

Methodist Homes

Fitzwarren House

Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Fitzwarren House is a care home with nursing and provides a service for up to 64 people, some of whom may be living with dementia. 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. On the days of our inspection there were 62 people living at the service. Bedrooms are spread over two floors with ensuite bathrooms. There are also several communal areas and a private garden.

The service had 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 inspection took place on the 15 and 16 of October 2018 and was unannounced.

At the last inspection, we rated Fitzwarren House as Good overall, with the caring domain being rated as Outstanding. At this inspection we found the provider continued to be rated as Good in the safe, effective and well led domains. The service has remained Outstanding in the caring domain. We found the provider had made improvements in the responsive domain and has been rated Outstanding in this domain. The service is now rated as Outstanding overall.

Staff were highly skilled and had a natural aptitude to give reassurance and comfort to people living in the home. They treated people with the utmost dignity and respect when helping them with daily living tasks. There was an excellent understanding of seeing each person as an individual, with their own specific needs.

The provider's ethos focused around inclusion, diversity, equality and upholding people's human rights. This included encouraging people to have aspirations and goals, and supporting them to achieve these.

Staff were a highly motivated team who demonstrated their commitment to providing high quality, individualised care to meet people's preferences and needs.

The provider had gone to great lengths to ensure people had access to a wide range of meaningful activities. This included trips out to places that people said they wanted to visit. There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. This meant that people were supported to pursue interests and hobbies that were important to them, as well as being given the opportunity to develop new hobbies and interests.

People were instrumental in deciding how they wanted to be cared for, including conducting their own care plan reviews.

The registered manager was extremely passionate about delivering very high standards of care to people using the service. They had established excellent links within the local community for the benefit of people living at Fitzwarren House, and worked collaboratively with other professionals. People were very much part of their local community.

Without exception, people and their relatives gave consistent, positive feedback about the service. This included the approach of staff, the food, the range of social and leisure opportunities that were on offer to them and the accommodation.

Effective systems were in place to manage people's medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle. People's needs had been assessed and their support requirements and preferences were recorded in detail to provide staff with the guidance they needed to support people.

The provider's responsiveness in regard to people's care and support needs had resulted in a reduction in incidents and accidents for some people who lived at the home.

The provider had explored innovative ways of meeting people's emotional needs and wellbeing, such as employing a music therapist. This had greatly benefited people living at the home.

People told us they felt safe at the service and were well supported by staff who were caring and friendly. Staff told us they were aware of how to report any concerns and were up to date with training on how to protect vulnerable adults from abuse.

The provider had effective recruitment arrangements to ensure staff were suitable for their role before they commenced working at the home. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely.

The registered manager understood their responsibilities and worked with people who used the service, relatives, staff and the provider to improve the quality and safety of care that was provided. Quality assurance procedures and a programme of audits were effective in driving continual improvements to the quality of service.

Further information is in the detailed findings below.

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 remained Good.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

People received their medicine as prescribed and at the right time.

Staff were recruited safely and there were sufficient staff to meet people's needs.

The premises were clean, and staff knew how to reduce and control the risk of infection.

Is the service effective?

Good 

The service remained Good.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

The registered manager and staff understood, and worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The environment was designed and arranged to promote people's freedom, independence and wellbeing.

Is the service caring?

Outstanding 

The service remained Outstanding.

People and their relatives praised the exceptionally caring attitude of the staff.

People told us that staff went above and beyond their expectations to provide person-centred care. There was a positive atmosphere throughout the service with

warm and friendly interactions between people and staff.

People were treated with utmost dignity and their human rights were fully respected.

People's independence was promoted and their rights to privacy were valued and respected.

Is the service responsive?

The service improved to Outstanding.

Staff knew people extremely well and care records were very detailed and person centred.

People received care and support which was tailored to their individual needs and creative ways of responding to people's diverse needs were found.

People were supported to take part in a wide range of activities that were tailored to meet their interests and goals. The service took a proactive approach to working with the community to enhance the opportunities for social interaction for people.

People using the service and families were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued and used to make improvements in the service.

Outstanding 

Is the service well-led?

The service remained Good.

People, their relatives, staff and health and social care professionals consistently praised the leadership of the service.

The culture of the home was to drive improvement and learn from mistakes. There was evidence of consistent robust quality monitoring and feedback from people and stakeholders to ensure people received high quality care.

The service had developed strong links with community organisations which were used to enhance the experience of people who lived in the home.

The registered manager understood regulatory requirements.

Good 

Fitzwarren House

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.

This inspection took place on the 15 and 16 October 2018 and was unannounced. The team consisted of an inspector, a specialist advisor who is a nurse with knowledge and experience of dementia 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.

Before the inspection, the provider completed a Provider Information Return. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We sought information about the quality of service from the local authority and other health and social care professionals. We received two responses. We spoke with 22 people and nine relatives about what it was like to live at the home. We spent time with people and saw the care and support being provided in communal areas which included how people were assisted at lunchtime. We spoke with 16 members of staff including the registered manager, regional manager, care manager, senior care assistant, housekeeping staff, kitchen staff, gardener, hospitality manager, the home chaplain, administrator and administration manager. We looked at 14 people's care records and associated documents including medicine records.

We checked whether staff were recruited safely, and trained to provide care and support appropriate to each person's needs. We looked at the results of the provider and registered manager's quality monitoring systems to see what actions were taken and planned to continually improve the quality of care and people's experiences. We observed the lunchtime experience for people, and the activities provided to people. We also observed medicines administration.

Is the service safe?

Our findings

The service continued to provide safe care to people. People who used the service were kept safe from abuse and improper treatment. One person when asked if they felt the service kept them safe said, "Oh yes, there's always someone around". Another person told us, "Oh, I love it, the staff are good and oh yes I feel safe". Relatives we spoke with said they felt the service kept their family member safe. One relative said, "They are always looking out for her. I feel so reassured when I leave [that she is safe]".

Safeguarding policies and procedures were in place and were available for staff to refer to. Staff had received safeguarding training and understood the signs of abuse and what to do to make sure people were safe. Staff said they would not hesitate to report concerns to the registered manager or care managers. Staff had a good understanding of the reporting procedure and told us they would not hesitate to blow the whistle on poor practice. Staff confirmed during discussions that they were familiar with the whistleblowing procedure and would feel confident to use it if they felt this was necessary. We saw the registered manager had made appropriate referrals to the local authority safeguarding team when this had been needed.

People's individual risks were identified and risk assessment reviews were carried out in a timely way to keep people safe. Risk assessments covered areas such as moving and handling, falls, malnutrition, risks of pressure sores developing and the use of specialist equipment. People's care plans took these into account. Risk assessments were reviewed regularly or if people's needs changed. Risks to people were assessed and managed in the least restrictive way possible. For example, encouraging people to remain as independent as possible with the use of moving and handling equipment.

There were enough staff on duty to provide people who use the service with the care and support they needed. We observed that staff were patient and person centred in their interactions with people. They took the time to sit with people and have conversations about things of interest to them. People who use the service told us they felt there was sufficient staff to meet their needs. One person said, "There are so many people running around after you". We found during the inspection that the call bells were responded to in a timely way to ensure people's needs were being met promptly. The registered manager told us that the number of staff could change and adapt depending on the needs of people living in the home. Where additional cover may be required the registered manager told us that they avoided using agency staff by having a stable level of bank staff. This meant people would continue to receive support from staff who were familiar to them.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. Staff who took responsibility for administering medicines, did so with patience and

kindness. We looked at a sample of medicine administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. The service had an up to date medicines management policy. Monthly audits of medicines ensured that staff involved in supporting people with their medicines complied with the policy.

The home was exceptionally clean, tidy and odour free. Our observations during the inspection showed all areas of the home were clean and well maintained. Staff told us they responded promptly should any malodour occur. We saw the service being cleaned regularly throughout the duration of our inspection. People were protected from the spread of infection. Staff were trained in infection prevention and control, including hand hygiene. They used protective equipment, such as disposable gloves and aprons and confirmed these were always readily available. Hygienic hand rub was also available around the building.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and water systems. A continuity plan was in place for staff to follow in the event of an emergency. Personal emergency evacuation plans were in place for people living at the home and these were up to date and relevant. Fire alarm testing and fire drills were carried out regularly. This meant staff knew what action to take should an emergency situation arise.

We saw evidence that learning from incidents and investigations took place and appropriate changes were implemented to reduce the risk of recurrence. For example, people's care plans and risk assessments were updated. Where incidents had taken place, involvement of other health and social care professionals where needed was requested to review people's plans of care and treatment. This demonstrated that the service was proactive in dealing with incidents which affected people.

Is the service effective?

Our findings

People's needs were assessed before they moved into the home. This involved meeting with the person and completing a needs assessment, by gathering information from them, their relatives if appropriate and any relevant health and social care professionals.

The provider was committed to providing the right skills and training to staff as they believed this was key to ensuring the most effective service. The provider had ensured staff received the training required to effectively care for people. Staff were supported to learn about their role by shadowing more experienced staff. Clear records were kept by the registered manager to record training and track when it needed to be renewed. The provider also ensured that staff had access to further training and development opportunities.

We saw staff working well together, offering one another support where they needed it, without hesitation. One staff member told us, "We all support each other. We are a team. It's what we do". Staff received regular supervision at least four times a year. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. This also provided staff with an opportunity to discuss their learning needs. Staff also received annual appraisals of their work.

People were supported to maintain a nutritious and balanced diet. People were involved in choosing what they wanted to eat to meet their individual preferences. There were always alternatives for people to have, for example a vegetarian option. The service ran a 'resident of the day' scheme where people could choose any meal of their choice that wasn't on the menu. The kitchen staff were aware of people's individual dietary needs and a list of people's likes, dislikes and allergies was available. People's care plans gave details of people's dietary preferences. The provider conducted regular reviews of people's weights and this was shared with staff, including the catering staff. This meant staff were aware of who was losing or gaining weight. This enabled them to fortify food for people who were losing weight. Staff monitored this closely to ensure people received the appropriate care that met their individual needs. This showed a joined up and effective approach. We observed people being encouraged to eat and drink and supported to be as independent as possible.

People gave us positive feedback about the quality of the food offered at the home. Comments we received included; "It's pretty good and we get a couple of choices", "Very good and a good choice they ask you the day before what you would like" and "The food is magic I like it all very good choice and I never get hungry at night". We saw that healthy snacks were made available whenever people should want them. There were bowls of fruit placed around the home for people to help themselves to. People told us if they get hungry there is always food available night and day. One person said, "I never get hungry at night but if I did I have a lot of snacks in my room." Meals were cooked freshly on the premises and were warming and nutritious and the pleasant aromas could be smelt throughout the home. For example, on the first day of our inspection, people enjoyed shepherd's pie and the second day sherry braised chicken. The mealtime experience was a social occasion for people.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency in May 2018. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

There were registered nurses on duty 24 hours a day to meet the needs of people who required nursing care. During the inspection, we observed staff contacted health professionals when they had any concerns about a person's condition. Throughout the inspection we saw health professionals around the home supporting people with their healthcare needs. People benefitted from having regular weekly appointments in the home from visiting health care professionals such as GPs, district nurses and chiropodists. People's care plans indicated staff worked closely with other professionals to meet people's individual needs. The registered manager told us they always ensured important information about people's needs and the support they required was transferred with them on admission to hospital.

We saw where conflict may arise between people living in the home, staff were highly skilled in resolving this. For example, we observed a person living in the home becoming agitated with another resident. Staff acted immediately to deescalate the situation, using calm words and gently guiding the person away to resolve the matter. Staff were expert at providing caring responses if individuals became anxious or distressed. We saw how staff at all levels, including the registered manager, used gentle distraction techniques and a genuinely caring approach in order to calm people and relieve their anxieties. Staff walked alongside people in corridors or sat next to them and engaged them in conversation.

People benefitted from a suitable, purpose built environment filled with natural daylight. The home was open and free flowing allowing people to move around as they wished. A sun lounge, balcony, dedicated quiet rooms, a number of living areas and a hairdressing salon were also available to people. We saw people were able to move freely within the home in order to find a place where they felt most relaxed and comfortable. There was an enclosed secure garden accessible to people and a good choice of communal areas to enjoy. People were able to personalise their bedrooms with their own furniture, belongings and items important to them.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

People's care records contained clear capacity assessments which enabled staff to assess whether a person was able to make particular decisions for themselves and to what degree they were able to do this. We saw that the registered manager maintained a tracker to document when applications had been submitted to a local authority to authorise restrictions in place to ensure individuals received the care they needed. The registered manager continued to inform the relevant local authority of any changes to the restrictions placed on individuals who lived in the home; this helped to ensure people's rights were protected. At the time of inspection, the provider had made 28 applications to local authorities for DoLS authorisations for people living in the home to ensure they were deprived of their liberty legally. Of these, seven had their deprivation of liberty authorised by the local authority and the service was waiting for the local authority to decide on the remaining applications. People's care records evidenced clearly that the provider had applied

DoLS appropriately. Where a decision needed to be made on behalf of people who are unable to make the decision for themselves, a 'best interest' meeting took place which clearly identified the reasons why the decision was in the person's best interests.

Is the service caring?

Our findings

People and their relatives gave consistently excellent feedback about the care provided at Fitzwarren House. They spoke highly of how caring the staff and managers were. One person told us, "You must have trust in people and the nurses are very kind and the staff are very good". Another person said, "They talk to you. They are never too busy to stop and talk to you and I think the staff here are very good and kind". Relatives valued the relationships they and their loved ones had with the staff team, and told us they always felt welcome. One relative told us, "They are genuine. They treat [name] like he is family."

People continued to be provided with high standards of care by a very compassionate, committed and caring staff team. Relatives were able to see their family at any time they wished. The registered manager told us, "We have no visiting hours. Relatives can come whenever they like, night or day. This is their home". We observed staff treated people with the utmost patience and kindness. Staff were attentive to people's needs and understood when people needed guidance or reassurance. People appeared very relaxed and comfortable in the environment and with the staff working with them. People were supported by staff who had worked with them for a number of years and had built a strong relationship with them.

The extremely person-centred culture, ethos and underpinning training for staff at Fitzwarren House ensured people were truly respected as individuals. This was evident in the observations, the records and in the way staff spoke about and with people. Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. We saw that staff constantly consulted people around how best to meet their care needs.

An equality, diversity and human rights approach was central to supporting people's privacy and dignity and their individuality. The service had policies to support the principles of equality and diversity, and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including: race, sexual orientation and religion or belief.

Whilst there was a unit for people with dementia, people were not defined by their medical condition. Each person was treated as an individual, and the staff we spoke with knew about their backgrounds, their likes and dislikes so they could provide care centred on that individual. For example, one person we saw during the inspection on both days was dressed in a suit and tie. Staff told us although this is their home, the person used to be in the military services and that looking smart was very important to them so they choose to wear a suit every day. They told us they often talk about his history with him and spent time looking at his photos, which he really enjoyed speaking about. Staff spoke with compassion about the person and with genuine care and kindness. People and staff told us about how the service encouraged people to celebrate special occasions.

Relatives we spoke with told us that staff went above and beyond their role to support their family members living in the home. One relative said, "My mum likes to collect these ornaments, one of the staff went and bought her one and brought it in to her. It made her so happy". Another relative said, "She (person

supported by the service) loves chocolate. Staff will just go out and buy some if she wants it". Another person told us, "[Staff member] will bring me pie and mash back from London when he goes."

During our visit we saw staff acknowledge each person by name as they went past them, so nobody felt they were not noticed or cared for. Staff were highly skilled at ensuring people were able to express their views. They listened to people's views and respected them. For example, we heard one person tell staff they were not in the mood for going to the dining room for their breakfast that day and preferred to have it in their room. Staff without hesitation said they would bring them their breakfast and asked what they would like. One relative told us, "They [staff] are so patient with mum. She can be quite difficult and she isn't as well as she used to be. They always listen to her and try different ways to make sure she understands why they are helping her."

Respect for privacy and dignity was at the heart of the service's culture and values. We saw that these values were truly embedded in everything staff did. Staff were skilled and recognised people's sense of identity and maintaining their dignity was extremely important to them. For example, one person was starting to undress in their bedroom with the door open, a staff member quickly attended the person and asked if they would like any assistance and encouraged them to have the door closed. We saw staff supported people with respect and promoted their independence. Staff worked hard to ensure people's bedrooms were their private space and had helped to personalise them to reflect their interests and history.

Staff were able to anticipate people's needs even when they had not verbalised them. People chose who supported them and when. We saw one person who was pacing up and down the corridor with their trouser legs rolled up. A staff member asked them if they would like to be supported to put cream on their legs which they refused. The staff member gently led the person to another staff member with whom he went willingly and suggested the person might prefer if the other staff member could support them, which they replied "Yes". The staff member told us, "I know that his knees are sore, he would let [staff name] support him with that."

Is the service responsive?

Our findings

People and their relatives told us they were involved in determining the care they wanted and needed, and in reviewing the care provided. This supported people in being empowered to any decisions about their care. We saw one person had been supported in writing their own care plan review, identifying their likes and dislikes. We found staff were highly skilled and were prepared to go the extra mile and above what would normally be expected of them to help ensure people had an excellent quality of life. We saw one staff member talking to a person and giving them a manicure. They told us, "[Name] does like to do the activities but she always used to get her nails done so I like sitting and doing this with her". This had also been recognised in positive feedback given by relatives of people who lived in the home. One relative told us, "They (staff) are always reviewing my husband's care needs. Whatever we both want they are so accommodating. They are very good at making suggestions too."

Care records included a good level of detail about people's likes, dislikes, preferences and routines to help ensure they received personalised care. All care plans were underpinned by a series of risk assessments. People's care plans also reflected human rights and values such as people's right to privacy, dignity, independence and choice. The service provided to people was exceptionally responsive to meeting their needs. For example, one person before coming to the home had a high number of falls. Since residing at the home, this had reduced significantly. A relative told us that whilst their family member was living at the home they had to go into hospital and required support for a period of time when they came out and wished to stay at Fitzwarren House. The relative told us, "They [the home] didn't hesitate, they quickly sorted it and they provided me a bedroom and cared for me. It was like living in a hotel."

The service sought to support people nearing their end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about their end of life wishes. Care records clearly identified people's wishes and preferences in a detailed way. This included where they would like to be and whether there were personal items that they would like to have with them. Staff had also been trained in end of life care and spoke compassionately about how important it was to ensure people had their wishes respected. A relative provided feedback to the service about their loved one at the end of their life, "In her last days, the staff could not have been more caring and took turns to sit and read to her, hold her hand." Another relative said, "In the end, they provided a very dignified conclusion to her long life."

The provider had a 'seize the day' initiative that supported people in doing personal and memorable opportunities and activities. People who use the service could choose what they wanted to do, at the time that they wanted to do it. A relative told us, "They are always looking at ways to make sure [person] is living each day to the full, he is so happy here." The staff team had an excellent understanding of people's values and beliefs. They were fully committed to ensuring that people were treated as individuals and they provided the best care and support to people they could. One person had a particular interest in steam trains, the provider arranged for them and others living in the home to attend a steam engine museum. We looked at photos of this day trip and saw the person happy and smiling. Another person wouldn't normally engage in the homes activities, however time was spent to find out what they enjoyed and they now engage in the musical activities the home offered.

The provider took a proactive response to working with the community. Since our last inspection the provider had arranged for the national citizens service to bring a group of young people to support in making the garden area more friendly and interesting for people living in the home. They spent time landscaping the garden, planting flowers and decorating a mural on the fence. The young people joined in with activities with people living in the home and having meaningful discussions with them. We saw photos of this event which showed people who lived in the home working with the young people to plant flowers. People were smiling and looked happy, enjoying the company they were in.

The service held a regular quiz night where people, their relatives and staff were able to enjoy an evening working together in teams. Staff took on the roles of 'quiz master', bar staff and fish and chips were purchased for everyone to enjoy. One relative told us, "It was such a lovely event. Everyone really enjoyed themselves. Staff were brilliant. It would be something [name] would have done before coming here [to the home]. She thoroughly enjoyed herself." A relative told us how the service supported their family member to engage in activities. They said, "They are very caring. My mother used to get involved in activities but now she can't, they do one-on-ones and she always goes into the lounge to sing."

The provider had taken time to explore how to meet people's emotional needs in a person-centred way. The provider had explored the links between music and dementia and employed a music therapist to come to the service every week, providing both one to one sessions and group music sessions. We spoke with the music therapist who told us, "People here respond to music in such an amazing way. Music helps them to express their emotions even if they cannot say how they feel." We saw a number of people having one to one sessions in a private room with the music therapist, choosing which instrument they wanted to play or if they were unable, they sat and listened or sang. On the second day of our inspection the music therapist arranged a group music session. Many people could be seen singing and playing individual instruments. Staff were supporting and encouraging each person, who were smiling and joining in. We saw a number of pianos throughout the service. We saw one person who lived in the service in one of the communal areas enjoying the music that they had remembered how to play. A staff member said to them, "[Name], that sounds lovely".

People and staff told us about how the service encouraged people to celebrate special occasions. During our inspection a person was celebrating their birthday. The staff put a banner and balloon on their bedroom door and baked them a cake. Staff gathered round to wish them happy birthday.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced 2016 and states that all organisations that provide publicly funded care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted care records included information about people's communication needs. The registered manager told us that full consideration is given to people regarding their communications needs prior to admission to the home and reviewed regularly once they have moved in. They advised this would also be shared, where appropriate, with other professionals such as hospital staff. One person who was unable to hear clearly, staff wrote down their communication. This ensured they received communication in a way they understood and wished to receive it.

Details about how to make a complaint were given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There had been one complaint made since the last inspection. This was investigated thoroughly and found not to be about the service. The registered manager told us that outcomes or lessons learned were shared with the complainant and other staff where this was relevant. People told us they would be happy to raise a concern or make a complaint although nobody had needed to. One relative told

us, "They are always there to listen. I haven't needed to make a complaint but I know it would get sorted straight away."

Compliments had been received from a variety of sources. Some of the compliments received included, "The staff are all lovely and caring and as a family we have peace of mind knowing [name] is well looked after", "Fitzwarren House is not just a nursing home, it is a real home for the residents" and "The staff are always cheerful, nothing is too much trouble, not only for the residents but the relatives are well supported too. Attention to detail makes all the difference and Fitzwarren House is consistently good at this".

People's spiritual needs were acknowledged and provided for. The home had a chaplain who was a source of counsel, advice and guidance. The service held a fellowship meeting which is multi denominational service where everyone was welcome whatever their religion. One person told us they enjoyed accessing the support of the chaplain. They commented, "he's the perfect man for the job he can cope with everybody and I'm not religious". The registered manager told us that having a chaplain was an invaluable resource that people and their relatives could benefit from, should they choose to. The registered manager told us that relatives had said that it had been very helpful knowing that the chaplain holding the service once their loved ones had passed away, as someone who knew them well and genuinely cared for them.

Is the service well-led?

Our findings

The registered manager led by example and was extremely driven to provide excellent, person centred care to people. All staff and people we spoke with felt the registered manager was strong, visible and approachable. 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 provider and registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to us so that we were able to monitor the service people received. It is also a legal requirement for the provider to display their ratings so that people can see these. We found these had been displayed at the home and on the provider's website.

People and their relatives told us they thought the home was well-led. One relative told us, "You can always see her (registered manager). She's always there. When my mother's money ran out I went to see [name of registered manager] and she sorted it out and she didn't have to leave the home and I think she and the staff are so very good". A person using the service said, "Yes, she's (registered manager) doing an excellent job".

Health and social care professionals spoke positively about the staff and the manager at the service. One professional said, "I have only praise particularly on the attitude of the staff with residents led by the floor manager". Another professional told us, "Yes, the manager has an excellent overview of people's stories and their current presentation".

The service had values which were consistently communicated throughout the service. These included, "dignity", "respect", and "open and fair". Staff told us they were proud of the service because they liked what it stood for and wanted to be part of it. The values and vision were reinforced at staff meetings. A recent staff survey showed that 93% of staff strongly agreed or agreed that they were proud to work for the organisation.

Highly effective quality monitoring systems were in place. The registered manager or delegated staff members carried out a range of audits to monitor the quality of the care and facilities provided. These included care plans audits, medication audits, catering and dining experience audits, environmental audits and infection prevention audits. The registered manager had recently introduced a regular meeting with staff to review people's weight management. These identified where people were losing weight and supported staff to ensure people's weights were being managed effectively. The information from this meeting was also shared with staff who prepared meals for people. We saw that since introducing this reviewed monitoring system, people had further maintained a healthy weight and the number of people who had identified weight loss had reduced.

Daily meetings with the management team were held to discuss what was going on in the home and to discuss or resolve any issues. For example, this might include staffing issues if a staff member had called in sick and staff could then be redeployed. A structured verbal and written handover was in place ensuring all

staff were kept up to date with changes in people's conditions and care needs and any other issues throughout the home.

The registered manager and the provider actively sought the feedback of people using the service, their relatives, staff and external health and social care professionals. This information was used to directly shape the future of the service. For example, a relative had fed back that they felt there was not enough support for spouses of those who are newly diagnosed with dementia. The home was in the process of setting up a peer support group for relatives of people living with dementia. There were active endeavours to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. Feedback from these surveys was analysed and used to make changes to the service.

Without exception, staff spoke about Fitzwarren House being an excellent place to work. All staff we spoke with felt the registered manager was a strong, visible, approachable, fair and honest manager. They told us they felt supported and confident in their roles. One staff member told us, "There are always opportunities to develop. We are very well supported in that way". Staff told us they had regular meetings and minutes we saw showed discussions around topics such as safeguarding, training and infection control issues.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.9 out of 10 following feedback from people who lived in the home, relatives and visitors. Comments received included; "I was always greeted with friendship and compassion, and the attention to detail relating to care was, in my opinion, exemplary", "Brilliant care home, everyone friendly, like one big happy family. Cannot fault anything at all" and "I cannot recommend them highly enough. All staff and the team have been so loving and kind and not just professional".

The provider continuously strived to improve the service. This was supported by consistent strong and supportive leadership of the service. The registered manager was knowledgeable about theories concerning dementia care and showed us how they were hoping to make improvements in the service. The registered manager told us about the joint work they did with dementia organisations. One health professional told us, "It is recognized as one of the best homes [in the area] for dementia care with good reason".

The provider embraced partnership working with other health and social care organisations to achieve better outcomes for people. This included the local hospital staff, GPs, district nurse, chiropodists and mental health liaison teams. We received feedback from healthcare professionals who were very positive about their experience of working with the registered manager and staff team.