

Highfield House Residential Care Home Limited

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Inspection report

High Street
Castle Cary
Somerset
BA7 7AN

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21 April 2017

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 19 and 21 April 2017 and was unannounced.

This was a comprehensive inspection carried out at Highfield House Residential Care Home. At the last inspection on 20 October 2014, the service was rated 'Good'. At this inspection we found the service was now 'Outstanding'.

Highfield House is a care home, registered to provide care for up to 22 people. The home specialises in the care of older people but does not provide nursing care. It is situated in the centre of Castle Cary, in easy walking distance of local shops, churches, post office, library, cafes, pubs and park. There were 22 people living at the home when we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were supported by very kind, caring and compassionate staff who went the extra mile to provide people with excellent, high quality care. One person said, "The care is superb. All the staff are wonderful, compassionate and kind people who really understand the meaning of care." This high standard of care enhanced people's quality of life and wellbeing. The whole staff team were extremely passionate about providing people with support based on their individual needs and aspirations.

There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued. The staff, registered manager, care manager and the provider were always visible and listened to people and their relatives and friends, offered them choice and made them feel that they mattered.

Care was planned around people's individual preferences and this included their spiritual wishes. People's diverse needs were considered and their human rights respected. The service had a recognised approach to support people at the end of their lives to ensure that it was dignified and comfortable. People received exceptionally compassionate care at the end of their life, which was planned in advance with them. A relative told us, "The end of life care was excellent, it really was."

There was a culture of openness and transparency at the service. Staff were extremely positive about the management and leadership which inspired them to deliver a high quality service. The registered manager, care manager and the provider (collectively known as 'the management team') demonstrated exceptional leadership. They encouraged ideas from staff to benefit the people in their care and maintain a strong,

stable staff team with a shared goal.

People were looked after by staff who all shared the provider's commitment to providing high quality care. The registered manager said, "People here are at the heart of everything we do; they are consulted and involved in everything. The culture here has been built over years and years of hard work and dedication by the owners."

Feedback from people who used the service and their relatives was used to make changes to the service and to drive improvements. The management team had a strong emphasis on continuous improvement of the service. An effective and efficient system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result. Comments included: "The home is superb" and "Highfield is exemplary; a superb place for residents to live."

People felt safe. There were systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care. There were plans in place to protect and promote people's safety. Recruitment checks were carried out to ensure suitable staff were employed to work at the service.

There were sufficient staff to provide support to people as needed. We also saw staff members could undertake tasks without feeling rushed when supporting people. Staff told us they had time to spend with people; the management team promoted this.

We saw that competent staff dispensed medicines, without interruption and at the correct times they should be administered. Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they always received their medicines at the times they needed them.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs. They were well supported by the management team and had regular one to one supervision and annual appraisals.

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. We observed they had positive relationships with people who lived at the service to support them to have as much freedom as possible.

People were supported to access suitable amounts of nutritionally balanced food which met their dietary needs. A variety of meal options were available for people.

Staff worked closely with other health and social care professionals to ensure people's health and well-being needs were fully met. These professionals consistently rated the home as 'outstanding' in questionnaires they had completed.

People received a personalised service which was responsive to their individual needs and there was an emphasis on each person's identity and what was important to them. There was a commitment to ensuring strong links with the community and an emphasis on enhancing people's lives through the provision of meaningful, imaginative activities and opportunities.

People felt they could raise concerns and any were taken seriously, investigated and followed up to develop the service.

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 continued to provide safe care.

The service had procedures in place to protect people from potential abuse and unsafe care.

Detailed risk assessments were in place to identify any risks to people and written plans were completed to manage these risks and keep people safe.

Recruitment procedures were safe. People's medicines were managed safely.

Staffing levels were sufficient to meet the needs of people who lived at the home.

Is the service effective?

Good ●

The service continued to be effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People's consent to care and support was sought in line with their legal rights.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their dietary needs.

Staff supported people to access healthcare services to meet their health care needs.

Is the service caring?

Outstanding ☆

The service was very caring.

People were supported by staff who were committed to providing high quality care and had an excellent understanding of their needs.

People and the staff knew each other well and these

relationships were valued.

Staff worked closely with people and their families to ensure they were always actively involved in all decisions about their care.

People's rights to privacy and dignity were highly respected and valued.

People receiving end of life care were treated with exceptional care and compassion, as were their relatives and those that mattered to them; both during and following the person's death.

Is the service responsive?

Good ●

The service continued to be responsive.

Staff had an excellent understanding of people's needs and preferences.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People participated in a wide range of activities which kept them entertained and enabled them to follow their hobbies.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Outstanding ☆

The service was very well-led.

People received a consistently high standard of care because the management team led by example and set high expectations of staff about the standards of care.

People, relatives, staff and health professionals expressed high levels of confidence in the management and leadership at the service. Staff worked together as a team to support people and felt valued for their contribution.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life.

The service had excellent links with other organisations to make sure they were following current good practice and providing a

high quality service.

Extensive quality assurance systems ensured people received an exceptional quality service. There was a strong emphasis on the service continually striving to improve.

Highfield House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act.

This inspection of Highfield Residential Care Home took place on 19 and 21 April 2017 and was unannounced. On the first day, the inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The inspector returned on the second day to complete the inspection.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received. A notification is information about important events, which the provider is required to send us by law. One relative contacted us prior to our inspection to share their views on the home. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection spoke with eight people who lived at the home. We had discussions with three visiting relatives and eight members of staff who had different roles. This included senior carers, care assistants, domestic staff, an administrator and the chef. We also spoke with the provider, the registered manager and one care manager. This gave us a wide insight into staff views across all areas of the home. We observed how staff interacted and engaged with people who lived at the home and those who visited.

We looked at four people's care records to see if their records were accurate and reflected their needs. We reviewed two staff recruitment files, four weeks of staff duty rotas, staff training and supervision records and further records relating to the management of the service, including quality audits, surveys and

development plans.

Is the service safe?

Our findings

The service continued to provide safe care. People felt safe living at the home and with the staff who supported them. One person said, "I am genuinely so happy to have found this place". Relatives told us the home was a safe place for their family members. One relative said, "Mum is very safe here. She's much safer here than she was at home as she had falls there." Everyone looked very comfortable and relaxed with the staff who supported them.

There were adequate numbers of staff to keep people safe and make sure their needs were met. One person said, "There's always plenty of staff." One relative told us, "There are always loads of staff". Throughout the inspection we saw staff met people's care needs, spent time chatting and socialising with them and supported them with appointments and trips out of the home.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. People who lived in the home helped to choose new staff. Checks were carried out to make sure new staff were safe to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. The provider told us in their PIR "All staff are aware of the indicators of abuse and there are clear channels for reporting concerns." Also staff received training on how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Where people had been assessed as being at risk of falls, assessments showed the equipment provided to promote people's independence when moving around the home. We saw people used this equipment. Some people liked to help with household tasks; some liked to go out without staff support. One person said, "I like to do as much as I can really. I like helping out if I can. I pop out on my own or if staff are popping out to the shop they ask if I want to come for a walk." Another person told us they had just "Been out to the library" on the first day of our inspection. These risks had been assessed.

People received their medicines safely. One person said, "I have a lot to take every day and they [staff] sort it all out for me". People had a safe place to keep their medicines. Staff were suitably trained and helped one person at a time which reduced the risk of an error occurring. Some people were responsible for some of their medicines such as creams or inhalers; a risk assessment was in place to support this practice. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection we found staff had the skills and knowledge to support people effectively. One person said, "They [the staff] are very well trained indeed"; another told us, "Staff have training before they need it."

Records showed staff received the training they required to keep people safe and to meet people's individual needs. Staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who were living with dementia or were nearing the end of their life and those who could become upset, anxious or distressed. This ensured staff knew how to meet people's needs.

People received very good healthcare support. People told us staff arranged for them to see relevant professionals when they required it. One person went to see their GP on the first day of our inspection. Staff were attentive to people's health care. One relative said, "A member of staff noticed my loved one had an eye infection, even though I didn't, and called an out-of-hours GP that night as they didn't want to wait until morning." Another relative told us how impressed they were when their family member went into hospital. A member of staff accompanied their relative, "Packed a bag for them to take and stayed with them the whole time they were there."

Records showed people saw GPs, dentists, opticians, chiropodists and district nurses. Staff followed advice given by health and social care professionals to make sure people received effective care and support. The provider ensured people were aware of, and had access to, new models of health care. For example, people were supported by a GP who was part of the 'South Somerset Symphony Programme' (a new NHS project developing new ways of caring for people that either help to prevent ill health or address any potential problems as early as possible). Health coaches from the local GP practice also supported people to develop personal health plans, which promoted healthy living. The aim of this support was to equip staff with knowledge they can use to help prevent ill health and hospital admissions. We saw evidence that as a result of this, admissions to hospital had reduced.

People had their nutritional needs assessed and meals were provided in accordance with their needs and wishes. People told us they liked the meals and drinks and could always make suggestions for changes to the menu. One person said, "It's excellent food, very good"; another told us, "The food here is lovely and is well cooked."

People said staff asked for their consent before providing care or support. One person told us, "They always ask me before helping." Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests.

Where decisions had been made in a person's best interests these were fully recorded in care plans. One person's care plan showed a decision had been made in their best interests regarding the use of bed rails. A family member and staff from the home had been involved in making the decision. Where people had given others the legal authority to make decisions about their care, this was recorded in their care plan. The provider also obtained a copy of the legal document which confirmed this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure and had trained staff in this area. The management team had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. This showed the provider was following the legislation to make sure people's legal rights were protected.

Is the service caring?

Our findings

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, compassionate, attentive and dedicated in their approach. They commended the exceptional quality of the care they received. Comments from people and relatives included: "The care is superb. All the staff are wonderful, compassionate and kind people who really understand the meaning of care", "They go above and beyond", "They don't think they are special, as they do everything automatically, but they are", "They are smashing staff. Nothing is too much trouble" and "They do everything they can to help me enjoy my life."

Staff were patient and highly skilled at developing strong relationships with people; people felt that they really mattered. One person said "They really get to know you here. They pay attention to the little details that can mean so much." A relative told us their family member had an excellent relationship with one staff member. They said, "[Name] stayed on past their retirement to care for my loved one. They said they would stay on for as long as they needed to. That meant so much to all of us." Another relative said, "The staff just know people so well here. They know what matters to each person. It just doesn't feel like a care home. It feels like a real family home, an extended family. It's a marvellous place."

We observed staff in all roles spending meaningful time with people. For example, we saw housekeeping staff stopping and chatting with people. The chef came into the dining room at lunchtimes and spoke with people. We also observed the registered manager and provider taking time to speak with each person throughout the day. There was a high level of engagement between people and staff and this had resulted in people feeling empowered to make their own decisions. For example, people chose to go out when they wanted to. Others spent time in the privacy of their own room. We saw one person changed the music that was playing; another used their tablet computer. People sat in different areas of the home, such as in the dining area, conservatory or entrance lobby, and chatted to people, visitors or with staff.

Staff were able to spend time getting to know people, their likes, dislikes and personal histories. One staff member told us, "You really do have time to get to know people here. You can just sit and chat to them, really find out about their life and what's important to them. It's not frowned upon like it would be in other homes." Our observations confirmed that staff knew people very well. For example, we saw staff talk with one person when they returned from town. Staff knew this person's routine so knew where they had been and chatted to them about it. Another person had a favoured soft toy. This person was living with dementia and had become worried about the toy "Getting cold." The following day a staff member brought in woollen clothes, which they had specially knitted for the soft toy, to help reassure the person.

We saw that with support from one volunteer and people's relatives, life stories were being developed about people. These gave a detailed history of the person, including details from their childhood, up to their present day achievements. Important events in each person's life such as their marriage, education, work, hobbies, their family and where they have lived were included. One staff member said, "One of our volunteers is spending time with each person to create a full life history. People seem to really enjoy talking

to him about their lives." This in-depth knowledge of people had led to specific volunteers being sought to support people's personal interests. For example, one person had a keen interest in history and historical architecture. A volunteer who shared their interest now accompanied this person on trips to places of historical interest. Another volunteer came in to play board games with people who enjoyed these games.

Staff had a good understanding of protecting and respecting people's human rights. One staff member said, "Everyone is an individual, with their own beliefs. We have an equality and diversity champion so this is always talked about here." Staff also described the importance of promoting each individual's uniqueness and were passionate about providing a non-discriminatory service. We saw that religious services took place regularly and we found evidence of the impact this had on people. For example, one person told us they went to church every Sunday as this was very important to them. A friend met them and at the home and they walked to church and back together. A church service was held in the home every month for people to attend if they wished to. A wide variety of religious faith days and events were highlighted on the home's calendar so people knew about them and could celebrate them. This meant that people were enabled to follow their faith, worship together and to take Holy Communion if they wanted to.

People told us they kept in touch with their friends and relations. They were able to visit at any time and always made welcome. People could see their visitors in communal areas or in their own room. People had visitors on both days of our inspection. One relative said, "I don't feel like a visitor. I just pop in whenever I like and always feel welcome. It feels just like visiting mum in her own home." We read relatives who had completed the home's 2016 Quality Assurance Survey said they rated their experience of visiting as "excellent".

We spoke with the registered manager about the culture at the home. She told us people living at the home were at the centre of everything they planned and did. They told us, "People here are at the heart of everything we do; they are consulted and involved in everything. The culture here has been built over years and years of hard work and dedication by the owners." One relative said, "It's all about the people who live here; that's patently obvious. You simply could not find a better home at involving people with everything. They even help chose the staff."

Staff understood how to support people with dignity and respect. Without exception, people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person told us, "Your privacy is always respected. You really live as if you were in your own home, just with staff here if you need them." A relative commented, "Mum always said staff were excellent with things like her privacy. She had always been a very private person so that was so important to her. She was worried about things like that when she moved here but she needn't have been. Staff are excellent. It has really become her home."

Staff were highly motivated to provide kind and compassionate care. We observed many examples of staff talking with people as equals, discussing the day and talking with people at eye level. There was lots of laughter, chatter and friendly banter. Staff recognised immediately if people were confused or upset; they responded with compassion and kindness. We saw a person had become confused and had packed some of their clothes in a suitcase "For their move." Staff sat and spoke with them in a quiet area of the home and reassured them this was their home and there was no need to move. They asked the person if they would like help unpacking, which they happily accepted. One staff member said, "We are caring for more people who have dementia or memory loss. Staffing has been increased in the last year, which really helps as we

have time to sit and talk to people. Quite simply, they [the people?] are the most important part of Highfield."

The registered manager told us staff members were champions in dignity and respect, equality, diversity and inclusion and memory. These staff member's roles were to encourage the involvement and participation of people in their day to day lives and ensure excellent staff practice. One staff member said, "The champions make sure you think about these things and how to make sure you work in the right way. It's a great idea; all staff are very passionate about their area." Our observations throughout our visits confirmed that people were treated with the upmost respect and as an individual with different experiences, wishes and needs. This culture of respect was evident from the management team through to the support and care staff.

Staff provided outstanding end of life care. They demonstrated an extremely compassionate awareness and understanding of this subject. Each person's wishes were part of their care plan. End of life care was described in exceptional terms by relatives who family members had received this care. One relative said, "I cannot fault or commend sufficiently the level of care, comfort and kindness my mother received. Our family is profoundly grateful to [provider's name] and her staff for enabling my mother to enjoy her last years in comfort and to die peacefully in her own bed. We cannot thank them enough." Another relative told us, "The end of life care was simply excellent, it really was. Mum was adamant she did not want to go into hospital and they promised her faithfully that she wouldn't have to. I was with mum at the end and they looked after me too. Nothing was too much trouble. If I wanted time alone with mum, I had that. If I needed someone with us, I had that. Absolutely superb."

The service had links with a local hospice, which provided training and support for staff to provide high quality care for people nearing the end of their lives. The service had commenced the Gold Standard Framework (GSF), an accreditation in high quality end of life care. This meant the service focused on quality standards which were recognised as offering a high level of palliative and end of life care for people. We looked at end of life care plans for people, which were recorded on a thinking ahead document. These detailed how people wanted the end of their life to be and records showed that where people did not want to be taken to hospital at the end of their life, this was honoured.

The registered manager told us they offered families the opportunity to continue to visit the service, following the death of a loved one and remain part of the home. One such relative visited on the first day of our inspection. We saw staff attended funerals and this was encouraged by the management team. Compliments that relatives completed following their loved ones funerals showed that families appreciated this. We saw the service had a memorial garden where the names of people who have passed away at the service were added for remembrance. People spent time in the garden and spoke with staff about people who had passed away.

Is the service responsive?

Our findings

The service continued to provide responsive care. People received care and support which was responsive to their needs and respected their individuality. The provider told us in their PIR everyone had their needs assessed before they moved to the home and from these assessments they created people's care plans.

People were involved in planning and reviewing their care. One person said, "I set it [their care plan] up with staff in the beginning." Care plans we read were personalised to each individual and contained information to assist staff to provide care in a way which respected their wishes. Staff had an excellent knowledge about each person. They were able to tell us about people's histories, personalities, interests, abilities, routines, likes and dislikes.

Staff tried hard to match care and support to people's likes and current or changing needs. People told us staff adapted care to suit their individual preferences. For example, some people preferred a morning lie in, whilst others liked to be up early; this was known and respected by staff. Some people owned pets; this was very important to them. One person who lived at the home had their cat live with them. Their relative said, "Things like that are lovely. That's why it really feels like mum's home, not 'a' home."

Throughout the inspection we saw people were able to go out, either on their own or with staff or relatives. People also took part in a variety of activities in the home. One person said, "We went on a picnic yesterday. Eight to ten of us went out in the transport for a nice visit to a park." Another person said, "There's lots going on; you can chose if you want to join in or not." A relative told us their family member, "Makes cakes in the dining room. They [staff] try very hard to find things to do that are relevant to my loved one." We saw people enjoyed the daily quiz held in the lounge; people chatted with each other and staff, clearly having a good time. People also chose to read, listen to music, chat with each other and staff and watch TV.

There was a weekly and a monthly activity plan displayed in both the hallway and the dining room. The current week's plan showed a wide variety of activities including trips out to local cafes and coffee shops, pottery, singing, dancing, baking, exercises, board games and music therapy. A relative said, "They have special teas on occasions, like Easter and Valentine's Day, with little cakes on cake stands. They make it special."

Each person had a copy of the provider's complaints procedure. People told us they would be happy to talk with managers or staff if they were not happy. One person said, "They [the management] are very approachable." Another told us, "I can ask them [staff] anything and they always listen and help". There had been no complaints made since our last inspection. No concerns or complaints were raised with us during our visits. Without exception, people and their relatives praised the service. The provider stated in their PIR one of the planned improvements in the next 12 months was "Due to the low number of complaints we will start to document concerns raised by people, the action taken and outcomes." This showed people's concerns or complaints were taken seriously and responded to appropriately.

Is the service well-led?

Our findings

The service was very well led. There was an extremely positive, open and inclusive culture at the service. People were involved in every aspect of the home, including having representatives attend manager's meetings (which the registered manager said was "Working well") and involvement in staff recruitment. One person said, "Oh yes, we met the people applying for the deputy manager position. A few of us spoke to them in the lounge. We all gave our opinion." Some other people preferred to speak with candidates on a one to one basis and this had been organised by staff.

People and their relatives spoke very highly of the service; they described the home in exceptional terms. Comments included: "The home is superb", "I couldn't be happier with the care", "It is the next best thing to her own home" and "Highfield is exemplary; a superb place for residents to live." All of the people we spoke with told us they would recommend the service as an excellent place to live. A relative added, "I would highly recommend Highfield to anyone who is looking for a happy and caring environment for a much loved parent."

People's views and experiences were central to developments and improvements in the service. People spoke with staff or managers informally every day. The registered manager met with each person individually every month to make sure they were happy with their care and the home more generally. There were regular resident's and relative's meetings, which were well attended. One person said, "We seem to talk about the home all the time. You can say what's good and if you have any ideas or want things changed they just do it." A relative told us, "They are keen to hear what you think about things. I've always felt listened to. Even though it's an outstanding home, they are always looking to improve things if they can. That shows you the level of dedication of the owners, the manager and the staff."

People, their relatives and staff completed annual satisfaction surveys. These consistently described the service in exceptional terms. Comments from people who live in the home included: "It would be hard to find a better home" and "I can't praise the home enough." Relatives said: "The staff and management are both excellent", "Perfect is perfect", "Every aspect of care my mum received was excellent. You just could not find a better home than this. I couldn't recommend it highly enough." People had also used a care home website to comment on the quality of the service. There were twenty reviews; nineteen had rated the service as "Excellent."

There was a strong emphasis on the service continually striving to improve. The management team analysed feedback from the resident's meetings, one to one discussions and surveys to assess if there were any themes or areas for improvement. The results of this were displayed for people to see. For example, 'you said, we did' listed any improvements made; this included having regular dancing sessions, a pantomime performance at Christmas, flower arranging, a wider selection of alcoholic drinks, several changes or additions to the menu and the use of an internet programme to enable people to 'call' their friends and relatives. We saw all of these had been implemented by the service. This demonstrated that people were

listened to and actively involved in improving the service.

People were part of their community. They took part in community events, such as the town's carnivals and Christmas Victorian Evening. They used the town's market, library, local shops, churches, cafes, pubs. People in the local community were also invited in to the home at events such as the home's fete and National Care Home Open Day.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by the provider, a care manager and a small team of senior carers. The registered manager, the provider and senior carers worked in the home on both days of our inspection. We observed they all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. The management team met each week; this gave them an opportunity to review each person's care and discuss the home more generally. They were joined by a person who lived in the home for part of this meeting. This ensured people were involved in the running of the home.

People were very comfortable and relaxed with the management team, who chatted with and checked on people who lived at the home. People, relatives and staff expressed great confidence in how the service was run. One person said, "It's a very well run home. You couldn't wish for better." A relative commented, "The managers are simply wonderful. The home is run to the highest standards for the benefit of the residents."

The continuous training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. Staff said, "We work hard to provide the highest quality of care. We want it to be homely, welcoming and a family atmosphere for people and staff. We want to be excellent and we always look for ways to improve." Staff clearly all shared this ethos and people living at the service agreed.

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective. Staff views were acted upon. One member of staff told us, "It's a lovely place to work. Everyone gets on well; we are a good team who respect each other. You are really well supported here. We are all encouraged to put forward ideas and suggestions. Some people moving in can be much frailer now, so we spoke about that and staffing levels were increased. This means we have more time to spend with people." We read the results of the provider's most recent staff survey; these were extremely positive.

Staff practice was kept under review and their behaviour and attitudes were monitored. One staff member said, "We have champions for different things like personal care, dignity, palliative care and safeguarding. They share their knowledge and training with other staff." We saw that staff who were nominated as champions regularly attended training and meetings with other colleagues. They were expected to cascade and share information about best practice with the staff team. This meant that good practice was shared to ensure all staff were knowledgeable and skilled enough to deliver the best care to people using the service.

The service had excellent links with numerous other organisations to make sure they were following current good practice and providing a high quality service. Due to the home's long standing reputation in providing high quality care, they were often asked to participate in pilots of new models of care. For example, people

were supported by GPs as part of the 'South Somerset Symphony Programme' and by health coaches from the local GP practice. This had had a positive impact on people's health care. During the inspection, the provider was contacted by one GP practice and asked to participate in another pilot scheme. This planned to focus on providing better monitoring to improve care for people with specific long-term health conditions.

The service worked closely with the local hospital's 'Frail Older Persons Assessment Service' which provided specialist support and advice for community services caring for older people. They were also involved with the hospital's 'Patient Voice Team' and 'Residential Care Liaison Group' to help improve people's experience of older people using hospital services. Visiting health care professionals consistently rated the home as 'outstanding' in questionnaires they had completed. Comments included: "An excellent and outstanding residential home", "Wonderful home and very caring staff", "Outstanding client management and staff" and "This home is first class."

The service had recently won the "Care Organisation of the Year 2017" award in the south west of England's care awards; this award was displayed prominently in the home. They were finalists in 2016 and had won the award this year. This showed a commitment to providing consistently high quality care over time and to improving the service whenever possible. Every staff member we spoke with was extremely proud of this award; some staff had attended the awards ceremony, which they thoroughly enjoyed.

There were extensive and effective systems in place to monitor all aspects of the care people received. The registered manager and care manager had conducted audits regularly and there was continual oversight by the provider. These had assessed areas such as hospital admissions, the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. The registered manager, care manager and provider worked in the home each day. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement.

Accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's care. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded. The care manager additionally completed a regular accident/incident audit. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken. The management team had put systems in place to analyse and minimise the risks to people of receiving unsafe care.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.