

Sentinel Health Care Limited

New Forest Nursing Home

Inspection report

Fritham House
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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

New Forest Nursing Home is a residential care home providing personal and nursing care to 37 people at the time of the inspection. The service can support up to 48 people.

New Forest Nursing Home provides accommodation and nursing care for up to 48 people, some of whom may be living with dementia or have a physical disability. The home is in a rural location in Fritham, near Lyndhurst. Accommodation is split over two floors. 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 mostly received their medicines safely.

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.

Staff identified what was important to people and endeavoured to provide meaningful experiences and lasting happy memories. New Forest Nursing Home offered bespoke care and support for people at end stage of life (EOL) and to their families.

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

The 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 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

New Forest 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

New Forest 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

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 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 New Forest 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 five people who used the service and seven relatives about their experience of the care provided. We spoke with three professionals who regularly visit the service. We spoke with ten members of staff including the nominated individual, registered manager, deputy manager, clinical auditor, registered nurses, senior carer, carers, domestic staff and second chef. 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 six people's care records and multiple medication records. We looked at five 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.

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, "Very safe yes", "I'm well looked after", and, "I definitely think she is safe here. I have nine siblings and they are all happy with things here".
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. Staff told us, "I would speak to the nurse or manager or nurse in charge. If [registered manager's name] did not listen to me I would go to [nominated individual's name] or [owner's name]", and, "It is about when I see something wrong with a resident, such as abuse, bruise, financial abuse or a change in behaviour, to report to the nurse or matron, or director of care or go to the Care Quality Commission (CQC) if they don't do anything".
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to 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 personalised 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 from 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 sufficient staff to meet people's needs and keep them safe. People and relatives told us, "Yes. There is a nurse on all day and night. They work very hard", "Yes, I never see any gaps", "From what I see there is always two when mum has to be changed so never noticed a real shortage", and, "I don't know what the ratio should be, if I ask for something it is done so that suggests that the staffing levels are meeting the requirements, they are for me anyway".
- Staffing levels were based on the needs of the people living at the service. We saw evidence of staffing

levels being adjusted in response to people's changing needs. For example, the registered manager had recently increased the night staffing levels in response to an increase in people wanting earlier breakfasts.

- 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) checks. 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 mostly received their medicines safely and the staff carried out regular audits to ensure all medicines had been administered correctly. However, during the inspection we observed that for one person they had not received a prescribed medicine on one occasion. This was raised with the deputy manager at the time who took prompt and appropriate action following the providers procedures to successfully resolve this incident.

- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.

- 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. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly. Relatives told us, "Whenever they need to I see them washing their hands", and, "They seem to usually wear their gloves and aprons".

- The home was clean, tidy and odour free. People and relatives told us, "It is quite clean", and, "Very clean. I know my mum's room has been deep cleaned a few times", and, "Definitely clean".

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. A relative told us, "There was one incident I brought up to [registered manager's name] and the next day it had been brought up as a sharing lesson for everyone and how not to have it happen again."

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. One person commented, "Without a doubt. They've been very well trained I think." One relative told us, "Yes, they seem to be very well up with everything. Generally, I feel from observations they know what they are doing."
- There was a strong emphasis on the importance of training and induction. 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 face to face training and a period of shadowing to help ensure they had the necessary knowledge and skills to do their jobs. The registered manager told us, "There is a clinical skills book where we observe them with identified tasks that have to be signed off before they can work independently on the floor."
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences was particularly valued. The registered manager sought out courses which would increase staff understanding of specific conditions. For example, palliative training with the local hospice.
- Staff received regular supervisions including face to face meetings, observational checks and appraisals. They told us they were well supported.

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

- People could access food and drink when they wanted to and were supported by staff who had received food and hygiene training. The service used a summer and winter menu and the content of this was discussed with people. The second chef told us, "Every day they are asked what they want from the menu, if they don't like it then asked what they'd like and accommodated."

- We observed the breakfast club experience. The tables were set with tablecloths and napkins with cutlery, fine china, tea pots, jugs of fresh juice and condiments. People and relatives told us that the food was good. Comments included, "On the whole quite good. I was previously in another nursing home and the food here is definitely better", "Chef will always come around and ask me what I thought, what I want, it's great", and "She really likes the food...She is really pleased to have proper meals".
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, some people required supplements due to diagnosed health needs. They were supported to understand this and offered additional snacks throughout the day. One relative told us, "We stayed for lunch the other day for her birthday and her meal was slightly softer but the same type of things we had."
- Where people had changing health needs, their food and fluid intake was monitored. We saw that the registered manager had food strategies which could be implemented as well as 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, "The doctor comes twice a week, so it works quite well", and, "If you need a hospital appointment they'll organise it". A Relative told us, "They are brilliant at getting the GP in."
- A relative told us, "It works, care staff know when to refer to the nurse if something is wrong and they noticed something was wrong yesterday, they took a swab and it is infected and today she is on antibiotics, so the evidence is there that they are caring and that they do it."
- 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. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dieticians and Chiropodists. People who wanted to remain with their preferred professionals were supported by the provider to continue those relationships.
- 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 a lift and accessible grounds and gardens. However, there was required maintenance that when completed would enhance the environment, specifically a worn and stained carpet in one communal corridor. We spoke with the registered manager and nominated individual about this and saw evidence of actions and plans that were on-going to address this. Following the inspection, we received confirmation that the carpet had been replaced.
- Good signage was in place to help people find their way around the home. People's rooms we looked at had been personalised to each person's preferences. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Staff were knowledgeable about the MCA and how to protect people's human rights. One staff member told us, "The opinion of our resident is the most important. I know sometimes the choices of our residents might not make sense to me, but I have to respect their choice."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. For example, where discussions around power of attorney had been held. There was evidence that Mental Capacity and best interest assessments had been considered and put in place.

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, "They are all good. They are caring", and, "Staff are very very good." Relatives told us, "They treat my relative with kindness, professionalism, empathy and efficiency", and, "Oh definitely treated with respect and they all know her ever so well and all treat her ever so nicely."
- A visiting professional told us, "They know their patients very well and they are very attentive. All the nursing staff really act as the person's advocate."
- 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, "Relatives can visit whenever." A relative told us, "Family come here and mum's sister travels six times a year to come here and always comments on how welcoming they've been." Another relative said, "We can always stay for as long as we want, and we are always offered teas and coffees."
- 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 to move in their wheelchairs, staff were heard to ask people where they wanted to go, and if they were ready, before assisting them.
- Staff spoke about people with genuine interest and affection. One staff member told us, "We respect every resident and their choices." Another told us, "I think it is very important that we ask them what they want. I always say it is your choice, it is up to you and what you want." One person told us, "I am a vegetarian and they accommodate it. Lots of vegetarian choices."

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, "They ask me, what do I want and what do I need", and, "Yes she is. She suffers from dysphasia, so it takes her a while to get out what she wants to express. Staff give her the time."
- 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 service 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.
- People and relatives told us, "If the door is shut they won't come in, they'll knock and ask if they can come in", "You can certainly say can I have a female carer please", and, "Her dignity is always respected. I think she is always treated with a great deal of respect and dignity."
- People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. A person told us, "On a Friday morning we get some people from the church who come."
- Independence was actively promoted and maintained for people. One person told us, "I can go out when I want to." A staff member told us, "Today I had one resident, she washed herself but needed help because she couldn't reach the water as her hand was not working properly and needed soap on her hand, so I helped her put soap on her hand and handed her wipes and I held the bowl of water close to her so she could wash herself."
- People's private information was kept confidential. Records were held securely. The management team and staff received training to update their knowledge about the new data protection law.

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

- New Forest Nursing Home provided a range of activities enabling people to live fulfilled lives. Such as, days out with morning and afternoon trips, lady's afternoon teas, gentleman's beer tasting, talks about the forces or gardening, themed fetes, horticultural therapy (gardening for health and happiness), music and a gardening club. One relative told us, "She's a member of the gardening club and has done pressed flowers and music. Compared to her life when in her bungalow...far more is going on here."
- Staff identified what was important to people and endeavoured to provide meaningful experiences and lasting happy memories. For example, one staff member told us, "One resident had a cat at home and she desperately missed the cat. We found in a catalogue a cat in a basket that when you stroked it, it purred. We purchased it and it made such a difference to the person, she stopped crying and took the cat everywhere with her. It was like a new lease of life for her."
- Another example, people were asked by the home what they wanted to do, and some people wanted to go to 'Ladies Day at Ascot Races'. The home couldn't support them to Ascot but held their own races day. Everyone who wanted to participate was invited to dress up and the activities coordinator handmade hobby horses. People raced each other by rolling a dice and rosettes were awarded with a cup for the winner. The home has plans to hold this race annually and engrave the cup, which is kept on display within the home, with the winner's name each year.
- The home recognised that people's pets were important to them and encouraged visits from people's dogs. They had introduced 'doggy passports' which were completed for each visiting dog which established that the dog was fully up to date with its vaccinations, house trained, claws trimmed and regularly treated for fleas. A relative told us, "it means so much to [relative's name] that I can bring my dog in and for others as often have other residents who want to pet my dog's head."
- The home had also held their own dog show where people were encouraged to invite their friends and family and to enter their dogs. A relative told us, "We got a first prize in the dog show. She absolutely loves it, she's made so welcome and she'll walk with my mum along the corridor to her room."
- At the time of inspection New Forest Nursing Home supported people in end of life care and people with long term health conditions. This meant that some people were cared for in their bedrooms. There was an emphasis on taking activities to people and their bedrooms. For example, a staff member told us, "We do room visits; take playing cards or colouring books, sit and chat, nails and hand cream, take the newspaper to them and read it."

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, one person at the time of the inspection used a picture board. Another person who listened to audio books could access the audio books library through the home. There was also a person who spoke Welsh and the staff had asked their relatives for some phrases in Welsh to use to ensure the person was as comfortable as possible at the home.

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 both the registered manager and the nominated individual and it was evident that they were known to people and their relatives. One relative told us, "I see [registered manager's name] once a week and check in with her and feedback, she'll tell me of any updates".
- People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "If I did I'd tell them, but I don't," and "I don't think so, it's a nice place". A relative told us, "None whatsoever...I would go out of my way to recommend this place."

End of life care and support

- New Forest 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, "Sometimes they want to go out and we know they are very, very weak but as long as it is not painful we'll take them out to the garden, or a drink, if they want an alcohol drink we will provide it."
- The service worked alongside the local Hospice and staff attended workshops and training to ensure that the best possible level of palliative care was provided. The home had identified that for some people who came into the home for palliative care that their sedation medication was too much and was having a negative impact on them. From working closely with the appropriate healthcare professionals, they have successfully supported these people to be reassessed and to have a better quality of life. Often increasing their life expectancy and in some cases resulting in the removal of the palliative care status they arrived at the home with.
- There was a bereavement support system in place. Staff told us how it was just as important to them to care for the family as well as the person. They ensure that family are comfortable and looked after when visiting the person. The registered manager told us, "Recently a gentleman was poorly (EOL) and his wife was on her own as their daughter was away. She had expressed an interest to be here at the time, so a staff member went and picked her up and she stayed here two nights. We looked after her and when he'd passed we took her home and stayed with her until their daughter got there."
- A staff member told us how they supported a person through a recent bereavement, "One of the residents passed away, her husband who also lives here, we offered him a cup of tea and he was a little nervous to be with her after she had passed but he wanted to be with her. So, I offered to stay a little bit longer with him whilst he had the last kiss and he talked to me about their life and what she had been like when she was younger."
- The home had started an annual Remembrance Day. Held in spring they invite relatives and friends of past residents to an afternoon tea and a tree planting ceremony in remembrance of their loved ones. Before

planting the tree, the home read out the names of the people who had passed, accompanied by their memories of the person. This day was received positively by the relatives and friends. Feedback from one relative included, "It was an uplifting event...what could have been a very sad day for us turned into one of happy memories. We came away smiling and couldn't have asked for more."

- The home had introduced a new communal room, the 'rose room' which was a calm and quiet room which people, relatives or staff could use to reflect, grieve or come together. Within the room there was a 'remembrance book' which included people who had been lost and the fond memories of that person from relatives, people and staff.

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 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 and provider got to know staff and staff were encouraged to make suggestions and were listened to. A staff member told us, "If we had an issue they'd listen straight away."
- People and relatives were positive about the registered manager. Their comments included, "I get on with them and I think the home is well run", "I think she is lovely. Friendly, efficient and competent", and, "Very professional, very caring. Knows the patients, knows exactly what treatment my mum is having even though there are 40 odd people here".
- The nominated individual and clinical auditor attended nursing forums, infection control forums, and hold regular meetings with the registered manager and nursing team sharing good practice and new initiatives. For example, their newest initiative implemented was a urinary tract infection pathway based on symptoms as opposed to just a urine dip test.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 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] really is approachable. She has a lot of empathy for people", "We have very big support from [nominated individual's name] as well... I think the company looks after the staff here, they are good employers", and, "[Owner's name] offers me a lot of education to improve my skills and is supportive."
- 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, nominated individual, staff and the provider. The provider employed a clinical auditor who was a registered nurse. They completed a monthly audit which included looking at medicines for every person each month as well as a percentage of care plans. They employed a tracker system to ensure that they looked at different people's care plans each month and spoke to different people and staff.
- 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; Working in partnership with others

- The registered manager had developed links with external agencies ensuring successful partnership working. For example, they had placed the local GP surgery on retainer resulting in twice weekly visits from the GP promoting consistency and better health outcomes for people. A visiting GP told us, "I've been coming here for seven or eight years...The service they offer is very personalised and they know their patients."
- The home received visits and support from pharmacists to ensure that the home was maximising their medicines and that they were getting the right quantities and effective directions which matched what they are doing. A visiting pharmacist was very positive about the home and told us, "I am seriously impressed, have not found one medicine out of date. [Deputy manager's name] really knew people, anyone I asked about she could say straight away their history and information."
- The home ensured they met people prior to admission and worked with other services to ensure the transition was as smooth as possible. One relative told us, "[relative] knew where she was coming, and it was good liaising. It was fantastic at the time as they had lost her in the hospital and the registered manager found her."
- Quality surveys were distributed to people, their relatives and staff. A relative told us, "We fill in a questionnaire once a year and we feel listened to but to be honest not so much through the questionnaire but if I pop in and talk to [registered manager's name], she's very approachable. Dialogue is more important than a piece of paper."
- The home held regular meetings for people and for relatives. One relative told us, "We don't get to them, but we don't feel neglected because of that and I know that they have actually changed the times to suit people as well, but I feel that there are plenty of other opportunities to feedback." Another told us, "There has never been once where someone has ever said 'sorry I can't deal with that now' or told to speak to someone else about it".
- People and relatives were invited by the home to be involved in events and to sit on their dignity panel. Relatives told us, "I take part in the Christmas fayre and Easter fayre, they actively encourage families to help if they can", and, "As part of this dignity panel I am asked if there is anything that I want to give a comment on."