Woodlands & Hill Brow Limited

Farnham Mill Nursing Home

Inspection report

Farnham Mill Lane
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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Farnham Mill Nursing Home is registered to provide accommodation and personal care for up to 60 people. There were 52 people living at the service at the time of our inspection. The inspection took place on the 14 June 2019.

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

Improvements were required around how records were maintained and the robustness of the quality assurance that took place. This included target amounts on people's fluid charts.

The environment was set up to meet the needs of the people living there however we fed back that this could be improved upon with more meaningful sensory items for people living with dementia that wandered.

There were appropriate levels of staff at the service to support people with their needs. Staff were knowledgeable about the risks associated with people's care. There were plans in place to protect people in the event of a fire or if the building had to be evacuated. People received their medicines when needed.

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

Staff received appropriate training and supervision in relation to their role. Nurses received clinical supervisions and were provided with updated clinical training. People told us that they were supported with all healthcare needs and we confirmed this from records.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. Relatives and visitors were welcomed as often as they wanted.

There were activities taking place however people and relatives that told us that this could be improved upon. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs and staff were provided with sufficient guidance in relation to these.

People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was supportive and always visible. Staff told us that they felt valued and that they were encouraged to be involved in the running of the

service.

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

Rating at last inspection and update
This service was registered with us on 4 July 2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date they registered.

Follow up
We have found evidence that the provider needs to make improvement. Please see the Well-Led section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. However, after the inspection we were notified of a concern that related to the lack of moving and handling equipment and staff levels. We will be investigating this.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Farnham Mill 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
Our inspection was completed by two inspectors, a nurse specialist 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
Farnham Mill 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. The registered manager and the providers were all present on the day of the inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service, six relatives and three volunteers about the experience of the care provided. We spoke with the registered manager, the providers and members of the senior management team. We also spoke with nine members of staff including nurses, senior care workers, care workers and the chef. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six 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 received feedback from two relatives and one health care professional.

Good

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Care plans were in place to manage risks to people that contained assessments related to risks and steps staff should take. These included the risk of falls, risk of choking, moving and handling and behaviours that challenged. For example; it stated in one person's care plan that when they became anxious staff needed to guide the person to a quiet area and to play particular music that calmed them. We saw staff offering reassurance to the person on the day.

● Fire risk assessments were undertaken regularly and there were personal evacuation plans for each person. This meant that in the event of an emergency or a fire there was guidance for staff on best to support the person. Staff were knowledgeable on what to do in the event of a fire. One told us, "There are fire wardens on each floor, so I would just try to keep all the people calm and just listen and follow the fire warden." There was a service contingency plan in place in the event that the building had to be evacuated.

● Where people were at risk of developing pressure sores there were measures in place to reduce the risk. There were pressure relieving mattresses on people's beds and people were being repositioned in bed to reduce the risk of pressure sores developing.

● Staff had a good understanding of how reduce risks to people. One member of staff said, "It's so important to make sure that everyone is safe and not in danger, a lot of the people here have dementia and they can often walk off and may fall or injure themselves, so it's just about always being there to support all of them."

● Where an accident and incident occurred, action was taken to reduce the risks of incidents reoccurring. Falls were analysed by the registered manager to look for trends and themes. Where necessary people were referred to the falls clinic.

Using medicines safely

● Medicines were managed in a safe way and people told us that they received their medicines when needed.

● People's medicines were recorded in Medicine Administration Records (MAR) with a photo of the person and details of allergies. We observed the medicine round. The nurse gained consent from people beforehand. They ensured that where people needed 'time critical' medicine for example if they had Parkinson's, their medicine was given at the appropriate time.

● Where medicines were on a 'as required' (PRN) basis there were guidelines in place for their use.

● Medicine competency checks took place to ensure that staff were appropriately administering medicines.

Staffing and recruitment

● The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working

with people.
● People and relatives fed back that there were enough staff. A person said, "I feel safe here as there always seems to be enough staff around to help me."
● There were sufficient staff to support people when they needed. We observed that when people required staff assistance they were supported quickly. One member of staff said of covering staff absence, "It [the shift] always gets offered to the other staff that aren't working and because there are so many of us, it's always covered. We're never short staffed." Another said, "I never feel rushed in my day to day work and always have time to talk to all the people living on this floor." We saw this in practice on the day where staff took time to sit and chat with people.

Systems and processes to safeguard people from the risk of abuse
● People told us that they felt safe with staff. One said, I feel safe because there's always staff on duty. In an emergency, they are always around." A relative said, "I feel my relative is safe and cared for here. The staff almost have eyes in the back of their heads and they seem to miss nothing."
● Staff understood what constituted abuse and the actions to take if they suspected anything. One told us, "If I have any safeguarding concerns I will let the manager know and I know she would deal with it properly. If for whatever reason I feel that it is not being dealt with properly I would be confident to raise it with the area manager or the owners."
● Staff received safeguarding training and also discussed any potential safeguarding incidents during team meetings.
● We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Preventing and controlling infection
● People were protected against the spread of infection within the service.
● Staff were seen to wear personal protection equipment (PPE) where needed. Gloves and aprons were available for staff throughout the service. The service was continuously being cleaned throughout the inspection.
● Staff understood how to ensure that people were protected from the risk of infection. One member of staff said, "Always wash hands and encourage other people to wash their hands as well. We always use gloves and aprons during meal times and personal care.
● Regular infection control audits took place to ensure that staff were adhering to the correct procedures.

Good

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.

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

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

● Not all people at the service were able to access the garden independently and those assessed as not being able to access the garden independently were assisted by staff. People on the first floor had access to an outside space on the balcony that was designed to look like a garden. We saw people enjoying using this space. However, people on the top floor did not have a similar space.

● People on top floor would not have been able to access the garden without a member of staff to accompany them. Staff told us that they would not have been able to assist people to go outside every time they wanted as there were not enough staff to do this.

●There were areas at the end of the corridor that were used to for people to enjoy some quiet time if they wished to.

● The service was purpose built to consider the needs of people living with dementia. The living spaces were light, bright and chairs were arranged into clusters to encourage conversation. We observed people that were wandering. We signposted the registered manager and the provider to guidance where they could consider more meaningful sensory areas on the walls and destination points for those people.

We recommend the registered provider makes certain the premises in which people live are suitable. This includes considering people living with dementia and enabling people to easily enter and exit the premises when they wish to.

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

● Comprehensive assessments of people's needs were undertaken prior to people moving into the service. This was to ensure that the service could meet the person's needs. Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.

● Staff used evidence-based practice national tools in support of the care they delivered. This included the use of malnutrition and pain assessments charts. Staff were regularly updated of any changes of best practice. One told us, "The manager will tell us if there has been a change in any policies and there will be new posters on staff notice boards."

Staff support: induction, training, skills and experience

●People and relatives told us they felt staff were competent and effective in their role. A person told us, "I don't think the care could be bettered." One relative fed back, "My relative spent time in hospital before coming here and this place seems to understand what is needed and they've been fantastic."

● Staff completed a full induction when they first joined the service and shadowed a member of staff to understand the role and what was expected of them. One member of staff said, "My induction was three days. There is really good communication here, if I ever feel that I need assistance I know I can always ask."

●Training was comprehensive and included areas that were specific to the needs of people. For example; staff were provided with detailed dementia awareness training. One member of staff told us, "Dementia affects areas of the brain. People can forget things and you can have different types of dementia including Alzheimer's and vascular." We saw from interactions between staff and people that staff had a good understanding of how dementia affected people.
● Staff were supported to complete the care certificate (an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). One member of staff told us, "I'm completing my care certificate so I'm happy with my training at the moment."
● Clinical staff had regular training and reflective practice to review their clinical skills. This included training and discussions on wound care, catheter care and end of life care.
● Care staff received appropriate support that promoted their professional development and assessed their competencies. At the time of the inspection the registered manager confirmed that formal recording of clinical supervisions was not taking place. However after the inspection they sent us evidence to indicate that these had been taking place." The registered manager told us, "We have renamed it (the supervision) to distinguish between a sit-down supervision and a clinical supervision."

Supporting people to eat and drink enough to maintain a balanced diet
● People told us that they enjoyed the food and drink at the service. One person said, "I haven't been eating, I didn't fancy the food, but my appetite is now back. The staff helped me by coaxing me to eat and cutting up my food." Another said, "I like the food here." A relative told us, "As my relative started to refuse food and at times water, it was the effort from staff which helped."
● During lunch people were offered a selection of hot meals and alternatives if people wanted something different. One person told us, "The staff will always help, and they have helped to feed me, and my appetite returned." Staff supported people where needed and where people required specialist equipment to eat this was provided. Snacks and drinks were constantly being provided in between meals.
● Kitchen staff were provided the information about people's dietary needs including whether meals needed to be modified for example pureed and those that had allergies. Staff understood what they needed to do to ensure that people were eating and drinking sufficiently. One told us, "We constantly ask people if they want more drinks or snacks during the day. We also encourage them to eat their meals at meal times."
● People regularly left feedback on the meals provided and where possible the chef altered the meals to accommodate their feedback.
● The provider told us, "The home utilises and follows the guidance of the local CCG Hydration Tool kit which includes monitoring for signs of dehydration and has in place a dehydration risk assessment which together with weekly weighing of all residents ensures that early signs of dehydration are identified and rectified." We confirmed that this was taking place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Relative's told us that people had access to health care professional support. One relative said, "I don't worry at all about my relative being here. I receive communications when, for example, the doctor has been and has changed medication."
● Staff worked closely with health care professionals in support of people's care. We saw evidence of involvement from the GP, tissue viability nurse (TVN), physiotherapist and nutritionist. One health care professional told us, "The staff there are extremely proactive, they are always aware of our visits and we always have a named nurse as our point of contact."
● The provider told us, "Clinical treatment flow charts and management plans have been developed and are utilised to ensure early recognition of health deterioration and include UTI identification and management, agitation management, chest Infection, COPD, delirium and a positive behaviour approach which support

staff to care for people appropriately and where possible avoid hospital admission. These have been shared by the service and recognised as best practice and been adopted by other services in the area." We saw that this took place.
● The PIR stated, "District nursing team attend as requested by the home to provide nursing care of dressings. Specialist guidance is sought from SALT, Tissue Viability, Parkinson's Nurse Specialist, Respiratory Teams as required and their assessments and plans of care are included in the residents plans of care." We found this to be the case.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● At the time of the inspection appropriate MCA assessments had not taken place related to the locked doors. The registered manager told us, "People living with dementia on all floors. Can move freely between floors." However, this was not the case as people that lived on the upper floors of the service were unable to access other floors without the use of a key fob. After the inspection the registered manager advised us that these assessments had now taken place with DoLS applications being submitted to the Local Authority.
● We saw examples of where appropriate assessments of capacity had taken place with evidence of best interests meetings. This included assessments around medicines, capacity to consent to care and the taking of photographs.
● Staff were aware of the principles of MCA. One told us, "I know that people need to be treated as if they can make their own decisions until there is a mental capacity assessment to identify whether they need support to make those decisions." Another told us, "My understanding is that never treat someone like they haven't got capacity, unless an assessment has taken place."

Good

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

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; equality and diversity

- People and relatives told us that staff were kind and caring towards them. One person told us, "The staff are very helpful, kind and friendly, so kind and considerate. They're doing a grand job and without any fuss. It's an impressive place. It's peaceful here."
- We observed staff being caring and attentive to people throughout the day. Staff greeted people warmly when they went into their rooms and when passing them in the corridor. When people became anxious or upset staff offered sensitive support by gently rubbing their arms. When one person walked away from their meal at lunchtime a member of staff approached them and said, "Can you help me with this box, oh thanks so much, I really appreciate your help, can you put it on that shelf for me? Oh, thank you so much." They then encouraged them back the table to eat their meal.
- On another occasion we heard a member of staff enter a person's room and say, "Oh my lovely [person's name]." The member of staff gently pulled the covers up over the person to ensure they were comfortable.
- Staff at times went beyond to show their kindness to people. On one occasion a member of staff organised a flower presentation to a person whose birthday it was. The registered manager told us that as the person family was unable to visit this brought them a lot of happiness.
- There were religious services planned for people of various dominations. This included services at the home and people attending services outside.
- Relatives and friends were welcomed to visit and maintain relationships with people. One told us, "I'm encouraged to come in any time to visit and see my relative."

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

- People told us that they felt involved in their care planning. One person told us that it was important to them that they continued to share a bedroom with their loved one who lived there with them. We saw their bedroom was a comfortable space with a double bed. There were paintings up that the person's loved one had created.
- There were people that chose to stay in their rooms and staff respected this decision. One person told us, "I have everything I need in my room and staff know I prefer to eat in here and they respect that."
- Where people were unable to verbally communicate what they wanted staff took steps to understand in other ways what they wanted. One member of staff said, "You start to learn their behaviour changes and how they communicate yes and no or if they're not comfortable."
- People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in.
- People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the person who lived there.

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

● People and relatives told us that staff were respectful. A person said, "They [staff] always cover you up with a towel and they always knock on the door." A visitor told us, "There's always dignity and respect shown between the staff and residents."

● When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff to knock on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner.

● Staff encouraged independence in people irrespective of their conditions. Staff encouraged people to do things rather than assume they could not do them. One person said, "I feel very independent. The care is there but they don't push it." One member of staff said, "We try to encourage people as much as possible to help themselves to drinks but sometimes they become confused quite quickly or drop the drinks, so we have to make sure we are next to them supporting them when they do this."

● Staff understood how to treat people with dignity. One said, "I learnt how important this is that you always knock on people's bedroom doors, you always close doors when you are supporting someone with personal care or toilet."

Good

Is the service responsive?

Our findings

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

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; End of life care and support

● There were comprehensive care plans which detailed people's individual's care and support needs. Where particular conditions had been identified there was information in place for staff to help them understand the condition. For example, in relation to heart conditions and epilepsy. Any changes to people's care were updated in their care records to ensure that staff had up to date information. A member of staff told us, "The care plans are detailed and are full of details, so we can always refer to them if we need more information about people living here."

● There was detailed background information around people's likes/dislikes, backgrounds including the jobs they used to do, their family history and hobbies and interests. One member of staff said, "I think it's important to read about people's history and find out what was important to them, so you can make sure you to try to keep in line with that."

● Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record the care that people received each day. One member of staff said, "All the different teams work together so you get updates from the kitchen staff and all different members of staff. The handovers are good as well between shifts."

● End of life care was planned around people's wishes. However, we have fed back that more information was required in the care plans around what people wanted at the end of their life. The registered manager told us that they would address this.

● Relatives commented that the care their loved ones received at the end of their lives was good. One relative [whose family member was receiving end of life care] fed back to the service, "I wanted to confirm and repeat the thanks for the care you are giving my mother." A person told us, "I like being here and this will be where my life will end. I'm loved and kissed and I value the presence of the staff."

● One person, that was nearing the end of their life, wished to celebrate their family members recent engagement. The staff at the service helped to arrange an engagement party for the family member. The registered manager stated, "It was a very special engagement party and the family loved how involved [person] had been in the decision making."

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

● People and relatives gave mixed responses about the activities on offer at the service. There were comments about improvements needed that included, "There could be far more done to stimulate the residents and certainly my relative", "There's not really enough for me to do. I find some of the activities a bit old fashioned." A relative told us, "There are lovely activities; music, singing and my relative was as happy as could be."

● We observed word games being played in the morning in the downstairs lounge area and staff were engaging people in the room. There was a pleasant atmosphere during this activities. Pygmy goats were also brought to the service in the morning of the inspection. In the afternoon we also observed games being played with people on the first floor. However, during the morning there was no activity taking place on the top floor where people were living with dementia. Staff did though try and engage with people on a one to one as much as they could.
● Outings were arranged for people however one relative told us that their family member wanted more opportunities to go out. They told us, "We raised this point at a residents' meeting."
● There was a schedule of activities taking place that included music, art, games, flower arranging and quizzes. On the day of the inspection a BBQ had been arranged and people from the community had been invited along.

We recommend that the provider ensures that people have access to activities that are meaningful to them.

Improving care quality in response to complaints or concerns
● Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. Comments included, "I feel the care my relative receives is appropriate and the staff are always professional. I've never complained but I certainly would if I had to and I do think I'd be listened to" and "I would know how to, but I have never had to."
● Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one relative complained that their family member was not always having personal care. The registered manager undertook a full investigation and wrote a letter to the relative to confirm that this had been discussed with staff and would be monitored.
● Staff told us they would support people with complaints. One told us, "I would take all the details and make sure I direct all the details to the registered manager and make sure that they are dealt with properly and the right support is given to the person making the complaint."
● Posters were displayed around the service with information for people on how they could make a complaint.
● Compliments were also received into the service. Comments included, "Thank you so much for your efforts to make [person] birthday a truly special day for her" and "Thank you so much for the excellent care and attention you gave to me during my stay."

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.
● The PIR stated, "The following resources are provided and/or recommended: – Braille books and magazines and copies of literature, large print/easy read copies of literature, British Sign Language interpreters for deaf people, talking or Braille clocks and watches. Where necessary, interpreting services will be accessed for residents who speak other languages or who have hearing difficulties." We saw that this was in place where necessary.

Requires Improvement

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.

The lack of robust recording did not always support the delivery of high-quality, person-centred care. However the service was consistently managed and well-led.

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

● Records and auditing of care at the service required improvements. Where people were at risk of malnutrition appropriate food and fluid charts were not put in place. Instead staff were recording on people's re-positioning charts how much a person had drunk. However, there was no target information and staff were not totalling the person's daily input. A nurse told us that staff were good at communicating to them when people were not drinking they said, "Yes we should really be documenting the input and output, it's a real learning curve." The registered manager acknowledged that this was not being done and told us that this would be addressed.

● There was inconsistency around how accident and incidents were recorded by staff. The registered manager told us that incidents of challenging behaviour needed to be written in the accident and incident book. There were behaviour charts for a person that had been displaying behaviours that challenged. Staff were not recording these in the accident and incident books.

In addition, staff were not always recording on the incident record what actions had been taken to reduce further incidents of falls.

● The provider audited the service in January 2019 however this was not always effective in identifying shortfalls. For example, under record keeping they had not identified that staff were not recording food and fluid charts appropriately and that there were a lack of MCA capacity assessments for some people. Where shortfalls had been identified there was no action plan in place to ensure that the actions had been met.

We recommend that the provider ensures that records are accurate and complete and that the quality assurance is robust relating to people's care.

● People and relatives were complimentary about the leadership of the service and the regular presence of the providers at the service. One relative told us, "The staff are always enthusiastic and, I believe, are well looked after by the management." A health care professional told us, "I believe they have a fantastic team there, well led by [registered manager], who I have worked with for many years."

● Staff told us that they felt supported by the registered manager. Comments included, "She's [the registered manager] really good and really helpful to all the staff's development. She is always here, she works really hard" and "She's really nice, helpful and always available for a chat or advice if you need it." The registered manager told us that they felt supported. They said, "The bosses are so hands on. They know the residents."

● There were elements to the quality assurance that were effective in ensuring quality of care. Audits took place to look at the care being provided that included people's skin integrity, infection control audits,

medicine audits and health and safety audits.
The registered manager undertook audits to review the quality of care. For example, they had reviewed the complaints received to ensure that they had all been responded to. They also identified that staff needed to, "Monitor flow charts in the home as an infection control link." We saw that this had been followed up as an action point.

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

- People and relatives had the opportunity to attend meetings to feedback on any areas they wanted improvements on. One person told us, "Yes, I attend the meetings, it's useful to feed things back about the food."
- The registered manager told us, "[The provider] invites via invitation two to three residents to meet with her privately to enjoy tea/coffee and cake. [The provider] visits the home daily, so of course speaks to her residents while there, but this provides the opportunity for a more personal gathering allowing us to always strive to make our homes better." We saw that this took place.
- We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. One member of staff said, "I always give any ideas to the manager, area manager and even the owners. The owners are always here and really make you feel like your ideas and opinions matter."
- Staff told us that they felt valued and listened to. One said, "Everyone feels really comfortable to always put ideas forward if they have any." Another said, "I'm also comfortable to go to the registered manager, area manager or the owners who are regularly on site." The registered manager told us, "The staff are presented accolades, residents at Farnham Mill vote for a staff achiever, every quarter the accolade is awarded to the member of staff who received the most votes from residents, for their hard work and dedication. This award is special as it's voted for by the residents, they vote at their monthly residents meeting." We saw that this took place.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us, "Following the general manager attending the recent Alzheimer's society conference in London we had already booked a demonstration of an award winning Omi motion activated projector and table which she was particularly impressed with for the residents on 25 June. We will be looking for feedback from them and staff following which it is our intention to purchase this to add to our activities and sensory equipment."
- The registered manager invited a local nursery school to the service so that, "The young and the old in the community who now attend the home on a weekly basis and bring great joy to our residents."
- The PIR stated, "When we opened the home in July 2018 we undertook a series of open days and afternoon teas where we invited local people and external professionals in the community including the Discharge liaison teams from our local hospitals, lead nurses from our local hospitals, day centre managers and staff, voluntary services, eye care, hearing aid service, specialist nurses, taxi company, undertakers and our local butcher from whom we purchase our meat. These events were very well attended, and we have received very positive feedback."
- Staff worked closely with the local hospice and NAPA (National Association for providers of Activities for Older People), to look at best practice with end of life care and care for people living with dementia.
- Although there was evidence that the provider was working with outside organisations there were improvements that were required around the recording of end of life care and meaningful and improvements around activities for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The provider and registered manager ensured that they shared information with people and their families. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.

● Duty of candour reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted.