

Mr Mark and Mrs Karen Hammond

# Chelfham House Residential Home

## Inspection report

Chelfham House  
Chelfham  
Barnstaple  
Devon  
EX31 4RP

Tel: 01271850373

Website: [www.chelfhamhouse.co.uk](http://www.chelfhamhouse.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Chelfham House is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 41 people.

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

The service provided safe care to people. Due to people living with a dementia they were unable to tell us in detail they felt safe. However, people appeared relaxed and settled with little evidence of anxiety regarding their surroundings. Measures to manage risk were as least restrictive as possible to protect people's freedom. Medicines were safely managed on people's behalf. Staffing levels ensured people's needs could be met in a safe and timely manner. Staff ensured infection control procedures were in place.

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.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People's privacy and dignity was respected.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the management team worked well with them and encouraged their professional development.

A number of methods were used by the home to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

### Rating at last inspection

The last rating for this service was Requires Improvement (report published in July 2018). At that inspection we found four breaches of regulation. These were regards to risk management, infection control, governance arrangements and staffing levels. This inspection found improvements had been made and the service was no longer in breach of regulation.

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chelfham House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

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 ●

# Chelfham House Residential 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

The inspection was conducted by one inspector, an assistant inspector and an Expert by Experience on the first day, and one inspector on the second day. It was unannounced. 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

Chelfham House Residential Home is a 'care home' for a maximum of 41 older people who have a dementia type illness. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with seven people receiving a service, one relative and 12 members of staff, which included the

registered manager. We also spoke with two visiting health and social care professionals. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed four people's care files, four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought further feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.

# 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 requires improvement. This was due to the provider failing to robustly assess the risks relating to the health safety and welfare of people, staffing levels and people were not fully protected from cross contamination and infection. This inspection found improvements had been made and this key question rating has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Comprehensive risk assessments were in place. People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and skin care.
- Risk management processes considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available to increase a person's independence and ability to take informed risks.

### Preventing and controlling infection

At our last inspection, people were not fully protected from cross contamination and infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We found all the areas of the home to be clean, fresh and free of malodours. New wipeable flooring had been fitted in certain parts of the home to help reduce any unpleasant odours.
- The housekeeping team said they had a good team and took pride in keeping the home nice for people. Housekeeping staff had a cleaning schedule to follow, to ensure every area of the home and equipment were kept clean on an on-going basis.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily

available to staff when assisting people with personal care, for example, gloves and aprons. Staff had also completed infection control training.

## Staffing and recruitment

At our last inspection, the provider had not ensured the staffing arrangements kept people safe or provided adequate care and support in a timely manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been increased to ensure people's needs could be met in a safe and timely manner.
- Staff confirmed that people's needs were met promptly, and they felt there were sufficient numbers of staff on duty to meet people's needs. We observed this during our inspection when people needed support or wanted to participate in activities. For example, staff spent time with people engaging in meaningful conversation and supporting them at their pace.
- Staff told us there were enough staff to support people and people were well cared for. In addition, the organisation employed an activities coordinator, cleaners, laundry person, cooks and a maintenance person. Both the activities coordinator and laundry person had been recruited since our last inspection.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place. This helped ensure staff were safe to work with vulnerable people.

## Systems and processes to safeguard people from the risk of abuse

- Due to people living with a dementia they were unable to tell us in detail that they felt safe. However, people appeared relaxed and settled with little evidence of anxiety regarding their surroundings.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and CQC. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

## Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy monthly. When the home received the medicines, they were checked, and the amount of stock documented to ensure a full audit trail could be completed.
- Medicines were kept safely in locked medicine trollies. The trollies were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained



in date.

- Staff had received medicine training and competency assessments to ensure they were safe to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager and deputy manager checked medicine practice whilst working alongside staff and via records, to ensure staff were administering medicines correctly.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals had been requested where needed to review people's plans of care and treatment.

## 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 requires improvement. This was due to some people being deprived of their liberty without lawful authority. This inspection found improvements had been made and this key question rating has now improved to good.

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

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

At our last inspection, some people were being deprived of their liberty without lawful authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent to care had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to receive personal care and the need for bedrails due to the risk of falls. This demonstrated that staff worked in accordance with the MCA.
- The registered manager had liaised appropriately with the local authority where it had been identified that

people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

- Before people received any care and treatment staff tried to gain their consent and act in accordance with their wishes. We saw staff involving people in their care and allowing them time to make their wishes known using individual cues, such as looking for a person's body language and spoken word. People's individual wishes were acted upon where possible, with their safety in mind.

Staff support: induction, training, skills and experience

- We observed staff supporting people in a competent manner. They demonstrated an understanding and insight into the needs of the people they supported and the ability to protect them.
- Staff had completed an induction when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and positioning and a range of topics specific to people's individual needs. For example, dementia, nutrition and hydration. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "The training is very good. I think we have training roughly once a month."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff commented: "I feel very supported by the management team" and "You have full support and back up and guidance. I get on well with (management team) they are absolutely great. If you need help on the floor they are there straightway and they're not afraid to get involved. I couldn't ask for better managers and they are the best I have had in my working experience." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care. People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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

- People were supported to maintain a nutritious and balanced diet. A relative told us they felt the food given to their family member was good.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language

therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.

- The cook was aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.
- People were offered a variety of hot and cold drinks throughout the day.

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

- People's individual needs were met by the adaptation, design and decoration of the premises. The home was set over three floors and was accessible by a lift which was regularly serviced. People had a variety of spaces in which they could spend their time, such as the lounge and dining room and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails, ramps and clear signage indicating toilets and bathrooms.

# 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 requires improvement. This was due to people's dignity not being fully promoted in relation to continence. We made a recommendation that arrangements for providing a dignified and respectful service be reviewed. This inspection found improvements had been made and this key question rating has now improved to good.

Good: 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were kind and compassionate and treated them with respect. We observed staff responding to people in a kind, respectful and compassionate manner. This was demonstrated by gentle and spontaneous interactions from staff to people. For example, ongoing monitoring to ensure that people were comfortable, and their needs were being met. Reassurance and encouragement were being offered when required. Relatives commented: "Since my (family member) has been here I have realised how wonderful the staff are" and "(Family member) has been here over 3 years, the care is good, they care about them."
- Staff relationships with people were caring and supportive. A relative commented: "Nothing is too much trouble." Staff spoke confidently about people's specific needs and how they liked to be supported.
- Through our conversations with staff it was clear they were committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately. Staff commented: "I treat them like my parents. I love it here" and "This is not a job, it's a calling. You really need to care."

There was a strong, visible person-centred culture. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, and dislikes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This helped to promote and ensure the service was person centred.

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. People were involved in their care planning where appropriate.
- Staff treated people with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.

- Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, who liked a particular routine and the preferred gender of staff when receiving personal care.

## 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 requires improvement. This was due to research and training not always translating to a person-centred approach to care and support. This inspection found improvements had been made and this key question rating has now improved to good.

Good: 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

- Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes. Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. A professional commented: "I have dealt with 4 clients at Chelfham House and have been very impressed with the attitude of all the staff, their care and time spent trying to achieve a person-centred approach that is meaningful and has a positive outcome on the wellbeing of each individual."
- Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files contained information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked. This helped them to provide appropriate care and support.
- Care plans were up-to-date and were clearly laid out. They were broken down into sections, making it easier to find relevant information. Examples included, physical and mental health, nutrition, continence, skin care, mobility, personal care and emotional support. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.
- Activities formed an important part of people's lives. The service had recently employed an activities coordinator who enabled people to engage in a variety of activities and spend time in the local community. For example, outside entertainers, arts and crafts, singalongs, gardening and quizzes. We saw people had planted sunflowers and these had been positioned where each person preferred to spend their time, so they could watch them grow. The activities coordinator told us, "it is very important to encourage people to engage in 'normal everyday' activities. One lady was nearing the end of her life, I knew she loved lavender so after getting permission from her family I gently massaged her hands with lavender oil." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.

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.

- We looked at how the provider complied with the Accessible Information Standard. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, short sentences, eye contact and time to respond and looking for people's facial expressions and gestures.

#### End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs and wishes were met in a timely way. Compliment received regards to end of life care stated: 'Thank you for all the care you gave to X, we realise it was over and above what was expected of you and we are very grateful' and 'Thank you for the love and care you showed to dad and all the family during his time with you. You all made his last days peaceful.'

#### Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with staff and members of the management team.
- People were made aware of the complaints process when they started using the service. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame.



## 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 requires improvement. This was due to the provider not having adequate audit and monitoring systems in place to ensure people received a safe, effective, responsive and caring service. This inspection found improvements had been made and this key question rating has now improved to good.

Good: This meant 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have adequate audit and monitoring systems in place to ensure people received a safe, effective, responsive and caring service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.
- Robust audits had been implemented following guidance from the Quality Assurance Improvement Team (QAIT) of the local authority. The QAIT team offers advice and support to providers to meet the quality standards and requirements of regulators and local authority. Audits reviewed people's care plans and risk assessments, incidents and accidents and health and safety. The provider's audit included safety of the premises, staffing needs, presentation of the home and cleanliness. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- The registered manager had implemented various observation methods to ensure people were receiving personalised care and support. These were conducted at various times. For example, from ten minutes to four to five hours. Where actions were needed, these had been followed up with individual staff and also helped to inform team meetings.

- The registered manager had notified the Care Quality Commission appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

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

- People's views and suggestions were taken into account to improve the service. Resident meetings took place which took into account people's views about the food, activities and preferences. Surveys had also been completed by people using the service, relatives and staff. The surveys asked specific questions about the standards of the service and the support it gave people. Where actions were needed, these had been followed up. For example, a dedicated laundry person employed. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.
- Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and were listened to. Staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations. Additional meetings took place as part of the service's handover system which occurred at each shift change.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Chelfham House Residential Home.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met. A professional commented: "We have been into Chelfham House over recent months and have delivered training. This involved meeting with both the manager and deputy manager. They have fully engaged with this and taken on board all of the strategies and documentation we introduced. In general, we consistently find the home and its staff to be motivated, caring and keen to learn. They also engage regularly to ask appropriate advice on which they act upon in a timely fashion. Overall, they have a very positive relationship with our team."