

The Dower House Nursing Home LLP

The Dower House Nursing Home

Inspection report

Springvale Road
Headbourne Worthy
Winchester
Hampshire
SO23 7LD

Tel: 01962882848

Website: www.thedowerhousewinchester.co.uk

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Dower House Nursing Home is a nursing care home providing personal and nursing care to 39 people at the time of the inspection.

The Dower House Nursing Home accommodates up to 43 people, some of whom may have a physical disability or be receiving end of life care. There is access to landscaped gardens and grounds.

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

People were safe and supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw evidence of people's and their relative's involvement in care assessments.

Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people. People received their medicines safely. The Dower House Nursing Home offered bespoke care and support for people at end stage of life (EOL) and to their families.

People and their relatives were very positive about the food. People were encouraged to maintain a healthy, balanced diet, based on their individual needs and had access to food and drink whenever they wanted.

The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity. People and their relatives were positive about the quality of care and support people received.

People and their relatives told us that they thought the home was well led and spoke positively about the registered manager and nominated individual. The registered manager and nominated individual carried out numerous audits to ensure the service was effective.

The registered manager was proactive in ensuring they had a visible presence within the home and operated an open-door policy ensuring that any low-level concerns were dealt with promptly preventing escalation. The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 October 2016).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Dower House Nursing Home

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

This inspection was carried out by one inspector.

Service and service type

The Dower House Nursing Home 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people at The Dower House Nursing Home were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas.

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, registered nurses, carers, housekeeping staff, administrative staff and the activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at ten 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three 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 relatives told us people felt safe. Comments included, "I do feel safe", "I've just got very positive feelings about the home", "They know how to support me" and "Oh, definitely safe".
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. One member of staff told us, "We've got the procedure we need to follow. We've got the support and advice from the management who are always here for us and always have at least one of the senior managers on with us."
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to the Care Quality Commission (CQC) and the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- Health and safety audits identified when work was required, and the provider ensured that work was completed in a timely way.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- People's personal emergency evacuation plans (PEEP's), were in place to guide staff and the emergency services about the support people required in these circumstances.
- Staff held practice fire drills to check any risks to people during an emergency evacuation.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There were high levels of staff to meet people's needs and keep them safe. The provider reviewed the staffing levels of the home and ensured that there was a high ratio of staff to people. This meant that there were sufficient staff available to support people outside, to sit with them and offer company and activities on an individual basis.
- People and relatives told us, "They are lovely. They have the time to stop and chat. Never the feeling you are being rushed", "If you get bothered about anything at night they come. If you want Rice Krispies at 23:00 they bring them" and "I never have concerns about their staffing levels, they really value their staff and keep

them".

- Safe and robust recruitment procedures were followed. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Using medicines safely

- People and their relatives told us that they received their medicines when they needed them. One person said, "They are very good on that [medicines]. They'll sit and wait to see if I need anything extra."
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. One staff member told us, "Since having [registered manager's name] as a new manager, we have better organised, storage, ordering and administration of medication. [Registered manager's name] has introduced lots of checks on the medications. The communication is much more improved."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- Staff completed training in infection control. We observed, and staff confirmed, that they have access to personal protective equipment (PPE) and waste was disposed of correctly.
- The home was clean, tidy and odour free. One relative told us, "The amount of times I see them doing a deep clean with the Hoover. Never encountered smells. First home to have a flower room. I have never seen a flower room in any other care home. It shows the consideration for flowers and outside. It comes across the passion of the home. Fresh every week. Absolutely. Stunning."

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained.
- Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- All new staff received a range of training and a period of shadowing to help ensure they had the necessary knowledge and skills to do their jobs.
- Training was in the process of being brought in-house, and the provider had supported the up-skilling of a staff member to become the in-house trainer. One staff member told us, "There is more up to date training, practical training where we can sit and discuss any concerns or anything we want to and share our knowledge with each other. I like it, I really prefer this way of working."
- Staff had not always received regular supervisions however since the registered manager had been in post this had improved. Staff told us they were well supported. One staff member told us, "We have the support and it motivates you, makes you feel valued and makes you really appreciate it... Individual support, you are not just a number here but a person."

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

- People and relatives told us that the food was good. Comments included, "Food is good here, very good", "Nine out of ten, okay ten. It is excellent", and "The amazing thing is the chef manages to produce things I've not had before ... the variety is amazing. You can ask for virtually anything."
- People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. The home published a weekly menu that was shared with people and available on their website. One person told us, "We're given a copy of the menu every week. If you see something you don't like you can have something else."

- We observed a lunchtime experience. The tables were set with tablecloths and napkins with cutlery and condiments. There was a hostess who welcomed people into the dining room and sat people according to a table plan. The table plan was changed daily to ensure people shared tables with different people each day resulting in stimulating conversations. People were supported with silver service and a four-course lunch, which included a cheese course with tea or coffee to follow.
- We observed one person and their relative being offered the option of being sat at a table just for them. The relative told us, "I'm a relative who parachuted in and was offered lunch." Another relative told us, "The food is out of this world. It is always beautifully presented. Chef is very clever, always seasonal, fresh and appropriate portion control. Sundays are extraordinary. Start with Sherry and there is a cheese course and coffee and chocolate. [Relative] loves inviting people for lunch and people enjoy coming and so it is circular."
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, where people had changing health needs, their food and fluid intake was monitored, and referrals made to relevant professionals, such as dieticians.
- We saw that the registered manager had a robust monitoring system in place. This ensured timely referrals were made to appropriate healthcare professionals when required.

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

- Staff involved people and where appropriate their relatives to ensure people received effective health care support. People told us, "There is always extra support provided when I'm not feeling well," and "They will call the doctor". A Relative told us, "They will organise it for him unless we want to. The default is they would do it unless we make it the exception."
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. One relative told us, "[person] has a permanent catheter and needs it changed every few weeks, they hadn't encountered that before and got a district nurse in and trained everyone. They do everything professionally."
- Records showed people had been seen by a range of healthcare professionals including GP's, specialist registered nurses, dieticians and chiropodists. A private physiotherapist held 'keep fit' activity sessions weekly at the home.
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

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

- We saw the environment was well designed to support people to move around safely; it was spacious with accessible grounds and gardens. One person told us, "The garden is lovely. Very well planned so that there is always something coming into season."
- People's rooms we looked at had been personalised to each person's preferences. One person told us, "We can bring our own furniture in which makes it quite homely."
- Signage was in place to help people find their way around the home which respected the décor that people wanted in the communal areas. One relative told us, "They strive to be a country house hotel" and the décor reflected this style.
- People could freely access the communal areas and corridors and go out into the grounds and gardens without any restrictions when they wanted to.
- Specialist equipment was available when needed to deliver better care and support.

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.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
- Some people had made advanced decisions about the care they wanted to receive. Others had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
- The registered manager and staff were knowledgeable about the principles of the MCA and understood when applications would need to be made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty.

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 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 were positive about the quality of care and support people received. People told us, "I've never been called the wrong thing", "They are very friendly, very willing. Always cheerful." And "Never make you feel like a nuisance". Relatives told us, "They are extremely good here" and "Very kind, very caring. Very personal in their approach. Really get to know him and what is important to him."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People told us that their families could visit when they wanted them to. One person told us, "Visitors are always made to feel welcome. I had 14 visitors in my room for my birthday and they didn't bat an eyelid. Provided tea and cake for everyone". A relative told us, "Visitors able to visit whenever she wants them to." Another relative said, "Yes able to come whenever."
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, when observing people being supported, staff were observed positioning themselves at eye sight level and asking people what they wanted, before assisting them.
- Staff spoke about people with genuine interest and affection. Staff members told us, "It's nice to have that sense of being able to fulfil and make their life", "Everything is available. You just offer and say ring the bell" and "We try very hard to treat people as individuals. If they like tea at a certain time or their supper later".

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

- There was evidence of risk assessments and care planning to meet people's specific needs. Care plans were updated regularly and reflected the actions identified from the risk assessments. Feedback from people and relatives was positive about people's involvement in making decisions about their care. Comments included, "I'm asked", "Involved? Yes, on a fairly regular basis" and "I had quite a lot to do with it, I felt involved."
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw they were discreet when people needed assistance with personal care. Staff ensured doors were closed and protected people's privacy and dignity when they

supported them.

- One relative told us, "They are very discreet. [person's name] had a couple of incidents where he's had to leave the dining room ... and they took him out with no fuss or drama. Very subtle and discreet. I have complete confidence in them".
- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. One relative told us, "The clergyman comes in here and a few months ago [person's name] was very poorly and they came to see him a lot of times and I know they've had conversations to get his wishes but I know the vicar is very much involved which is important to him."
- Independence was actively promoted and maintained for people. One relative told us, "[person's name] likes to do things independently. Has an electric wheelchair, able to get himself around; being able to go out in the garden, he goes where he wants, what route, where he lingers. It's fantastic for him". A staff member told us, "It would be easy to give her the drink and do everything for her, but she is happy when she can do that herself and although it can take 15 minutes I make sure I do it as it means a lot to her."
- People's private information was kept confidential. Records were held securely. One staff member told us, "You include the person and never speak about them in the corridor and always make sure we know what families can know about before we say it as the person may not want them to know."

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The Dower House Nursing Home provided a range of activities enabling people to live fulfilled lives. Such as, quizzes, films, trips out, gardening, arts and crafts, jigsaws, board games, talks by a variety of speakers, live music performances, cheese and wine evenings, knitting groups and themed afternoon teas.
- People and their relatives were positive about the activities available. Comments included, "There are lots of activities here. Painting and pottery, there is a French film this afternoon and have music things in the afternoon", "I like reading and there are several reading corners and books. I also love knitting and chatting, lots of people to chat to" and "What they do is just amazing. They really go for fewer but nicely presented events; evening things like where a school comes in, food events. They've consulted with the residents and what they want".
- People were supported to visit the New Forest Lavender Farm to enjoy the wild flowers. To replicate the experience a wildflower garden was created within the grounds of the home for people to enjoy with information sheets on bees and butterflies to enable people to enjoy and expand their knowledge.
- The home produced a monthly newsletter and people were encouraged to submit content for it. It included information about upcoming events, information from the gardener detailing what plants had been planted and which are blooming, articles from people about topics of interest and a quiz.
- People and their relatives were especially positive about the variety of speakers. We observed a lively lunchtime discussion between people about politics and the anticipated talk from a speaker about Westminster and their experiences.
- The provider invited groups from the local community to run their sessions at the home. This resulted in people having the opportunity to socialise with people from the local community. Such groups included a Mah-jong gaming group, a local knitting group and a dominoes group. One person told us, "We have a 'knit and natter' group and have people who come in from outside and join us. I enjoy it. I like to find out what is happening outside."

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.

- People's communication needs were fully considered during the initial assessment and as part of the

ongoing care planning process so that information was given in line with their needs. For example, there was a hearing loop in the drawing room and bigger font newsletters available for people.

Improving care quality in response to complaints or concerns

- The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning. We observed people and relatives being greeted by name by the registered manager and it was evident that they were known to people and their relatives. One relative told us, "[registered manager's name] is very approachable. You can sit and chat with her, she's always got time to chat with you".
- People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "First person to talk to would be [registered manager's name]", "You can say if you are not happy. I personally haven't had to say I'm not as I am perfectly content," and "I often think what I would change if I could, but I think there is nothing I would change."

End of life care and support

- The Dower House Nursing Home offered bespoke care and support for people at end stage of life (EOL) and to their families. People's future wishes were fully discussed and clearly documented within their care plans. A staff member told us, "For me EOL care is preserving their dignity and their wishes. Making sure it is how they want it and like it, it is about them. It is also about the relatives, it is not nice for them to see their loved one in pain or uncomfortable."
- The service had implemented the 'six steps to success' programme which aims to enhance EOL care through facilitating organisational changes and supporting staff to develop their roles around EOL care. To support this implementation, the home had appointed EOL care champions who had attended training and worked with the local hospice for its implementation and roll out within the home.
- There was an emphasis on supporting people's relatives through the process and the home had a private room available to relatives when grieving or reflecting, which was quiet and away from people and staff.
- The registered manager and staff team had implemented a robust reflective practice toolkit to enable them to review their EOL care and support to learn and enhance their EOL care. A staff member told us, "What we do we learn from what we have just done and what could have been better, we talk in our staff handover time as well, what we have done so far and what we could have done. We find that very helpful. We do it in the staff meetings and at handovers."

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; Continuous learning and improving care

- The feedback we received from people and relatives was positive, expressing confidence in management, leadership and care delivery.
- The provider, nominated individual and registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression.
- The registered manager, nominated individual and provider got to know staff and staff were encouraged to make suggestions and were listened to. A staff member told us, "Very supported. I've never been supported like that before", "Here if you have an idea or question something you don't feel you upset the apple cart, they listen" and "Listened to? Oh god yeah, never been before. Very much so. I'm very supported, very."
- People and their relatives and staff were positive about the registered manager and nominated individual. Their comments included, "[registered manager's name] is very good", "She is very professional, very competent, knowledgeable but not too scary" and "I like that the [nominated individual's name] and matron (registered manager) are in the same office and they always seem amazingly calm and in control but not in a heavy-handed way. It is an efficient ship that is run really well."
- The registered manager held regular staff meetings and met with the nursing team monthly, sharing good practice and new initiatives. One staff member told us, "This is what I like about the nurse's meetings, we are a small team, but we will say what we really think and try to find a solution to a problem or give each other chances to express their points of view and try to listen each other."
- The registered manager and nominated individual were passionate about promoting best practice and ensuring that the most current training and initiatives were supported within the home and attended regular forums, such as the infection control forum and care home forum.
- We observed that the registered manager had initiated an enhanced moving and handling training course that was bespoke to the individual needs of people being supported at the home. One staff member told us, "I think [registered manager's name] is very keen on improving the knowledge and experience of the nurses. She is very happy for us to request any training if we are interested and related to the residents we've got now or future residents."
- Since the last inspection the Dower House Nursing Home had implemented an advanced electronic system which had resulted in detailed person-centred records being in place which were shared

instantaneously with all relevant staff through hand held devices. These devices enabled information to be inputted and accessed promptly by staff members which ensured communication was effective and efficient.

- The Dower House Nursing Home worked closely with local commissioners and had piloted many initiatives to ensure they delivered the most up to date care to people. We saw how these initiatives had been embedded into the home and had enhanced the care people received.
- For example, the 'red bag service' which was an admission to hospital initiative which improved communication and ensured smooth transition between the home and hospital. Another example included a tool which recognised deterioration in people's wellbeing.
- We saw evidence of the Dower House Nursing Home continuing to seek out new initiatives. They had signed up to be a pilot site for a new initiative with Hampshire hospitals.

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

- The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident.
- The feedback about the registered manager, nominated individual and provider was positive. Staff comments included, "[Registered manager's name] is very approachable, she doesn't mind for us to call her anytime." and "I think staff are supported well".
- There was a stable and consistent staff team who were skilled and motivated. They were not only clear about their own specific roles, but also upskilled as and when needed. This was particularly evident around end of life support.
- There was a robust and extensive quality assurance system in place to monitor and improve the quality of the home. This included detailed audits carried out by the registered manager, staff and the provider. We saw how these audits, and the delivery of care, had been made more robust by the registered manager through implementing more effective joint working between the housekeeping staff and care staff. For example, care staff were now based in the dining room at mealtimes and equipment used by the home now audited by care staff to ensure it remained fit for purpose who then liaised with housekeeping staff about its cleanliness.
- Action plans were implemented which clearly identified any issues highlighted, timeframe for completion and person responsible. We saw that actions identified had been carried out. Furthermore, the provider had regular meetings to review any concerns and trends. This helped to maintain their oversight of quality and safety within the service.
- The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents/incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The Dower House Nursing Home had developed links with external agencies ensuring successful partnership working. For example, they had established an effective working relationship with the local GP surgery resulting in regular visits from the GP, promoting consistency and better health outcomes for people.
- The home ensured they met people prior to admission and worked with other services to ensure their transition was as smooth as possible. One relative told us, "[Resident's name] came here to see this home and he had a look around and we had lunch. They talked to him a bit then they got hold of his notes and found out about him."
- Quality surveys were distributed to people, their relatives and staff. A relative told us, "They do definitely

have questionnaires and I'd sit with him and go through it, but to be honest it is more of an informal thing ... I give feedback straight away."

- The home held regular meetings for people and for relatives. The registered manager had introduced a new concept into the home, 'Matron's afternoon tea' which was an afternoon tea hosted by the registered manager and her team to enable people and their relatives to provide feedback and to receive updates and information. This had been positively received by people.