

# Brendoncare Foundation(The) Brendoncare The Old Parsonage

## Inspection report

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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

This inspection took place on 27, 30 July and 1 August 2018 and was unannounced.

At the last inspection January 2017, we found a breach of regulations 12 and 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the service had met the requirements of these regulations.

Brendoncare The Old Parsonage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Incestuous

Brendoncare The Old Parsonage provides accommodation and personal care for up to 28 people who may be living with dementia. The accommodation is provided over two floors accessed by a passenger lift which was out of service at the time of inspection. The provider had made arrangements for people to access both floors in the absence of the passenger lift. There were a number of communal areas where people could sit together or alone if they wished. There was also a garden which was safe for people to access independently. At the time of inspection, the provider was in the process of closing the home and was working with people to transition to one of their other homes. There were 23 people living at the home at the time of inspection.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The service was rated Requires Improvement at our last inspection in January 2017 and had breached two regulations in relation to safe care, and premises and equipment. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the breach and improve the key questions of Safe and Well Led to at least Good.

At this inspection, we found that the provider had made sustained improvements to its medicines management system to ensure the safe ordering, storage, administration, recording and disposal of medicines. We also found the provider had robust systems to monitor the safety of the environment and equipment within the home.

The registered manager had taken on feedback from the last inspection to ensure they took appropriate action to ensure the service made the improvements required. They were open and transparent in their approach and people told us their feedback and complaints were dealt with in a professional and reasonable manner.

The registered manager was well liked and respected by people, relatives and staff. They had sustained improvements made since the last inspection and carried out a series of audits and checks, which helped them monitor the quality and safety of the service. The registered manager was supportive of staff and understood people's needs.

There was a friendly, caring and relaxed environment at the service. People told us staff were caring and attentive, treating them with dignity and respect. Staff were very knowledgeable about people's needs and approached their role with enthusiasm and confidence.

There were sufficient numbers of staff in place to meet people's needs. The provider had safe and effective systems around recruitment, training, induction and supervision to support their staff in their role.

The provider had established very close links to the local community. This relationship helped to provide support, activities and comfort to people. The service had many volunteers who would regularly visit to offer people company and support. People told us they felt at home living at the service and that they were supported to maintain links with the local community and loved ones.

People received personalised care. Staff were aware of people's preferences and routines and care was provided to reflect this. There were a wide range of activities in place for people to join in with. People were involved in developing the service, this included influencing menu choices and new activities they wished to try.

Risks to people's health and wellbeing were assessed and monitored. The service had a proven track record in providing highly effective care for people at risk of developing pressure injuries.

The support people required around their eating and drinking was identified in their care plans. People had access to healthcare services as required and people's care plans were updated with their changing needs. The registered manager had developed positive working relationships with other stakeholders to help provide positive outcomes for people. The home was a clean and hygienic environment and there were systems in place to protect against the risk of infections spreading.

The provider was in the process of closing the home. People had been consulted about the changes and offered alternative accommodation at one of the provider's other services. People told us they were made to feel involved in the process through visits, updates and contributing to choices around decoration and décor. The registered manager carefully considered how to minimise any disruption during the move and had worked with people to formulate individualised transition plans which were designed with their needs in mind.

The environment at the home met people's needs, although the registered manager had recently needed to make adaptations considering the passenger lift being out of service. With the impending closure in mind, people and relatives agreed for the adaptation of existing space to meet the needs of people living on the first floor as opposed to repair of the lift. The registered manager appreciated these were only effective short-term measures until the home closed.

The provider had a caring and compassionate ethos. The senior management were a visible presence within the home and the provider had systems in place to support people financially if they were unable to meet the cost of their care.

There were systems in place to protect people from abuse and harm. Staff had all received training to help

them identify abuse and actions to take to protect people.

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

## 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.

The provider had policies and procedures in place designed to protect people from abuse and appropriate recruitment procedures were in place.

Risk assessments were in place to reduce risks to people's health and safety.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

### Is the service effective?

Good ●

The service was effective.

Mental capacity assessments and best interests decisions were completed where necessary.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary.

People benefitted from an environment which met their needs.

### Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people.

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

End of life care was provided in ways people preferred.

People and their relatives had access to the complaints procedure.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider promoted a positive culture that was open and transparent.

The provider had a management structure throughout the organisation and staff were aware of their role within the structure.

People, their relatives and staff were involved in how the service was managed.

There was an effective and robust quality assurance system in place.

# Brendoncare The Old Parsonage

## **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 was planned to check 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 2014.

The inspection took place on 27, 30 July and 1 August 2018. The inspection team consisted of one inspector, a Specialist Advisor 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. The specialist advisor for this inspection was a nurse and the expert by experienced had professional experience working within the care industry.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager 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. We also received written feedback from a healthcare professional.

During the inspection, we spoke with 16 people, three visitors and seven members of staff. We also spoke with the registered manager and three other members of the provider's management team. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of three people. We also looked at a range of records, including three care plans, two staff recruitment files and quality assurance audits.

# Is the service safe?

## Our findings

At a comprehensive inspection in January 2017, we found the service was not always safe. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not safe systems in place to manage people's medicines. There were not effective ordering systems in place to ensure people always had the correct medicines available and the provider's arrangement for storage of medicines was not always safe. At this inspection we found the registered manager had made improvements to the overall medicines management system. This ensured there were safe arrangements for the ordering, storage, administration and disposal of people's medicines.

During the last inspection, we found that some people experienced a delay in receiving their prescribed medicines as the provider did always have all medicines available. This meant that people did not always receive their medicines as prescribed.

Since the last inspection, the registered manager had imbedded an electronic medicines management system which they used to effectively oversee how medicines were managed within the home. The registered manager had met with the doctor and prescribing pharmacist to establish effective working agreements to help ensure any further issues with the availability of medicines would be avoided. Since the introduction of these systems, there had been a significant reduction in medicines errors and stock issues.

The registered manager used the electronic medicines management system to check in 'real time' that people had received their medicines as prescribed. The system alerted them if staff had not recorded that people's medicines had been administered. This helped them to quickly identify any anomalies or errors. The registered manager told us, "The system enables me to check for any exceptions or omissions. This means I can look for trends or any other reasons why medicines were not administered as prescribed."

The system was also used to track the effectiveness of medicines including 'When required' (PRN medicines). Some people were prescribed PRN medicines for pain or anxiety. Plans for administration of these medicines included what the medicines were used for and how they should be appropriately administered. Staff recorded observations of how effective the medicines were in relieving symptoms. The registered manager used this information to share with doctors or other health professionals when reviewing people's medicines needs.

There were systems in place to ensure that medicines were stored safely in line with manufacturers' guidelines. Some medicines need to be stored at specific temperatures to maintain their effectiveness. There were storage facilities available for medicines which required refrigerated storage. The registered manager had identified that due to hot temperatures during the summer, existing medicines storage arrangements in people's rooms were not effective in ensuring that medicines were stored at a sufficiently cool temperature. They had organised for medicines to be stored securely in an unused air-conditioned bedroom as an alternative. This ensured that medicines were not stored at temperatures above manufacturers guidelines.



At a comprehensive inspection in January 2017, we found the environment at the service was not always safe. We found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of avoidable harm. One window on the first floor did not have a window restrictor in place and posed a risk of falls for people. At this inspection, we found that the provider had made changes and implemented systems to ensure that people were protected from the risk of avoidable harm.

After the last inspection the provider took immediate action to fit a window restrictor to the first-floor window to help ensure it was safe and secure. The provider had commissioned an external health and safety consultant to carry out a comprehensive review of the environmental safety of the home. The consultant produced a report which concluded that the environment at the service was suitable and safe for people to live in. The registered manager ensured that these standards of safety were well maintained by carrying out regular health and safety audits, which included checks on window restrictors. This helped to ensure that risks of avoidable harm to people were mitigated.

Risks associated with people's health were assessed and mitigated. Where people had specific risks around malnutrition, dehydration, falls or pressure injuries, plans were put in place to minimise the risk of harm associated with these risks. The provider had a particularly strong record in putting highly effective management plans in place for people who suffered pressure injuries. This involved both identifying those at risk and treating existing injuries. There were many examples of highly effective pressure area care for people who were admitted to the home with these injuries. The care provided resulted in a marked reduction in the severity of the pressure areas and negative impact on people's health.

There were sufficient numbers of staff in place to meet people's needs. One person said, "There are plenty of staff around whenever I need them." Another person said, "There are staff, volunteers and management available if I ever need help." The registered manager calculated staffing levels according to people's needs. Due to recent maintenance issues with the passenger lift, the registered manager had increased staffing to provide additional support to people living on the first floor. This helped to ensure there were sufficient staff available to meet people's needs.

There were systems in place to ensure only suitably skilled and qualified staff were employed. The registered manager oversaw the recruitment of new staff. Candidates were given a scenario based interview, which assessed their knowledge and skills. The registered manager carried out background checks into people's experience, work history and character to help ensure only suitable candidates were taken through the recruitment process.

There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped staff recognise abuse and the actions required in these circumstances to help keep people safe. The registered manager had made referrals to local authority safeguarding teams when concerns about people arose. This helped to protect people from harm.

There were systems in place to protect people from the spread of infections. Staff were aware of their responsibilities in maintaining a clean and hygienic environment by regular cleaning and good infection control practice when supporting people with their personal care.

The registered manager reflected on incidents to improve performance. They kept a log of all incidents and accidents that occurred to look for trends or causes. The registered manager used team meetings to share learning and promote discussion with staff about why things happened and how they could be done better. A recent incident where a fire door was propped open by a chair led the registered manager to hold a team

meeting where the importance of following fire regulations was discussed. This helped ensure that staff understood their responsibilities in this area.

## Is the service effective?

### Our findings

People told us staff were skilled and effective in their role. One person said, "We have never had a bad member of staff here. They are all very competent." Another person said, "I believe staff have to go through a lot of training here. This is what helps to make them so professional."

New staff were given training which was in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies which staff in the care industry are expected to meet. Some staff had completed additional training in areas relevant to their role such as dementia. Many staff were supported to obtain additional qualifications in health and social care to further increase their skills and knowledge in their role. Nursing staff were supported to maintain their professional registrations and attend external training relevant to their roles.

New staff followed a structured induction when they started their role. This included learning about health and safety procedures, reading care plans and working alongside experienced staff. Staff were given ongoing support in their role through supervision and observation of their working practice. The registered manager used these methods to give staff feedback and make them reflect on their own working performance.

The provider worked in partnership with people to ensure they were safe and comfortable when transitioning to new services. The provider was in the process of closing the service and had planned for people to live at one of their other homes. The provider had been in consultation with people and families about the move with the aim to make them feel involved and comfortable during the transition. The service they were moving to had been purpose built. People had the opportunity to visit the new service during construction and design some of the décor in common areas of their new home. The registered manager kept people informed about the progress of building works through regular updates and photo's which were displayed at the service. One person told us, "It is very exciting. We are moving soon. I have been to visit a few times. It looks lovely." Another person said, "I think we are moving in the next couple of weeks. I am sad to leave here, but the new place looks fantastic."

The registered manager had worked with people to identify individualised transition plans. They told us, "Our existing residents are our priority. They are moving in first and we will wait until everyone is settled before any new residents come in." The provider planned people's move dates over a period to ensure that they were not rushed. They also ensured that additional staff were on hand to provide reassurance to people to help them settle into their new surroundings. People told us they could take their own furniture into their new home, which made them feel comfortable in knowing they would have familiar objects around them. One person said, "I'm able to take whatever I want with me." Another person said, "If staff are with me, I'm sure I will be fine." This helped demonstrate that the provider put people's needs at the centre of their planning when they moved to other services.

The environment at Brendoncare The Old Parsonage was suitable for people needs. The provider had recognised that due to the age of the building, it was coming to the end of its natural life as a suitable care

home. This was reflected in the provider's intention to support people to transition to other services. In the month prior to inspection, the provider had submitted a notification to CQC to inform us that the passenger lift at the service had broken down. The registered manager met with people and relatives to consult them on the best course of action, with the impending closure of the service in mind. People and relatives declined the provider's offer to fix the lift and instead alternative measures were put in place to ensure people had access to both floors of the home. The registered manager had invested in an evacuation chair, which enabled trained staff to support people downstairs from the first floor if they were unable to independently manage the stairs. The registered manager had also refurnished two first floor rooms, turning one into a dining room and one into a lounge. This ensured that people living on the first floor had access to communal space.

People's needs were fully assessed to ensure that appropriate care was put in place. The registered manager used a range of assessment tools to ensure the care in place was suitable. This included using nationally recognised assessment tools for pain, risk of malnutrition or rehydration and risk of skin breakdown. The registered manager regularly met with people and families to review if the care provided met their needs. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered ensured that people's care plans were adjusted accordingly to ensure people received the care they required.

People's nutritional needs were assessed and monitored. Where people had specific dietary requirements, these were identified in their care plans. These included if they required encouragement to eat, their diet to be fortified or if they required their food to be prepared in a specific way due to risks such as choking. The registered manager met with the chef weekly to discuss people's needs and any changes or adaptations which were required.

People told us they enjoyed the food and were given a choice about what they ate. One person said, "I usually get a choice of two things. Sometimes I go for something completely different." Another person commented, "The food is of a high standard." The provider employed a hostess, whose role was to individually visit people throughout the day to go over menu choices. This helped ensure that people were given a choice about what they ate.

Some people required assistance and encouragement to eat and drink. During mealtimes, staff were attentive to people's needs, offering help where required. People were encouraged to drink regularly throughout the day. Some people choose to stay in their rooms. Staff ensured they were regularly checked on and offered drinks and food. One relative told us, "My relative now stays in their bedroom. Staff always make sure they have a drink and regularly eat. They are very attentive."

People had access to healthcare as required. Each person had a healthcare file in place. This documented their health needs and any additional input from professionals needed to promote their health and wellbeing. The provider was proactive in working in partnership with healthcare services to help ensure people had positive outcomes. In one example, the registered manager referred one person to physiotherapy as they were bed bound. The physiotherapists worked with staff to support the person to carry out a series of strengthening exercises, which resulted in them becoming independently mobile again. The person was supported to attend subsequent follow up appointments and had since maintained their ability to walk.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the need to obtain appropriate consent to people's care. Where people were unable to consent to their care, the registered manager had fully assessed their capacity to make specific decisions about aspects of their care. In one example, one person was unable to give their consent to care due to a cognitive impairment. The registered manager had followed a process which was in line with the MCA by meeting with people involved in the person's care and agreeing on a plan of care that was in the person's 'best interests'.

## Is the service caring?

### Our findings

People were cared for with kindness and compassion. People and their relatives held staff in high esteem. One person said, "The staff here are all wonderful." Another person commented, "There are some very genuine and caring staff here." A relative reflected, "The care that [my relative] receives is exemplary, I really could not ask of more from staff."

Staff had in depth knowledge about people and cared for them with enthusiasm and dedication. Many of the staff had worked at the service for a long time and had got to know people and their families very well. One member of staff said, "It's like a family atmosphere here." Another member of staff told us, "There is something really special about this place. From the building to the people to the whole staff team. I love taking care of people here." The registered manager told us, "We currently have two staff members who have completed 30 years' service and 3 who have completed over 20 years' service. It says something about how special this place is."

Staff were caring and patient in their approach. Staff were not rushed and spent time engaging people in conversation, jokes and stories about people's lives and experiences. Staff understood how to encourage people with humour and when they wanted quieter time on their own.

The registered manager organised for a monthly newsletter to be distributed to people. This detailed upcoming and a celebration of events and activities which took place in the previous month. People enjoyed receiving the newsletter, telling us that the pictures included of events brought back fond memories. One person said, "[The administrator] does a newsletter for us. It is a nice touch as it celebrates the fun times we have had."

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. The registered manager told us, "Each resident and their families are supported to complete a timeline and personal history to ensure all staff are aware of individual preferences and beliefs." This information has helped to develop people's care plans, which the registered manager reviewed with people on a regular basis, to ensure they were happy with the plan of care provided.

People were supported to maintain important relationships. One person said, "Whenever my family want to visit they are made to feel welcome. There are private rooms we can use if we want some privacy." Where people required help to maintain relationships, staff were at hand to help with correspondence such as birthday cards, emails, social media or letters. This helped to ensure that people could maintain close links with loved ones.

People were encouraged to be as independent as possible. Many people had previously lived in the local community and were encouraged to carry on routines such as visiting friends or local shops. Staff could provide support to facilitate these visits if required. Where people went out independently, they had agreements in place with staff about where they were going and time of expected return. This helped to

ensure that staff had an awareness of people's whereabouts if they did not return as expected.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Staff understood the importance of respecting people's privacy and dignity. Many staff had signed up to become 'dignity champions'. This was in partnership with the nationally recognised, 'Dignity in Care Campaign.' As part of their role, dignity champions were asked to assess and monitor how the service performs in relation to key aspects of good practice identified by the Dignity in Care Campaign. The findings of these assessments were shared in staff meetings to help ensure the whole service had a shared understanding of how to promote dignity in care.

People's confidentiality was respected and upheld by staff. People's care records were stored securely away from communal areas, so were not in view of visitors or other people. Staff handed over information to each other away from communal areas. This helped to ensure that personal or sensitive information about people was kept private.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. One person said, "Staff are very proactive and can tell if I am struggling or need some extra help. This is reassuring."

People's care plans considered people's preferences, diverse needs and beliefs. People's care plans detailed their life history, family connections and preferences around their personal care routines. Care plans contained details of any spiritual or cultural needs people had and how staff needed to adjust meet them.

Care plans were regularly reviewed. The provider had a system whereby everyday a specific person's entire care provision would be reviewed. This included talking to people and relatives to gain feedback, reviewing care plans, planning activities and ensuring the care provided was in line with people's preferences. Where people had changes in their health and wellbeing, their care plans were quickly updated to reflect their changing needs.

People had the opportunity to take part in a range of activities which suited their interest. One person said, "I never tire of living here. There is always something interesting going on." Another person said, "I like to keep myself busy here." A third person said, "Staff really do try to keep us all entertained." People were consulted about activities they would like to try, these included indoor activities and trips out to the local community. Where some people were receiving care in bed, the registered manager arranged for staff and volunteers to spend time with them during the day so they were active and not lonely. The registered manager told us, "Each day our activities co-ordinator visits each resident and informs them of the activities planned for the day giving all the opportunity to attend. Should they not wish to join she will ask if they would like to have one to one time."

The provider ensured people's communication needs were met. People's communication needs were identified in their care plans. There were examples where the provider had produced documents and correspondence in adapted form to meet people's needs. Where people may struggle to read or needed additional support to understand documents, staff were designated to help them go through these areas. The registered manager told us, "All literature is in easy to read formats (large print, braille) and different languages where requested. Staff are aware of residents who may require a translator or a person proficient in Sign Language. Residents are provided with staff support should they need it to ensure they receive information in the format that they require."

People received compassionate care at the end of their lives. People had 'end of life care plans' in place which were formulated through discussions between people, staff and relatives. These care plans included detail on people's preferences and wishes around their care arrangements including any spiritual or cultural considerations. The registered manager told us, "People and their families are involved in their care planning to ensure their wishes and needs are clearly documented."

Staff had received training in end of life care. This training helped staff understand the principles of providing empathic and responsive care at the end of a person's life. The provider worked with people,



families and other stakeholders to provide care as people's needs changed. This included monitoring, recording and responding to changes in their health and ensuring people had appropriate equipment and pain relief to help ensure their last days were as pain free as possible.

There were systems in place to deal appropriately with complaints. One person told us, "I have never had to raise a formal complaint, but any feedback I give is always taken onboard [by the registered manager]." The provider had a complaints policy. The policy outlined how people could make a complaint and how concerns would be investigated and responded to. There were also contact details for external agencies, such as the Local Government Ombudsman who people could escalate concerns to. The policy was prominently displayed throughout the service, which meant people and visitors would easily be able to identify how to raise concerns. The registered manager took all complaints seriously and worked in partnership with people and relatives to ensure that issues were resolved to agreement.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People and their relatives spoke highly of the registered manager, telling us they were caring and approachable. One person said, "You could not ask for a better manager. She is always available and comes round to see us practically every day." Another person told us, "The registered manager is a wonderful lady, she does an excellent job." A relative commented, "[The registered manager] is a truly caring person who understands people's needs." A second relative enthused, "The leadership [the registered manager] gives is exactly what this place needs. It is a wonderfully run home."

Staff told us the registered manager was supportive and knowledgeable. One member of staff said, "[The registered manager] is a great boss, but also a lovely person." Another member of staff commented, "I can't fault her." Staff told us they felt comfortable raising concerns with the registered manager and felt they would be dealt with appropriately. One member of staff said, "The registered manager has got the staff's respect. I could go to them with anything and I would trust them to deal with it in the right way."

The registered manager had a clear insight into the day to day culture at the service. They frequently worked alongside staff so they understood people's needs. They also spent time talking to people, joining in with activities, facilitating resident's meetings and eating meals with people. This helped them gain an understanding of people's experience of receiving care.

The provider promoted a caring and compassionate ethos. They had a system in place where they made arrangements to help people meet the financial cost of their ongoing care. This involved people meeting the cost of their care for a certain period. After this period, if they were not financially able to fund their current care placement, the provider would meet the cost of the care themselves. The registered manager told us, "This is something we are all really proud of and something that makes a profound difference to people."

There was a clear management structure in place. The deputy manager oversaw aspects of the day to day running of the home and deputised when the registered manager was away. There were a team of nurses in place who oversaw the day to day care of people and reported to the deputy manager. Staff were clear about their role and understood their responsibilities.

The registered manager held regular staff meetings to review staff's performance and gain feedback about where improvements could be made. After one staff meeting, it was agreed that staff could spend time working at one of the provider's other homes which had recently been rated outstanding by CQC. After visiting the home, staff were asked to reflect on their experience to see if any good practice would be incorporated into the running of the service. This demonstrated that staff understood and reflected about the quality of their individual performance.

The provider's senior management were also a prominent presence within the home. The regional manager and chief operating officer regularly visited the home to carry out audits and talk to people about their experiences of receiving care. The registered manager completed a monthly report to the provider detailing key aspects of the running of the service. This included recruitment, incidents, safeguarding and maintenance needs. The provider used this report to help prioritise where additional resources were needed to support the registered manager. A recent example of this was the provider agreeing to additional staffing provision due to the broken passenger lift. This helped to ensure that the provider had a good overview of how the service was performing.

Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

People, their relatives and staff were involved in how the service was run. The registered manager held regular resident's meetings where people had the opportunity to give feedback or make suggestions. The registered manager used these meetings to canvas people's opinions about changes in menu's and suggested activities. In previous meetings, the registered manager had asked for people's ideas about activities about how funds from a recent fundraising event should be spent. They had also recently consulted people about options around repairing the broken passenger lift.

The service placed a focus on being a prominent part of the local community. The registered manager held a series of open days and fundraising events which involved the local community attending. The service also hosted a singing group, which many people and residents participated in. The registered manager had established links with the local church who facilitated regular visits and a monthly communion at the service.

The registered manager had recruited a team of over 20 volunteers, who provided help and comfort to people. Volunteers were a mixture of members of the local community and relatives of people who used to live at the service. Volunteers carried out many roles including, helping with activities, keeping people engaged in conversation and assisting when people had trips out. The provider also had some sheltered living accommodation on site and people who used this accommodation were encouraged to spend time at the service and join in with meals and activities. This reflected how the registered manager had integrated the local community at the heart of the service.

The provider and manager ensured the service was continuously learning and improving. Since the last inspection the registered manager had successfully imbedded an electronic medicines management system. This system had proved effective in significantly reducing medicines errors and enabled the registered manager to track the effectiveness of people's medicines. The registered manager had also implemented an assessment framework which focused on staff's key skills and training needs. They told us, "The assessment will assist our organisation identify and address any gaps in employee's core soft skills which will enable us to tailor individualised training plans for all staff." Due to undertaking these assessments, many staff had received additional support and training in their role, which helped to improve the overall skills and knowledge of the staff team.

The registered manager had an effective system of audits in place. These audits included, infection control, health and safety, medicines management and a review of people's care plans. They also carried out a series of audits on utility, emergency and care related equipment to help ensure they were fit for use. The registered manager also carried out periodic audits of dignity and mealtime experience. The mealtime experience audit included direct observation of staff providing support to people with their meals. This

helped the registered manager identify if people's needs were being met.

The registered manager ensured the service worked in partnership with other agencies. They had established effective working relationships with social workers, district nurses, tissue viability nurses and local doctors. They had made arrangements for a local doctor to visit the service weekly to carry out checks on people's health and wellbeing. This relationship helped to ensure that people were provided with good quality health outcomes.