staff managed their pain and they were never left in pain. Information was shared between the nursing and care staff around potential risks to people and how these were to be managed. Staff felt the level of information and guidance they received from the nursing staff was 'excellent'. The nursing staff recalled a positive outcome for one person which had dramatically reduced the number of falls they had. The person had recently moved into the home having experienced a large number of falls. By using less restrictive measures and with the person's consent, a low rise bed and alert mats were put into place. The result was the person felt much more settled and in control of their movements.

The completion of care records, monitoring and daily support plans were of a very good standard. There were some records which were not fully completed such as a tick not being given to indicate the person was diabetic in their dietary requirements, some non descriptive language such as 'encourage' and some records not signed by the person. We fed this back to the registered manager who advised us they would review these files as soon as possible.

Placed around the home were sensory items which had different types of materials, bells, buttons and other textures for people to touch and feel. There were two baby dolls which we were told, 'usually sat on the sofa in the communal areas but always ended up in people's room'. The care manager told us "we must get

some more as they are really popular". People had decorated their rooms with lots of personal items, furniture and pictures and were reflective of their personalities and the hobbies they enjoyed.

There were regular activities taking place and the activities co-ordinator sought to develop activities which were meaningful for people, such as being able to see and touch different animals. One person told us "a donkey came to see me at Christmas, he came into my room, it was funny. I have had birds of prey too, if I don't go and see them, they come to me ha ha". Another person said "Oh, there is lots going on here, staff ask if I want to join in every day, I don't always want to join in and they don't make you. It is nice to be asked though".

As we walked around the home there were various activities taking place, people knitting in their rooms or watching television, other people sat chatting in the communal areas. People told us their families could visit at any time and families confirmed this. The activities co-ordinator organised day trips, tea dances and other events. They told us "I ask people every day if they would like to join in with an activity and I tell them, if they put their hand up when they have had enough I will take them back to their room. I carry out one to one's with people every morning and for people who cannot communicate verbally, I give them a hand massage or a foot massage or just stroke their hair. This really relaxes people and they enjoy the personal contact. I try to see people who prefer to stay in their rooms every other day. We have a church service in the coffee lounge where we stream the hymns and readings through the big television. People really enjoy this". There was also a scheme called 'home instead' which is located in the home. This is a befriending group who visit people at Fitzwarren House, go shopping with people or visit clubs or support the person to take part in a specific activity or interest.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I'm fine here, I have no complaints and I am well looked after, the people are nice to me" and "there is nothing to complain about". The service had a complaints procedure which was displayed within the foyer of the home. The service had received one complaint within the last six months and this had been dealt with to the satisfaction of the person involved.

Is the service well-led?

Our findings

At the time of our visit the registered manager had been in place for just over nine months. There was nothing but praise for the way they had involved people, their families and staff in the changes which had been made. A health professional told us "Fitzwarren House definitely passes the mum's test. The new manager has really been getting on top of it". Staff told us the registered manager was "brilliant" and "we really do have an excellent team now, we work so well together and feel listened to". Another member of staff told us how the manager of the unit always did a shift with a new member of staff and stated "how often does that happen? I've never had that amount of support before".

A relative told us "both managers are involved and are very approachable, they have actually moved their office so they would be more accessible. There used to be a key code to get into the manager's office. One day, mum got in there by randomly pressing the numbers, the manager was amazing, she let her sit in the office for a while, filing, we laughed and mum loved it". The registered manager confirmed that they had moved their office to just outside one of the communal areas so that people could visit whenever they wanted and the door was always opened.

Throughout the service there were clear lines of accountability and staff demonstrated they were aware of their responsibilities. The nurses at Fitzwarren House demonstrated excellent leadership and clinical skills. The registered manager told us there were no available places at the home and they had a waiting list of people who wished to live there. Likewise, there was a waiting list of staff who had applied and wanted to work at the home. The service did not use agency staff and this ensured that people had consistency in the staff who cared for them.

The culture of the service was promoted through training and monitored through supervision and observation of practice. Discussions took place on the values of the service and ensuring staff were aware of putting people using the service first. Staff told us they felt proud to work for the home. People told us "I love living here" and "the carer's are wonderful, nothing is too much trouble for them". The registered manager told us they thought their care staff deserved a higher rate of pay. Following the inspection they contacted us to say that care staff had been awarded an significant increase of 90 pence per hour.

The provider had a system in place to monitor the quality of the service. This included submitting statutory notifications to the CQC as required. In addition, monthly and quarterly audits were completed by the management team, nursing team and by other staff from within the provider group. At the time of our inspection, a member of staff from another of the provider's homes was carrying out an audit of the medicines. This was usual practice across the various homes.

The audits covered areas such as staff training, supervision and appraisals, care plans, management of medicines and incidents. A monthly service manager's exemptions report was completed which assessed the care needs of people for example, weight loss or changes in skin integrity. The management team had undergone training in root cause analysis to help them understand the underlying causes of behaviour or incidents, by finding out what negative events are occurring for that person. In addition, the management

team were looking at ways of understanding comorbidity which is the cause of falls and the outcomes of those falls in older people.

People who used the service were able to provide feedback about the way the service is led through a comments slip or by completing an annual survey. The last satisfaction survey for people and their families was carried out in 2015 and the provider was currently collating the results. The results of the survey would be used to inform the development of the service.

The registered manager told us their future plans were to further develop and monitor the team for best practice, keep up with new legislation, such as the nurse revalidation scheme. To support their nurses to go through revalidation, the registered manager had introduced 'mini learning sessions' for the nurses, signposted them to where they could get further resources and events such as road shows. Another area for development was to further enhance and develop the leadership skills of senior carer's and set up a manager's weekly meeting. The care manager of the dementia unit is to introduce a residents meeting to gain people's views in a more structured setting. They were looking at using iPads and other resources to try and further engage people to give their views about their home and how it is run.

Dementia care mapping resourced through Edinburgh University was being introduced to the staff team, particularly around well-being. The registered manager said their main focus was on 'harnessing people's well-being'.

The home had recently undergone redecoration with new carpets and curtains which people had been involved in choosing the colour schemes. New storage units were to be ordered for people's en-suite to provide better storage for people's personal toiletries.

The registered manager and the team were proactive in working with local initiatives such as local schools, hospices and the live at home scheme. The provider was pro-active in ensuring resources and information was available to the registered manager regarding changes in legislation and best practice guidance.