

# Abbeyfield Somerset Society Limited

# Abbeyfield (Somerset)

# Society

## Inspection report

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Date of inspection visit:

09 October 2019

10 October 2019

Date of publication:

31 October 2019

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Abbeyfield (Somerset) Society is a care home which is registered to provide care and accommodation to up to 44 people. The home is able to provide care for older people with a variety of needs.

One part of the home, Quantock, provides care for people living with dementia, the main part of the home provides care to older people with personal care needs and there are six apartments for people who wish to live a more independent lifestyle within the safety and security of the care home. At the time of the inspection 41 people were living at the home.

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

People lived in a home which was extremely responsive to their needs and wishes. Staff respected people's individuality, their values and beliefs and provided care and support in a way that reflected these. People were able to follow their own routines and staff respected these.

There was an emphasis on ensuring people continued to live a full a life as possible. There were ample opportunities for people to continue to pursue their own interests and hobbies and take part in a wide range of social activities and events. When people suggested activities they would like to take part in, staff went out of their way to make things happen for people.

People were able to take part in activities in the local area to make sure they continued to be valued members of their community. People were encouraged to keep in touch with friends and family. Visitors, including religious representatives, were always made welcome at the home. The staff were innovative and used their community links to help people to understand technology to maintain social relationships and for care planning.

People felt safe at the home and with the staff who supported them. The provider had systems which ensured there were adequate numbers of staff to keep people safe and to meet their varied needs. Staff were well trained to meet people's individual needs.

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.

People received their care and support from staff who were kind and caring. Staff knew people well and people had formed trusting and affectionate relationships with staff and other people at the home. People or their representatives were fully involved in planning their care and in the running of the home.

The home was well led by the provider, a registered manager and experienced management team. People

could be confident with the systems in place to monitor standards of care, respond to concerns and plan on-going improvements.

Staff were well supported and highly motivated. This led to a happy and inclusive environment for people to live in.

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

#### Rating at last inspection

The last rating for this service was Good (published April 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# Abbeyfield (Somerset) Society

## **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 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

Abbeyfield (Somerset) Society 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 also looked at information we had received from and about the service since the last inspection.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with sixteen people who lived at the home, three visitors, six members of staff and one visiting healthcare professional. We attended the heads of department daily meeting.

Some people were living with dementia and unable to fully express their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Throughout the day we were able to observe staff interactions with people in the communal areas. The registered manager was available during the entire inspection.

We looked at a selection of records which included;

Three care and support plans

Quality assurance audits and survey results

Medication Administration Records (MARs.)

Health and safety records

After the Inspection

The registered manager sent a copy of their current action plan which showed work that had been completed and timescales for further changes.

# 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; Staffing and recruitment

- People felt safe at the home and with the staff who supported them. One person said, "I definitely feel safe here. Just knowing there is always someone here is such a comfort." Another person told us they felt safe because, "There's never any nastiness."
- Risks to people were minimised because staff knew how to recognise and report suspicions of abuse. Staff were confident that if they raised concerns, action would be taken to keep people safe.
- The provider had systems which helped to keep people safe. All staff were thoroughly checked before they began work in the home. This helped to make sure they had the appropriate skills and character to work with vulnerable people.
- There were adequate numbers of staff to keep people safe and to meet their needs. One person told us, "If I ring the bell they are here in a flash, day or night." Another person said, "Staff are pressed, staff are busy but yes, staff respond quickly."

Assessing risk, safety monitoring and management

- The provider ensured people received their care and support as safely as possible. Individual risks were identified and where appropriate action was taken to minimise these risks but enable people to retain their independence. For example, one person had a risk assessment to enable them to maintain their independence when showering.
- People were asked if they wished to be checked on during the night and risk assessments were carried out to ensure people's choices were safe for them. One person told us, "I like them to pop in about 10pm to make sure I have everything I need for the night."
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and quality and all lifting equipment.

Using medicines safely

- People received their medicines safely from staff who had been trained in the safe administration of medicines. One person told us, "They are very strict on drugs. They do it all properly." One person told us

they felt their balance problems were much better since moving to the home. They said this was due to, "Strict medication regime and care."

- Clear records were kept of all medicines administered or refused. This enabled the effectiveness of prescribed medicines to be monitored.
- There were systems in place to regularly audit medicines administration to make sure people received their medicines as prescribed. The dispensing pharmacy had also recently carried out a full audit and praised the high standards.

#### Preventing and controlling infection

- People lived in a home which was kept clean and fresh by a dedicated housekeeping team. People praised the standards of cleanliness within the home. One person said, "It is a nice place, it is clean, and it doesn't smell." Another person commented, "Cleanliness is very good. That's important to me." Good standards of hygiene helped to minimise the risks of the spread of infection.
- Staff used personal protective equipment such as disposable gloves and aprons, and there were handwashing facilities throughout the home. This also helped to protect people against the spread of infection.

#### Learning lessons when things go wrong

- All accidents and incidents which occurred were analysed and used as a way of learning and improving practice. For example, if someone had a fall, all contributing factors such as lighting, footwear, flooring and medication changes were considered. This helped staff to see if changes needed to be made for the individual, or for everyone. Lessons learnt were shared with staff and care plans were up dated where appropriate.



# 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.

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

- The provider ensured the building was regularly up graded to meet people's changing needs and respond to local demand. Since the last inspection an extension had been built providing six new rooms. Rooms on the first floor had been decommissioned so all accommodation for people was now on the ground floor making all areas accessible to people with all levels of mobility.
- Aids and adaptations to meet people's needs were in place. These included assisted bathing and showering facilities, handrails and signage.
- The area of the home which accommodated people living with dementia had signage and bright coloured doors to help people to recognise their own bedrooms. The registered manager and staff told us they had plans to make the environment more dementia friendly to promote people's well-being and independence. For example, changing the colours of corridors and making sure there was more for people to interact with.
- The home was set in pleasant gardens which people said they enjoyed walking and sitting in in good weather. The new extension had created a middle courtyard and rooms facing the courtyard had had windows replaced with patio doors to allow people to access the space from their bedrooms. One person showed us their potted plants and said how much they enjoyed having direct access to a garden area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People had their needs assessed before they moved to the home. This helped to ensure their needs and expectations could be met. People, or their representatives, were able to visit the home to meet other people and staff to help them to make their decision. One person said, "I looked at others [care homes] but I was so right to choose this one. They are looking after me so well."
- From initial assessments care plans were created with people to give staff guidance about how to meet people's individual needs and wishes. The comprehensiveness of care plans was variable with some being extremely detailed and others providing only basic information. However, the home was in the process of changing to an electronic care plan system which the registered manager assured us would provide greater consistency.
- People were supported by a staff team who were trained in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- People felt staff were well trained and had the skills and attitude needed to provide good quality support

to them. One person said about staff, "They know what they are doing. They are well trained."

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

- The main meal of the day was served at lunchtime and this was a sociable occasion in all areas of the home. Tables were nicely laid, and a selection of alcoholic and non-alcoholic drinks were offered to people as they waited for their meal. One person said, "The dining room is very well looked after. On the whole the food is good and there is always a choice."
- People had their nutritional needs assessed and met. Where people required their food to be served at a specific consistency, we saw an appropriate meal was provided. Where people needed their food to be softened, the cook used moulds to make sure different food items were separated and the meal was attractive.
- People received the support they needed to eat in a dignified manner. In Quantock, where people were living with dementia, some people required physical assistance from staff to eat their meal. Staff sat with people to help them, told them exactly what they were eating and supported them at their own pace.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals to make sure they received the support and treatment they required. Staff monitored people's health and made referrals to other professionals where needed. The healthcare professional we spoke with said the staff made appropriate contact with them and followed any advice given to promote people's health.
- People were supported to attend appointments outside the home. One person said, "Someone always takes you to appointments and waits for you. So much nicer to have someone you know and trust with you than going on your own."
- People had access to a range of activities which included exercise classes and a walking group aimed to promote physical and mental well-being.
- People were supported with their oral healthcare and had had access to dentists. Staff had received training in how to appropriately help people to care for their mouth and teeth and further training was planned for next month.

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.

- Most people who lived at the home were able to make decisions about their day to day care and support. During the inspection we heard staff seeking permission from people and respecting people's choices. People said they were always asked for their consent. One person told us their relative organised things for them but, "Staff always get my consent." Another person said, "Staff always ask what you want. Your choice."
- Where there were concerns about people's capacity to make decisions staff consulted family members to ensure any decisions made were in the person's best interests.
- There were records to show when a person's relative had given consent to aspects of a person's care. However, the records did not always give details to show that the relative giving consent had the legal power to do so. We discussed this with the new registered manager who had already identified this issue and had written to all relatives asking for evidence of their legal positions regarding decision making.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

# 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 were treated as individuals by staff who were kind and caring. During the inspection we heard staff chatting to people and assisting them in a way that was friendly and warm. Staff adapted their approach to people according to their personalities and preferences. For example, some people enjoyed good humoured banter and we heard people and staff laughing together. Where people did not enjoy this approach, staff were more reserved in their interactions but still warm and caring.
- Staff used gentle touch to reassure people and show affection. One person told us how much they appreciated the warmth of the staff saying, "They give you a hug when you need one." Where a person become disorientated and confused a member of staff sat with them holding their hand which resulted in the person visibly relaxing.
- People were cared for by a committed and consistent staff group who were passionate about providing care that met people's individual needs. It was obvious they knew people well and had built trusting relationships. They explored with people their personal histories and respected people's lifestyle choices and knowledge. One person told us, "I like the company, I feel part of something. We have a laugh and a joke together. Much better than being at home."
- Staff supported people through difficult times and showed empathy and compassion. For example, the assessment for one person showed they had suffered a bereavement which they found difficult to cope with. Staff had supported them through this time and when we met the person they were animated and cheerful. They said, "The staff just always seem to be available when you need them. They talk to you and more importantly they listen."
- People's religious and spiritual needs were respected. The home was visited by religious representatives to enable people to continue to practice their faith. Staff said, at the present time, the religious representatives who provided support to the home were appropriate to people's wishes. They told us they would not hesitate to contact others, and welcome them into the home, to meet specific needs and choices. One member of staff said, "We will adapt to any religion and respect any faith."
- Staff promoted an inclusive environment where everyone was valued for their individuality regardless of their abilities and needs. One member of staff told us, "We like to think of ourselves as a big family where everyone has something to give." One person told us, "They are very accepting of everyone."

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

- People were fully involved in planning their care. During the inspection we saw a person and a member of staff sitting together going through their care plan together. The person told us, "We decide what goes in the care plan together." Another person said, "They ask you about everything."
- Some people were living with dementia and were unable to fully express their views verbally. Staff told us in these situations they consulted with friends and family and used their observations of what people were comfortable with, to create and review their care plans.
- People were involved in the running of the home and able to raise issues and make suggestions at monthly meetings. Meetings were facilitated by a member of staff but heads of departments, such as the kitchen and housekeeping, attended to enable people to raise issues with appropriate staff. One person told us, "I've been to the meetings. I'm not a moaner or groaner but I do appreciate that things get done when people raise things."
- People's views were also sought by questionnaires. A recent survey had been carried out asking for opinions on the meal time experience. Suggestions made had been for music to be played in the background and lighter mugs for hot drinks. Both suggestions had been put into practice at the time of the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Each person who lived at the home had their own personal room or apartment where they could spend time or see visitors in private. Everyone said they felt staff were respectful of them. One person said, "Staff are very respectful." Another person told us, "They are respectful and gentle. I couldn't be in a better place."
- People were able to have visitors at anytime and they were always made welcome at the home. Care plans reminded staff to ensure people were given privacy to be with their loved ones when they visited.
- People were able to maintain their independence and staff supported them to do so. One person said, "The staff are just right. They help but they also leave me in the bathroom once in to wash myself." Another person commented, "I like my independence but it's nice to know there is someone around when I need them." One visitor said, "The staff maintain independence, promote social skills and dignity."

# 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 now improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 were encouraged to maintain existing relationships and make new friends. During the inspection we saw people sitting together chatting and enjoying each other's company. There was a happy buzz in the home. One person told us, "Company and friendship are so important to me. I have found both here." Another person said, "It's ideal for people in my circumstances. I visited, and I was so keen to come here. I enjoy the company and know most of the other residents."
- The provider had increased WIFI coverage in the building to help people stay in touch with friends and family who could not visit. The improvement meant people could contact friends and family from the privacy of their rooms in addition to the communal areas. This helped people to maintain relationships.
- People had access to a range of activities at the home and within the community which helped people to avoid social isolation and have as full a life as possible. The home had a key role in the community and staff always looked for ways to build further links with other services and groups such as the Women's Institute, charities and local military. This helped people to continue to be part of their community. One person told us, "There's always a varied activity schedule. The lady today was thoroughly professional. I join in with everything." They also told us they had chosen some poetry to read at the evening's drinks and nibbles event to "Liven things up a bit."
- The provider constantly looked for ways to ensure social stimulation was provided to everyone and accommodated people's personal wishes and interests. There were dedicated activity staff who were extremely passionate and skilled in providing stimulation in accordance with people's specific wishes and needs. Activity staff spent time with every new person to find out about their life histories and interests. This helped staff to plan activities and stimulation to meet people's individual wishes and enable them to continue to pursue their interests. The home had recently recruited two additional activity staff to expand the activities available and ensure things were available seven days a week.
- Activities were planned in accordance with people's interests and hobbies. Staff went the extra mile to promote people's well-being and enjoyment by constantly talking to people and looking for opportunities in the local community to meet their needs and preferences. Some people had suggested they would like to go dancing and a group now regularly attended a tea dance in the local town. One person said, "I really enjoy a good dance and it has been a chance to meet new people." Other people had suggested a walking group. This had also been arranged, with staff visiting interesting walking spots to ensure they would be suitable for people of all abilities.

- Some activities were led by people who lived at the home, such as the reading group, some by outside facilitators and some by staff. We were told how three staff had attended a sewing course to enable them to help people with repairing and altering items. They now held evening sewing groups where people and staff could socialise and learn new skills together. A member of staff said, "We have people with great skills. One person has altered curtains for us. We want people to continue to be valued." There was also a regular 'knit and natter' session which was very popular. One person told us they attended and said, "I'm a regular at the knit and natter. Families can join in, it's really good."
- People were able to take part in intergenerational projects with local children. The home was twinned with a primary school and had links with pre-school children's groups and local colleges. Children came to the home regularly to share activities and entertainment. People also attended sessions at the schools, sharing life histories and supporting children with their learning. Activities had included a gardening club using a piece of the home's garden where people and children worked together. Photographs in the home showed the pleasure people experienced socialising with different age groups.
- The home had good links with local groups to support people living with dementia. People regularly attended social and singing groups held by a reminiscence learning group in a nearby town. We saw pictures of people enjoying a variety of activities at the centre.
- Everyone at the home was invited to all activities regardless of their abilities. In the area that cared for people living with dementia, we saw staff also provided stimulation and amusement when they supported them with everyday tasks. For example, when lunch was served people were invited into the dining room and one member of staff danced into the room with a person. This led to other people dancing with staff which created laughter and giggles from people.
- Since the last inspection the provider had increased the number of vehicles available to people to help them to access community facilities. There was a minibus and two cars. People said they enjoyed regular outings. One person said they particularly enjoyed attending musical concerts at a local church. Another person told us they had had an interesting trip to the local museum.

### 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 had their communication needs assessed and met. The registered manager ensured information was made available to people in a format they understood. One person who had a visual impairment said, "Staff are very good at helping me with my hearing aid. They know how important it is. They are also good with reading stuff to me."
- The activity programme was delivered to everyone each week and was in large print with pictures. If something out of the ordinary was happening in the home, poster type notices were put on dining tables to remind people. For example, during the inspection a poster was put on each table to remind people about the evening's 'Nibble and Tipple' event.
- Activities were adapted to meet people's needs. For example, a reading group was held regularly and there was also an audio reading group for those unable to read for any reason.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and/or their representatives were fully involved in planning their care to make sure they received support which met their individual needs. One person told us, "They are totally understanding of my needs

and can't do enough for me."

- The staff had been innovative, and used their connections with the wider community, to help people to understand and increase their skills with technology in preparation for the new computerised care plan system. Some people had attended a training session at a local school where children had taught them how to use a tablet computer. This would help to ensure people would continue to be fully involved in their care planning once the care plans were created and reviewed electronically. The registered manager told us more teaching would be made available to increase people's understanding and skills.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support in accordance with people's individual needs, values and beliefs. One person told us, "You can more or less do what you like. I like that nothing is regimented. It's very personal."
- People told us they were able to follow their own routines and make choices about their day to day lives. One person said they liked to go for a walk each day and another person described their specific routine. They told us, "Staff know me well and how I like to do things."
- Staff responded to changes in people's needs and wishes. One person told us how their needs had changed since living at the home and staff had discussed moving to a more suitable room which they had done. Another person told us they thought recently they were, "Slowing down a bit" but felt staff just gave them a bit of extra support. They said, "They are not intrusive just responsive to my aging body."

#### End of life care and support

- People could be confident that at the end of their lives they would receive good quality compassionate care. Staff worked with other professionals to make sure people were comfortable and well looked after. A visiting healthcare professional praised the care provided to people at the end of their lives. They told us they found staff to be consistent and caring.
- At the end of their lives people were cared for by staff who were sensitive and understanding. Staff had received thank you cards for the care they had provided to people at the end of their lives. One relative had written, "You could not have given her a better end of life." Another had thanked staff for the "Wonderful care which gave such a contented last few years especially the extra care in last few weeks and days of her life."
- The home was part of a project with the local hospice which provided mentoring and teaching sessions for staff via video conferencing and other technology. This helped to ensure staff had the skills and knowledge required to provide holistic care to people at the end of their lives.

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

- People lived in a home where complaints and concerns were treated as information to help make improvements. The new registered manager had also introduced spontaneous feedback forms which enabled people to quickly raise issues, or give compliments, and have them responded to promptly.
- People said they always felt comfortable to raise issues and felt any complaints would be taken seriously and fully investigated. One person said, "I have no complaints but if I did I wouldn't be worried to tell them. I'd go straight to the manager." One visitor said they knew how to make a complaint but never needed to. They told us if there was anything they wanted to raise they just gave staff "A little nudge." They said when they had done this the issue had been quickly put right.



# 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.

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 last registered manager left the home in August 2019, after working there for over 30 years. The provider had ensured a smooth handover and transition to the new registered manager to make sure high standards of care and support were maintained. We found that not only had standards been maintained but improvements had been planned, and in some cases already implemented. A visiting healthcare professional, staff and visitors were complimentary about how the change had been managed.
- People benefitted from a clear management and staffing structure which made sure they always had access to experienced and competent staff. The registered manager was supported by an extremely knowledgeable deputy and each area of the home had senior staff who managed people's day to day care and support.
- People, visitors and staff all described the management of the home as very approachable and always happy to listen to their views. The registered manager told us they saw all feedback, positive or negative, as a way to learn and improve the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Changes made in the home had been implemented in a way that had motivated staff and maintained a very consistent staff group. Staff were extremely positive which lead to a very happy atmosphere for people to live in. One person said, "The staff are so cheerful." A visitor told us, "The staff are lovely, and they know they are appreciated. There is a positive atmosphere."
- The new registered manager had a commitment to continue to promote a homely environment where people were valued as individuals. Comments from people, and our observations, showed this was put into practice by staff.

Continuous learning and improving care

- The provider had a number of audits and checks which monitored quality and enabled them to plan on

going improvements to the environment and people's care and safety. These audits included regular medication audits, health and safety and care audits. Where shortfalls were identified, improvements were planned. For example, it had been identified that improvements were needed to make areas of the home and garden more dementia friendly to promote people's independence and well-being. At the time of the inspection research was being undertaken, including staff training and visiting other services, to inform how improvements would be made.

- People lived in a home where the new registered manager had been very pro-active in identifying where improvements could be made to enhance people's care and well-being. They had a comprehensive and realistic action plan in place to achieve their goals. They had raised issues with the provider and sought agreement and support for changes. They were working with other registered managers in the area to share good practice and learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who lived at the home were able to continue to be valued members of the local community if they wished to be. People took part in community events including attending local tea dances and raising money for charities. Some people also knitted hats for the local special care baby unit and overseas charities.
- People had made contact with a local military regiment and provided shoe boxes of goodies for soldiers serving in Afghanistan. They had received a letter of thanks and two people from the home had attended the homecoming parade. After making a link with the regiment they were hoping for soldiers to help with creating a more dementia friendly garden for people to use.
- People's, staff's and visitor's views were sought and listened to. An action/task group was being set up to include people and relatives. This was to ensure any changes made were in accordance with people's wishes.
- Staff and people were able to have their say through regular meetings. Minutes of these meetings showed several subjects were discussed. A new daily meeting for heads of departments had been introduced to improve communication between staff groups and make sure any issues were promptly addressed.
- The staff worked in partnership with other professionals and local community groups. This helped to make sure people had access to specialist care and treatment when they needed it and continued to be active members of their community.