

Swindon Borough Council

Fessey House

Inspection report

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Swindon
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Tel: 01793725844

Date of inspection visit:
13 March 2019

Date of publication:
08 May 2019

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

About the service:

Fessey House is care home that was providing personal and nursing care to 32 people at the time of the inspection.

People's experience of using this service:

- The provider demonstrated they had made significant improvements since our last inspection. We found the service had improved and met the characteristics of an Outstanding service in caring domain and a Good service in safe, effective, responsive and well-led. We received exceptional feedback on how staff supported people and went the extra mile to get care just right for people.
- The service was designed around people's needs and wishes and used innovative ways to help people to be as independent as possible. Fessey House was divided into four colour coded units. Each unit had a kitchenette, dining area and sitting area. These units were decorated to a high standard with an emphasis on the building being people's homes. Colour coordination was used to enable people to find their way in the home and to promote their independence. We saw people easily and freely navigating around the home independently.
- People were valued and respected as individuals allowing them to be partners in their care. There was an exceptionally strong ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to and passionate about providing a high-quality service.
- We received exceptionally positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered. There was evidence the staff often went 'the extra mile' to meet people's needs.
- People were supported by exceptionally caring staff that knew them well and understood how to maximise their potential. People were supported to maintain relationships with their families and friends and the value of relationships was central to the success of the service. People's independence was highly promoted and they received support to achieve their goals.
- The service had a holistic approach to assessing, planning and delivering care and support. They looked for and encouraged the safe use of innovative and pioneering approaches to care and support, and how it is delivered. New evidence-based techniques and technologies were used to support the delivery of high-quality care and support. For example, the service was taking part in a pilot project called 'My Sense' which used technology to maximise safety to people whilst they were at the service as well as when they went back

to their own homes.

- There was a thorough approach to planning and coordinating people's move to other services, which was done at the earliest possible stage. Fessey House supported people requiring short term support in 'discharge to assess' beds which aimed at rehabilitating people back into their homes. This was a tailor-made service which consisted of dedicated care staff, social workers physiotherapists and occupational therapists.
- Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care and support to people. The provider worked collaboratively with the local hospital, GPs and community teams. Fessey House had been recognised in the Health Service Journal (HSJ) Value awards and won both last year's categories for improving value in the care of frail older patients as well as Improved partnerships between health and local government.
- People living at Fessey house received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.
- Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.
- Fessey House was well-led which resulted in provision of good care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had effective systems in place to monitor the quality and safety of the service.
- The service was an integral part of the local community. The team developed various community links that reflected the changing needs and preferences of the people who used the service.

Rating at last inspection:

- At our last inspection we rated the service requires improvement. Our last report was published on 9 March 2018.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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?

Outstanding ☆

The service was exceptionally 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.

Fessey House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of three inspectors 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.

Service and service type:

Fessey House is registered to provide accommodation and personal care for up to 39 older people who require nursing or personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fessey House is divided into four units. Two units provide support to people requiring short term support in 'discharge to assess' or crisis beds, the other two units provide long-term care for people living with dementia.

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.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We

received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with 11 people and four relatives. We looked at five people's care records and six medicine administration records (MAR). We spoke with the registered manager, the service manager, the nominated individual, the deputy manager and eight staff which included, carers, kitchen staff and activities coordinator and a volunteer. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

After the inspection, we received additional evidence from the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 29 November 2017, we asked the provider to take action to make improvements in medicines management, and this action has been completed.

Using medicines safely:

- People received their medicines as prescribed and the home had safe medicine storage systems in place. Thickening agents and topical medicines were stored securely.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Where people required when necessary medicines, these were administered safely.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Assessing risk, safety monitoring and management:

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans. People had Personal Evacuation Emergency Plans in place (PEEPs).
- People told us they felt safe living at Fessey house. One person said, "I always feel safe, good security and staff look out for you. Lovely staff, just safe knowing staff are there for you".
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "If I have any safeguarding concerns I would report to my line manager. I can also report to the police, social worker or safeguarding team".
- The provider had safeguarding policies in place and the team reported concerns accordingly.
- The provider had a business continuity plan that included various emergencies.

Staffing levels:

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We have enough staff. We had some agency staff coming in, really good ones".
- Agency staff were used when needed and the provider ensured the individual staff were consistent, had received an induction and that the agency had ensured appropriate recruitment checks had been

completed.

- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- During the inspection we found an action plan from a legionella risk assessment had not been fully completed. Following the inspection, the provider sent us evidence to demonstrate that they had taken the necessary actions to reduce the risk of legionella infection.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following medicines errors and incidents.

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.

Good: ☐ 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:

- The service had a holistic approach to assessing, planning and delivering care and support. They looked for and encouraged the safe use of innovative and pioneering approaches to care and support, and how it is delivered. New evidence-based techniques and technologies were used to support the delivery of high-quality care and support. For example, the service was taking part in a pilot project called 'My Sense' which used technology to maximise safety to people whilst they were at the service as well as when they went back to their own homes. The project was still in its infancy, however, the management team told us they were hoping to achieve good outcomes for people.
- The provider ensured people's needs were assessed before they came to live at Fessey House to ensure those needs could be met and individual care plans put in place.

• There was clear involvement of other healthcare professionals who had any input for each individual. One healthcare professional commented, "We have really good communication with the staff".

• People and relatives, told us they were fully involved in assessment and care planning process.

Staff providing consistent, effective, timely care and involvement of health professionals:

• There was a thorough approach to planning and coordinating people's move to other services, which was done at the earliest possible stage.

• Fessey House supported people requiring short term support in 'discharge to assess' beds which aimed at rehabilitating people back into their homes. This was a tailor-made service which consisted of dedicated care staff, social workers physiotherapists and occupational therapists.

• People's needs and preferences were explored during care planning process to allow realistic individual outcome goals. For example, each person's care plan had a current, previous and aimed goal. This allowed staff to predict a realistic outcome for each individual and plan enough time and resources to ensure the aimed goal was met. As a result of this explicit planning, peoples' lengths of stay for rehabilitation had been vastly reduced allowing them to get back to their own homes in record time and with minimal support. Records clearly showed people's aimed goals were being met.

• Staff were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care and support to people. The provider worked collaboratively with the local hospital, GPs and community teams. Fessey House had been recognised in the Health Service Journal (HSJ) Value awards and won both last year's categories for improving value in the care of frail older patients as well as Improved partnerships between health and local government.

• People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.

- People told us they were supported to access healthcare support. One person said, "Can see the GP if necessary, never a problem".
- Staff followed advice given by other healthcare professionals and sought further advice when needed.
- There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. There were champions in dementia, dignity, nutrition as well as end of life. These champions were staff that volunteered for the roles and were passionate about the areas they chose to champion. The champions were supported to undertake additional training, attend meetings and raised awareness in their topic area and shared their knowledge within the team. For example, the end of life champion had attended meetings and following this, they had developed a wide range of resources to cascade their learning to other staff. They explained how they used their knowledge during their day to day work to improve standards. Staff spoke with us about the work the end of life champion had done, in promoting comfortable, dignified and pain-free death and increasing staff awareness of the issues.

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

- The service was designed around people's needs and wishes and used innovative ways to help people to be as independent as possible. Fessey House was divided into four colour coded units. Each unit had a kitchenette, dining area and sitting area. These units were decorated to a high standard with an emphasis on the building being people's homes. There were several sitting areas where people could spend their time.
- Colour coordination was used to enable people to find their way in the home and to promote their independence. We saw people easily and freely navigating around the home independently.
- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- The home allowed free access to people who used equipment like wheelchairs. Carpets were free of any patterns that might cause confusion.
- People could move around freely in the communal areas of the building. One person commented, "I can get about easily, nice place to live in".
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Staff skills, knowledge and experience:

- New staff went through an induction which prepared them for their roles. One member of staff told us, "Training was good and I can now help people better".
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "One to ones are regularly done, every two months or so. I can access management at any time though, they are very supportive".
- People were supported by skilled staff that had ongoing training relevant to their roles. One person commented, "Staff seem to be trained very well. Never a sharp word or ever had anything done badly".

Eating and drinking:

- People complimented the food and said, "The food is very good. I'm a vegetarian and it seems that they go out of their way to accommodate me" and "Plenty of water and drinks about, cups of tea offered all the time. I choose who I sit by". One relative told us, "Brilliant food. [Person] not too keen on his food but encouraged by staff and it has made all the difference".
- Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff

respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal. There were enough staff to support people with nutritional needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's rights to make own decisions were respected and people were in control of their support. One person said, "Staff make sure they ask me first. Sometimes I say yes, sometimes I say no".
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member explained, "We always assume capacity in the first instance. We ask for permission to support and give choices".
- We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Fessey House had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.
- People we spoke with told us the care and support they received from Fessey House was of an exceptionally high quality and their caring and compassion was commendable. One person said, "Staff are brilliant, top class. We have made good relationships, no problems at all". Another person told us, "Very nice staff, they give worthwhile and superb care. Make you feel important". A relative commented, "Staff are brilliant, nice, friendly and relaxed". Another relative told us, "The level of care has been exemplary, and the efforts made by staff to keep service users stimulated and engaged are to be commended. Interaction between staff and family is fluid and any concerns are quickly addressed. Mum is happy there, and over the years, I have often thought she was extremely lucky to have been able to have offered a place there".
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People were supported by a staff team with a very low turnover. This provided consistency and continuity for people in the service allowing formation of meaningful relationships between people and staff.
- Staff knew people well and people were relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. Staff were responsive to requests for support and reassurance. For example, one person was offered an opportunity to visit a local centre for the afternoon. The person seemed confused and was not sure. The member of staff sat with her, held her hand explaining what it was and how they would get on the bus. The person asked for more time to think about it and the member of staff respected that. After a while the member of staff came back and asked if the person had decided. The person said they did not want to go that day. The staff member told the person that was alright and offered the person a hot drink.
- Most people living at Fessey House lived with complex dementia needs. Staff had detailed knowledge of people's histories and how they wished to be supported. Staff used this information to support people in a way that valued them as unique individuals and respected them for who they were. Staff went to great lengths to ensure they knew people well and spent time with people when they first moved to the service to get to know them. On the day of the inspection, one person who had recently moved into the service, was being supported by a member of staff. The person was anxious and confused. Staff repeatedly reassured her and supported her well at various points during the day. It was clear staff were aware of this person's needs and had developed effective strategies.

- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care.
 - Throughout the inspection we observed some lovely practice by staff who emotionally supported people with compassion. Staff were skilled at pre-empting confrontation by being vigilant and reading changes in people's body language. Staff knew how to use strategies that prevented any escalation of behaviours that could be described as challenging. For example, one person was reacting to voices around them. A member of staff kindly asked the people [visitors] if they could carry on their conversation elsewhere. They did and the person returned to a calm state.
 - Staff were highly motivated to provide people with excellent support and demonstrated person centred values throughout our visit.
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- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. This was well embedded in the service.
 - People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. For example, one person's religion required them not to eat certain types of foods. Staff ensured that this request was respected and kitchen staff were aware of the person's needs. Another person, who could not speak English, was provided with a priest who could speak their native language. The person was very touched and it was clear this meant a lot to that person.
 - Young people living with learning difficulties often visited and were involved in the life at Fessey House. They gained skills and work experiences and as a result of this scheme, three of them now worked at Fessey House. We spoke to one of the people and they were so pleased with what they had accomplished whilst working at the service.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the service's culture and values. This was embedded in everything that the service and its staff did.
- Throughout our visit we saw there was a sense of equality between people and staff. One member of staff commented, "This is their home and I am the visitor. We respect that and support people in a way that is respectful and without patronising". One person said, "They are very respectful at all times". We observed staff knocking on doors and asking if it was alright to come in. We heard staff talking in a respectful way to people and listened to what people wanted and responded immediately.
- People were supported to be as independent as possible and this was central to the service provided at Fessey House. The service had successfully supported people to grow in confidence and independence.
- The service had a multidisciplinary team approach to care which played an imperative part in person centred planning and the delivery of the service. This allowed people's outcomes to be achieved in a measured and timely way. For example, the interlink with the local hospital and community ensured people spent less time in hospital and rehabilitation was expedited.
- People were supported to maintain and develop their relationships with those who mattered to them and were close to them. There was emphasis on ensuring families were part of people's ongoing care.
- People's personal and medical information was protected. The provider's policy and procedures on confidentiality was available to people, relatives and staff. Support plans and other personal records were stored securely.

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

- Staff had an exceptional understanding of how people communicated. Staff used creative communication approaches to maximise people's abilities. For example, one person's care plan stated, 'I am able to stand with assistance of two staff with only one speaking and giving me instructions. The instructions have to be very short and to the point otherwise I get lost and cannot remember what is being asked of me'. We asked a staff member about this person and they said, "We have to give very specific commands for example 'stand'

or 'let's walk'. If I said, 'would you be able to stand up for me now please' all the person would hear is 'please'. The stability and continuity of the staff team, ensured that people's communication needs were effectively met.

- Staff made sure that people got the support they needed and wanted, and were particularly skilled when exploring and trying to resolve any conflicts and tensions involved. Records of meeting minutes clearly showed people decided how they wanted to live at Fessey House and the service facilitated any changes that could improve people's well-being. For example, staff had identified anxieties to people caused by visitors passing through the dementia unit to access other areas of the home. Through meetings with people, relatives and staff, it was agreed to change the access route for staff in the discharge to assess unit to reduce the anxiety of those living with dementia who wanted to leave the building. This had had a positive impact on people and anxieties amongst them had been reduced.
- All staff positively welcomed the involvement of advocates. Referrals were made to independent advocates, when needed, to help people express themselves. Staff championed people's right to be in control. At the time of our inspection there were a couple of people using advocates. It was clear people positively benefitted from the use of advocates.
- Information was in a format that people understood. There was a board with photographs of all staff and we saw that people stopped when they recognised staff. Staff also used this board as a talking point.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. For each need identified, it was linked to a possible risk assessment, risk management plan as well as a desired outcome.
 - Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
 - People's care plans were regularly updated to reflect people's changing needs. For example, one person fell and was hospitalised. On their return to the home they had new equipment and medicines. We saw the person's care plan was reviewed and updated to reflect those changes.
 - The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
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- People had access to a full programme of activities which included in-house, days out and one to one activities. Activities included cookery, quizzes, board games and films which were offered individually or in a group. Musical activities such as singing, listening to music and playing percussion instruments were well attended. People told us they also enjoyed exercise activities. Various animals visited Fessey House, including a 'pets as therapy (PAT) dog'. On the day of the inspection we saw, people were actively engaged with a target bean bag game, including calculating scores. Some people played card Bingo and we also saw people involved with 1 to 1 activities such as art and games.
 - People had the opportunity to visit a local centre based in the town. This was linked to a centre which supported people living with learning disabilities. Sometimes people went to the centre and sometimes people from the centre came to Fessey House. One person told us, "We had a lovely time, lots of activities. We had our lunch there and I enjoy going".
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- The provider had invested in an interactive projection table (Magic table) designed to stimulate physical and mental activity in people with dementia. We saw this used and thoroughly enjoyed by people. It was clear this had had an impact on people's well-being. One member of staff told us, "When [person] first came in they walked and walked around without purpose. When they saw the projection table working they stood and watched and then sat down and joined in. Now they are more settled".
 - People told us they enjoyed the activities. One person said, "Enjoy doing a bit of everything- singing, exercises, bingo. If you want to join in with things you can".
 - The home celebrated people's special occasions, such as birthdays with them. These were made to be

special, social occasions and people told us they loved them.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. One person told us, "Any problems, I go to the manager, get things sorted straight away". There were many compliments received regarding excellent care.

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had a dignified and pain free death.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support.
- The home had established close links with a local hospice. Staff knew how to support people and families during end of life care.

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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Fessey House was led by a motivated provider, registered manager and deputy manager who aimed at providing a person-centred care.
- People were very positive about living at Fessey House. One person told us, "It's very nice in here. Good relaxed atmosphere all the time". People's relatives equally praised management and staff at Fessey House. One relative said, "A very well-run place, good information, efficient, suggestions acted on. I can go on all day".
- The service had an open and honest culture that enabled learning from events and supported reflective practice to look for continuous improvement. For example, staff had requested refresher CPR/First aid training following an incident. This had been completed.

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

- Leadership at the service had a clear vision of how they wanted the service to be and put people at the centre of what they did.
- The registered manager had developed within the service and therefore, had knowledge of what was expected in most of the care roles under her management. The registered manager was keen to continue developing their leadership skills and those of the staff. They had direct support from a hands-on provider. They were passionate about their role and had a clear vision to keep improving the quality of the service.
- The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. This enabled them to have continuous oversight on the care the people received.
- Staff had a clear understanding of their roles and their day to day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality of care.
- The service had a strong and clear management structure which valued each and every member of staff as a crucial contributor.
- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive. On the day of the inspection the service received unexpected sad news. The registered manager quickly arranged a briefing meeting to ensure staff knew and received support as needed. It was commendable how staff worked well as a team supporting each other and how the registered manager led by example.

- The registered manager told us in their PIR that, 'I always emphasise the three fundamental rules at Fessey: respect (we all respect each other regardless of position, status or opinion), responsibility (each team member is empowered via autonomy, purpose and mastery and is trusted with their delivery) and fairness (same rules apply to all team members). It was clear the service followed these rules. There was so much respect amongst staff and they valued each other's input.
- The provider completed monthly internal quality assurance checks in all areas of the service including medicines, health and safety and infection control. Audits outcomes were shared with staff with the aim of improving care.

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

- The service regularly sought the views of people through meetings and care reviews. The registered manager had an open-door policy and people came with their individual matters directly as well as informal conversations that took place ad hoc.
- People, relatives and staff were involved in decisions about the service. This included planned improvements to the service such as activities, menus as well as structural developments such as building extensions.
- Staff told us they felt valued and involved in the development of the service. Staff said, "I love working here. Management is very supportive", "We are a solid team and we form part of the positive changes for better care" and "We are very open and honest here. We bring suggestions and they are taken on board".

Continuous learning and improving care:

- Staff were motivated by and proud of the service. The provider had introduced a 'Spidergram' - a diagram mapped up with all the staff responsibilities at Fessey House. This aimed at empowering and encouraging staff to undertake additional responsibilities within the home settings and to promote their skills and career development. Staff had positively fed back about the Spidergram and as a result the provider was considering making it part of the induction program. There were plans to support those staff who had shown interest in progression.

Working in partnership with others:

- The provider and registered manager worked closely with other stakeholders to ensure people received good quality care. This included local hospitals, commissioners of the service and safeguarding teams. There were many examples of the provider working with families and the local funding authorities to ensure people were re-enabled back in the community or remained in the service and achieve effective care outcomes.
- The service was an important part of its community. It had developed excellent community links to reflect the changing needs and preferences of the people who used it. Contact with other community resources and support networks was encouraged and sustained.