

Andover Care Limited

Andover Nursing Home

Inspection report

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Andover
Hampshire
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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?

Outstanding 

Summary of findings

Overall summary

About the service: Andover Nursing Home is a care home providing personal and nursing care to up to 87 people. The accommodation was arranged over four floors. The Danebury Unit has 42 beds and covers the ground and lower ground floors. It provides general nursing care. The Rooksbury Unit covers the first and second floors and has 45 beds. This unit is secure and provides care to people living with complex physical health needs. Many were also living with dementia. At the time of our inspection there were 73 people using the service. Both units had registered nurses on duty at all times.

People's experience of using this service: The leadership of the service was exceptional. The culture they created drove and improved high quality person-centred care. Staff talked with passion about their role and were proud of making a difference to people's lives. There was a clear leadership and management structure in place. The service was organised and seamless and have a range of sophisticated systems in place to ensure its smooth operation. People, their relatives and staff were treated as partners and were actively consulted and involved on an ongoing basis about their care and wider issues within the home. Staff had gone above and beyond to develop the communities understanding of dementia and its impact on people and their relatives. There was a strong and innovative emphasis on continuous improvement and of taking part in research to enhance the care people received. A strong governance framework was embedded within the service and a range of audits were undertaken to ensure that the registered manager and leadership team had oversight of the quality of care and emerging risks.

People received care that was extremely personalised and responsive to their specific needs and preferences. There was a strong focus on providing meaningful activities which promoted people's physical and emotional wellbeing. Staff provided people with exceptional, holistic, person centred, end of life care. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

People consistently told us that staff were exceptionally kind, caring and compassionate and health and social care professionals told us staff were exceptional in the way in which they provided care and support. There was a strong culture of person-centred care. Staff in all roles were motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing. There was a culture of inclusiveness and one which acknowledged and recognised the different needs of people.

There was an effective, holistic, evidenced based, approach to assessing, planning and delivering care and support and this was achieving positive outcomes for people. Staff were well trained and well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. The service had a strong emphasis on the importance of eating and drinking well. The design and layout of the building met people's needs. Recognised best practice design principles had been used to help ensure that the environment was functional and supportive of people living with dementia. There was a clear focus on the importance of seeking people's consent, supporting them in the least restrictive way possible and to

upholding their right to be involved in decisions.

Care staff were well informed about people's risks and knew how to deliver their care safely. The leadership team constantly reviewed the staffing levels, in a systematic way, to ensure that there remained sufficient numbers of staff with the right skills and experience supporting people. Overall medicines were managed safely. The service was visibly clean throughout and no malodours were noted. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and spoke passionately about not tolerating poor care. There were a range of systems in place to learn from safety events and lessons learnt were shared effectively with staff.

Why we inspected: The inspection was a scheduled inspection based upon our methodology for newly registered services.

Follow up: Going forward we will continue to monitor this service and plan to re-inspect in line with our re-inspection schedule for those services rated outstanding.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Andover Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team included a lead inspector, a second inspector, a specialist nurse advisor and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type: Andover Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is information we request on at least an annual basis about what the service does well and improvements they plan to make.

During the inspection we spoke with 20 people who used the service and nine relatives. We spoke with the registered manager and registered provider, deputy matron, three registered nurses, two senior care workers and five care workers. We also spoke with the chef, activities lead and the bereavement officer. We reviewed the care records of ten people. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Following the inspection, we obtained feedback from five health and social care professionals who work closely with the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Overall there was evidence that staff assessed and planned for risks to people's health and wellbeing.
- People were screened to assess their risk of choking due to dietary needs and a nationally recognised tool was used to monitor people at risk of malnutrition.
- Peoples' risk of developing skin damage or pressure ulcers was also effectively monitored.
- Where people were at risk of falls, risk assessments were in place. Post falls observations were completed to monitor whether the person was experiencing any symptoms that might require a review by a healthcare professional.
- Care staff were well informed about people's risks and knew how to deliver their care safely. For example, staff were all aware that one person was at risk of leaving the unit as they might be mistaken for a visitor. To help manage this, staff maintained an awareness of the person's location at all times. We did note that staff were not consistently completing a record of what the person was wearing which was part of the risk management plan. We brought this to the attention of the sister in charge of the unit in order that they might remind staff of the importance of this.
- Records also showed that staff were not consistently following the escalation plan designed to be used should one person's blood glucose levels been above a certain level. The registered manager assured us action would be taken to embed this process.
- People benefitted from living within an environment which empowered them to have independence, choice and control over their lives.
- The culture within the home was not one which was overly risk adverse and the registered manager understood the importance of enabling people to take risks if this was important to their quality of life and they understood the potential consequences. For example, concerns had been raised about the safety of one person whilst out in the community. The registered manager had explored this with the person and accompanied them on trips into the community to assess their understanding of the risks involved. The registered manager told us, "[The person] enjoys this... I deemed [person] able to make that decision".
- People were given the right to choose to manage their own medicines following the completion of risk assessment.
- The maintenance of the environment and equipment within it were well managed by the maintenance and estates team.
- Regular checks took place of the fire, water, gas and electrical systems. We did note that the service would benefit from undertaking more frequent fire drills to ensure that all staff were able to take part in these. We discussed this with the estates manager who advised that quarterly drills would now be put in place.
- Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.

- The provider had a detailed business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

Staffing and recruitment

- The leadership team constantly reviewed the staff deployment, in a systematic way, to ensure that there remained sufficient numbers of staff with the right skills and experience supporting people. For example, following an analysis of falls, an additional staff member had been rostered between 5 -11pm to provide flexible cover across the home where it was most needed.
- To support continuity, longer term agency staff were booked and accommodated on site for periods of one week at a time, allowing them time to become familiar with people's needs.
- Planned staffing levels were not reduced if the home was not fully occupied. For example, when we inspected there were 73 people using the service, but planned staffing levels continued to be based on full occupancy of 87 people.
- Rotas showed that planned staffing levels were met unless there was sickness or annual leave.
- Our observations during the inspection indicated that staffing levels were good. Staff were able to provide person centred and maintain the supervision of communal areas.
- Staff were positive about the staffing levels. For example, one staff member said, "There are always enough staff on duty". They told us how they had time to spend talking or being with people which they valued. Another staff member said, "Sometimes, there is sickness at weekends... but the manger will get agency and cover it, we prioritise people and provide care safely. The manager will come in and help if needed".
- Feedback from people about staffing was mixed. Some people told us their requests for assistance were responded to promptly. Others felt this could improve but did not feel that this had a negative impact upon them or their safety.
- The registered manager had recently implemented a system whereby all staff, including ancillary staff, were responsible for initially answering call bells. The objective was that requests not requiring assistance with personal care could be answered in a more responsive manner. Call bell response times were also regularly monitored and did not show that people were waiting excessive periods of time for support.
- Staff were recruited safely, and appropriate checks were completed.

Using medicines safely

- People told us their medicines were managed safely. One person said, "They [staff] give me my medicines, they watch me take it and it usually comes on time".
- Medicines, including controlled drugs, were stored securely and only administered by staff that had been appropriately trained.
- Staff completed medicine administration records (MARs). We checked a random sample of MARs for the current 28-day cycle which were mostly fully completed. We did identify one administration error which had not been picked up by the system of daily peer checks. The deputy matron is to undertake some additional supervised medicines rounds with relevant staff to reinforce procedures.
- We observed a medicine round. This was managed in a person-centred manner.
- The use of homely remedies was well managed. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds.
- We did note some areas where best practice frameworks for the management of medicines could be further embedded.
- There was no date of opening on three liquid medicines. This is important to help ensure that medicines are not used beyond their shelf life.

- Protocols describing how and when 'As required' or PRN medicines should be given were not consistently in place.
- A more consistent approach to the documentation of the administration of topical creams was recommended and action is being taken to review this.

Preventing and controlling infection

- The service was visibly clean throughout and no malodours were noted.
- Staff were observed to follow infection control procedures to ensure that people were protected against the risk of infection.
- Most people told us their rooms were kept clean and tidy. We did note that one person's wheelchair was quite soiled with food debris. We brought this to the attention of the registered manager, who addressed this.
- The kitchen was noted to be clean and relevant food safety records were completed in full.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel very safe, if I need help, I can just ring the bell and they come and look in on me". Another person said, "The way they look after me makes me feel safe". A relative told us, "I feel [Family member] is safe, they know exactly what [relatives] needs are".
- The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
- Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and spoke passionately about not tolerating poor care.
- Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.
- There had, on occasion, been incidents where people, living with dementia, had displayed, potentially harmful, behaviour toward other people using the service. Where this had happened, the incidents had been investigated and steps taken to avoid similar incidents from happening again. The registered manager had worked effectively with the local authority and other agencies to investigate these concerns. However, they had not always notified the Care Quality Commission of these concerns. This is important to ensure that the Commission has oversight of concerns or emerging risks within services and allows us to consider any follow up action that may have been required. We discussed this with the registered manager who took specific learning from this in terms of future reporting to the CQC.
- A whistleblowing policy was in place and staff understood the importance of speaking up about poor practice.

Learning lessons when things go wrong

- There were a range of systems in place to learn from safety events.
- Accidents and incidents were documented and investigated.
- These were reviewed monthly for trends and patterns. Remedial actions taken following incidents and accidents included training in dysphagia and falls awareness and a change in hoisting policy.
- SWARM meetings were held following significant safety events to provide a framework for identifying any immediate actions needed to enhance safety.
- Lessons learnt were shared with staff through supervision, staff meetings and at the weekly heads of department meetings or handovers. One staff member told us, "When there is an incident, we always discuss this in the handover, until everybody knows what we have learnt from this".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives received care that was consistently good and achieved positive outcomes. For example, one person said, "They are well trained, they look after me very well". A second person told us, "I started the year with two months in bed very ill, I didn't think I was going to make it but here I am". A relative told us how staff were successfully helping their family member to have a bath which their previous care home had not been able to achieve. They said, "[Person] has a tendency to get agitated but they manage it very well". Another person had been admitted to the service four months previously with a grade four pressure ulcer which had now completely healed.
- There was a holistic, evidenced based, approach to assessing, planning and delivering care and support and this was achieving positive outcomes for people.
- End of life care within the home was underpinned by Gold Standards Framework. (GSF). This supported staff to have the skills, knowledge and confidence to provide person centred end of life care and help people to die in their preferred place of care.
- The introduction of yoga as an activity had been based upon research which indicated that this might bring benefits for the wellbeing of people living with dementia.
- The provider was shortly to be undertaking a course in dementia care mapping. Dementia Care Mappers record their observations to improve the way people are supported in formal care settings. It aims to capture small things which lead to happiness or distress and use this information to enhance people's care.
- The management of wounds was effective and delivered in line with best practice guidance.
- Nationally recognised tools were being used to assess people's risk of skin deterioration or poor nutrition. Records showed that people were weighed monthly, but that the frequency of this was increased to weekly if weight loss was noted.
- Recognised pain assessment tools were used to assess changes in voice and facial to help staff interpret changes that could indicate undertreated pain in people living with cognitive impairment.
- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written care plan which was updated as the staff team learnt more about the person.
- Overall the care plans were comprehensive and holistic and covered a broad range of needs, including, communication, emotional support, pain management, mobility, nutrition, personal hygiene, continence, maintaining a safe environment and sleeping care plans.
- We did see a small number of examples where the existing care plans did not fully reflect people's current needs or where the risk or behaviour management guidance could be more detailed. We discussed these with the registered manager and action has been taken to update and clarify the relevant care plans.

Staff support: induction, training, skills and experience

- People received effective care from well trained and well supported staff who had the necessary skills and knowledge to perform their roles and meet their responsibilities.
- New staff received a two-week induction which was mapped to the Care Certificate standards and included the opportunity to shadow more experienced staff. The Care Certificate is a nationally recognised set of induction standards which provide staff working in health and social care with essential skills and knowledge.
- Staff told us the induction provided was effective. For example, one staff member said, "It was really good, sister, took me through the induction, it was very thorough, very supportive".
- The training programme was all delivered face to face. It comprised of a range of training deemed mandatory by the provider. This was refreshed on an annual basis and included health and safety, food hygiene, fire awareness, moving and positioning, safeguarding, person centred care and choking and dysphagia training.
- The in-house training manager had a good understanding of people's needs and of the existing skills of the staff team. This enabled them to ensure that training was tailored to the needs of people using the service. For example, some staff were trained in breakaway techniques. These techniques teach staff tactics for personal safety in challenging situations.
- Continuing professional development was encouraged. The registered manager had undertaken a qualification to become a best interests assessor and the deputy matron was a qualified instructor in cardio pulmonary resuscitation and had delivered this training to registered nurses.
- Some of the registered nurses had undertaken training in a range of clinical skills such as venepuncture, verification of death, syringe driver training, catheterisation, sepsis and wound assessment. They had also recently undertaken a three-day course to improve their knowledge and skills in caring for people with respiratory conditions.
- The training manager was a dementia champion. They delivered 'Dementia Friends' training to staff. The aim of this training was to help staff understand dementia and the different ways in which it could affect a person. Alongside this, staff were provided with an opportunity to take part in a virtual experience of what living with dementia might feel like. These training opportunities were also extended to people's families to help raise wider awareness and understanding of the impact of the condition. We spoke with a relative who had undertaken the dementia friends training, they told us, "It helped us to understand mum more and what to expect in the future".
- Staff were positive about the training provided. Comments included, "Yes I get all the training I need, I've done NVQ 3. It gives you a lot of different knowledge, I've done choking training and I am waiting to do CPR training. If I want it, it's there for me" and "The training is good and has been helpful".
- Health care professionals commented positively on the training delivered. For example, one health care professional told us, "They [The registered manager] are very keen to support the development of training that benefits their staff" and another said, "I talked with the management team about their in- house training programme and was impressed with their approach which combined theory with a very practical understanding of working with residents and how to meet their needs".
- Staff told us they received effective formal supervision, but also received daily support and mentoring from the senior team. For example, one staff member told us, "[Unit sister] is very passionate, it's like supervision taking place every day". Another staff member said, "Supervision is two or three monthly, it's useful, sister talks about our work, we can share our ideas, it's our time to have a talk. She asks us about training we might want".

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

- The service had a strong emphasis on the importance of eating and drinking well.
- The chef was passionate about their role and had been employed at the service for a number of years which had enabled them to develop a wealth of knowledge and expertise in meeting people's nutritional needs. They told us, "Myself and my staff support each other and take personal pride in our work. It [food] has to be how I would serve my family".
- Each week, a member of the catering team visited a selection of people to review their food likes and dislikes. This was then used to inform menu planning and preparation of people's daily meals.
- The menu was varied and sometimes there were as many as 20 different meal combinations served each day which allowed people's individual preferences to be catered for.
- Where people needed modified or textured diets, these were presented in an attractive manner with each item individually pureed so that the person might still experience the taste of each food.
- The chef demonstrated a knowledge of the International Dysphagia Diet Standardised Initiative (IDDSI). This is an international standardised framework that consists of a continuum of levels from 0-7 and includes texture descriptors and testing methods for both drink thickness and food texture levels. We did note that these descriptors were not being used in people's care plans or other records and are yet to be fully embedded within the service.
- Dysphagia training had been provided to all staff who assisted people to eat and drink and they demonstrated a good understanding of how to support people to eat safely.
- Recognising that it was important for relatives to still be involved in all aspects of their family members care, dysphagia training had also been provided to relatives to help ensure that they too could support people to eat and drink safely.
- People could choose to eat in the main dining room on Danebury Unit where the atmosphere was quiet and relaxed. Tables were laid with cloths, flowers and condiments.
- Chef served the meals and they and their team demonstrated a good knowledge of people's preferences including portion size.
- On Rooksbury Unit, whilst the dining experience did not have the same 'restaurant feel' as that of Danebury Unit, the staff were observed to offer a person-centred approach to supporting people with their meals and drinks. For example, we observed a staff member assisting one person to eat their meal. They were kind, patient and encouraging and asked if they were ready for more before offering this.
- Some people chose to eat in their rooms. Where this was the case, special attention had been taken to ensure that their meals were presented on individualised trays laid out in their preferred manner.
- Staff were observed to support people eating in their rooms in a person centred and safe manner, following the guidance in their nutrition plans.
- People and their relatives were mostly positive about the food provided. For example, one person said, "The food is excellent, we get a choice of menu and if we still don't like it, I can get them to do something else for me. I occasionally get hungry at night and I can normally get something to eat like a sandwich or toast and I get plenty to drink during the day and night". Another person said, "The food is excellent. ... I now have a fridge where I keep [Yoghurts] and fruit".

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

- The service was in good condition throughout and there was an ongoing programme of maintenance and decoration. For example, some of the communal lounges had been redecorated and air conditioning installed for comfort. New treatment rooms had been put in place and a programme of replacing older style beds with profiling beds was underway.
- The layout of the service met people's needs. The corridors were light and spacious and allowed plenty of room for people to walk freely or to be assisted by staff.
- Recognised best practice design principles had been used to help ensure that the environment was

functional and supportive of people living with dementia or those that were partially sighted. For example, people's rooms had individually coloured doors to assist with recognition and in defining public and private space. All toilet doors were signature yellow in colour.

- People were encouraged to personalise their rooms. For example, one person told us, "All of my book and CD's were under my bed and two days ago they gave me a bookcase, I think that's outstanding".
- Rooms were also spacious allowing plenty of room for the use of equipment to aid people's independence and safety.
- There were a variety of areas where people could have some private space or spend time with their families. For example, the reception area had been refurbished to create a pleasant space where people could meet with their visitors and enjoy a coffee. This space was well used and helped to create a vibrant, welcoming atmosphere within the home.
- The main rear garden provided a secure and tranquil space with seated areas, a greenhouse and raised beds.

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

- People told us, and we observed, that staff consistently provided very effective care which supported people to lead healthier lives and experience good healthcare outcomes. For example, we met one person who had complex nursing needs. When they were first admitted to the home, their behavioural and emotional needs were inhibiting the delivery of their care. Staff had worked very closely with mental health professionals, doctors, and the learning disabilities specialist team. The impact of this joint approach had meant that within a short period of time, the person had gone from having a poor quality of life to having much improved physical and mental health.
- Relatives spoke highly of the support their family members received to help maintain their physical and mental wellbeing. For example, one relative told us, "Staff sort everything, getting the doctor, they organised an x ray, with a carer, which gave familiarity. ... They recently noticed that [person] was having difficulty swallowing, they are now waiting to see someone, but they have put [person] on a soft diet".
- A health care professional who worked closely with the home said, "I have absolute confidence that if I am asked to attend a patient that it is for a very good reason, often before a clinical problem escalates (good judgement), and that all preparation is made in advance for my visit (observations, urine dip, blood glucose, etc) ... every experience I have had with Andover Nursing Home Nurses it really is a two-way conversation not a dictatorial experience because they understand the pathology of their patients. I believe this leads, in general, to much more easily achieved sound and appropriate clinical decisions, which, above all, makes for robust patient safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was a clear focus on the importance of seeking people's consent, supporting them in the least restrictive way possible and to upholding their right to be involved in decisions.
- Staff understood that even if people had been assessed as unable to make significant decisions, this did not mean that they could not make every day or routine decisions and therefore choices were always offered. For example, one staff member told us, "I always assume they have capacity, even though they may have a mental illness, on a day to day basis they still need to be given the opportunity. I am passionate about this. There is still a window that they might be able to respond in".
- Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided.
- Consultations with relevant people had and continued to be undertaken to assist in reaching a shared decision about what was in the person's best interests.
- The use of covert medicines (Giving medicines to people without their knowledge) was taking place in the context of existing legal and good practice frameworks including the MCA.
- Some people required the use of bed rails to prevent them falling from bed and to keep them safe. Bed rails can be a form of restraint and therefore if the person cannot consent to these, the decision to use these should be made using an assessment and decision-making process that meets the Mental Capacity Act Code of Practice Guidance. These were not currently in place. We discussed this with the registered manager who is taking action to ensure these are put in place where necessary.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us that staff were exceptionally kind, caring and compassionate. For example, one person told us, "The staff are absolutely marvellous... everyone is particularly kind to us". Another person said, "[Staff] have been very welcoming to me from the start to now".
- People told us staff cared for, but also cared about them. For example, one person said, "I do have mood swings and I do get depressed, but they try to help me". Another person said, "They made me a beautiful cake on my birthday".
- A relative told us, "All the staff at the nursing home are kind and considerate to all the residents, such as taking time to chat to residents and making them feel they are valued and special. The nursing staff are very professional and [Unit manager] requests that her staff treat the residents as if it were their own family they were looking after. She notices every detail so that each resident is well looked after".
- Health and social care professionals told us staff were exceptional in the caring way in which they provided care and support. For example, one healthcare professional said, "I have seen countless examples of staff being respectful, kind, gentle, caring, empathic, nurturing, compassionate and supportive of residents. Staff appear to build strong bonds with residents and also their families. I have observed multiple positive interactions, staff taking the time to brush a resident's hair in a particular way, to ensure a family photo is near at hand for an unwell resident to be able see, to reassure a client with dementia who constantly cried out for her mother ... so many examples".
- Throughout out this report, there are many examples of how the culture within the service created and drove high quality person-centred care. Both relatives and professionals talked to us about the strong person-centred culture, role modelled by the registered manager but also reflected in the approach of all of the staff. This was evidenced in the numerous compliments received by the service. For example, one read, 'Each one of you played a part in making my [family members] last few months happy, relaxed ones... On days when your job is difficult or sad, find comfort in knowing you are making a big difference'.
- Staff had been involved in devising a charter of care for each of the units. These were underpinned by the importance of person-centred care and of people having choice and control over how care was provided. Our observations, and discussions, indicated that staff understood and acted in accordance with these values in their daily practice.
- Staff talked with passion about their role and were proud of making a difference to people's lives. Staff in all roles were motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing.
- The estates / training manager and other heads of department were trained and expected to take an active role in non-personal care tasks such as assisting people at meals and with activities. This reinforced

the ethos of the service as one at which people and their care needs came first.

- We observed that all staff, whatever their role, readily chatted with people, smiled at them, said hello when passing or stopped for a chat. One staff member told us, "It's absolutely kind and caring here, anything else is not acceptable". The positive impact of this on people was evident.
- People looked relaxed and comfortable alongside staff. For example, we saw a staff member, inviting a person to come for a bath. They held hands and chatted on the way, the person was smiling and was very obviously happy to be in the company of the staff member.
- Staff demonstrated a real empathy for people. For example, touch was frequently used to reassure and calm people. We saw one person ask a care worker for a kiss which they did. We also saw staff offer people comfort through gentle touch or big hugs or just by holding people's hands quietly.
- There was evidence that staff anticipated people's needs, this helped to ensure that people at the end of their life experienced a dignified and pain free death. We talk about this further in the responsive section of this report.

Staff had arranged for two men with shared interests to sit together at lunch which had helped them to forge a friendship, limiting the impact of their transition into a residential setting.

- During lunch on the Rooksbury Unit, we saw staff readily tenderly encouraging a person to eat. They sat with the person and said, "Hello [person] are you going to wake up for your lunch, open your eyes darling". They gently rubbed the person's arm until they woke and then took time to help them eat in a person-centred manner, chatting throughout about the activity that afternoon which was making Easter bonnets.
- The main focus of staff genuinely appeared to be spending time with people and supporting them with activities, one to one time, encouraging drinks or taking them for walks around the unit. None of the interactions seen were rushed but instead conveyed to the person that they mattered.
- When staff needed to complete their daily records, they were seen to be doing this alongside people meaning that they were still available to observe, support and engage with people.
- One staff member told us, "It feels like a home and part of a big family, homely, warm and comfortable. I would love my mum to be here as they would be safe".
- There was a culture of inclusiveness, regardless of race, religion or sexual orientation and the registered manager was committed to acknowledging and recognising the different needs of people and staff and making them feel comfortable within the home.
- Each month, a multi faith service was held and some of the activities focused on celebrating events from a number of different cultures and faiths.
- To help raise awareness and understanding of the lesbian, gay, bisexual and transgender [LGBT] community, the activities staff had led a discussion with people which we were told had been thought provoking.
- The registered manager recognised the importance of supporting relationships and sexuality for people using the service and a policy had been developed to support this. Staff nurtured people's personal relationship needs and demonstrated positive support for this. For example, the home had two suites that could be used by married couples.
- A health care professional told us how during one of their visits, they had observed a couple snuggled together on the sofa. They told us, "It struck me as a very natural thing which should be acceptable in a home, but one rarely sees in a care home".

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

- Where people could make decisions about their care, they were encouraged to do so. Staff told us how they encouraged people to choose what they wore, how and where they spent their time and what they would like to eat or drink.

- One person told us, "I love it here, you only have to ask for something and you get it".
- Where people were less able to express their views, staff ensured that people were able to access advice, support and advocacy.
- There was evidence that the registered manager and senior team had gone above and beyond to explore and resolve conflicts of opinion and tension to ensure that one person was able to get the support they needed. This had been achieved through effective and clear communication which had enabled all those concerned to develop a trust and have faith in the care being provided. Local social care professionals had praised the registered manager for the 'Positive way' in which they had managed the challenging situation and their, "Flexible and collaborative approach".
- Visitors and relatives told us they felt welcomed at the service. For example, one relative said, "Right from when you walk in, staff are bright, friendly, very welcoming".
- Relatives and friends could visit without restrictions, share a meal with their family members and were encouraged to be fully involved in their family members care and take part in the monthly care reviews that took place. One relative told us, "Everyone is brilliant here... they welcome my input. I feel we work as a team".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated people with respect and dignity. One relative said, "I am so impressed at the way staff treat and care for the residents... they are always treated with dignity".
- Staff understood the importance of respecting people's privacy and dignity.
- Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people covered when delivering personal care.
- Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- Despite many of the people being cared for on Rooksbury unit living with very complex needs and at times displaying behaviours, which might challenge others, staff remained polite and courteous and spoke to people in a respectful manner.
- This positive approach by staff was commented on a health care professional who told us, "One resident was clearly disorientated (I presumed with dementia) and needed to be prompted regularly and reminded what she was doing. I felt the staff did this in a very gentle way, not contradicting her but guiding in a safe and positive way". Another healthcare professional said, "I often notice the extra little things that all the staff do that make a real difference. Examples include taking the time to sit down with a distressed patient / family member, listen to them properly, and give them the time to respond and reflect rather than rush. Making sure that a patient is taken to the toilet when they need to go. And also ensuring that there is privacy and respect when all intimate personal care needs are to be provided, including examinations. Things like ensuring only the necessary staff are present, that the room is correctly set for the care that needs to be provided, and that the patients feel safe at all times are challenges that I feel Andover Nursing Home can be proud that they manage well. All the staff, from the manager to the cleaners, are treated with respect by each other, and I feel this is the key to why the culture is also one of dignity and respect".
- Staff understood the importance of supporting people to maintain their independence and this was supported by effective care planning. For example, some people had mobility care plans which described the differing types of help they needed on good and bad days. This recognised people's varying needs and helped promote an enabling culture.
- One person told us, "I have a lot of problems standing up and washing was very hard, they [staff] gave me a chair to make it easy for me and so I can keep my independence".
- People's information was stored confidentially and when staff discussed people's care and treatment, they were discreet and ensured that conversations could not be overheard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was extremely personalised and responsive to their specific needs and preferences. Their comments included, "The staff know me and know what I like", "The staff are superb, I can't think of anything I would like to change" and "I love living here, the carers are very good". One person told us, "I love a bath and I have one every day".
- A number of relatives told us that the care provided exceeded their expectations. For example, one relative told us how staff managed their family member's behaviours very well. They said, "Sometimes, they push things over, but the staff are amazing and manage well... what I think is really good is that they cater for [person] rather than treating him the same as anyone else... they never tell [person] off if their language is bad but kind of nurture [person] which calms them down".
- Following one person's admission to the home, staff had taken the trouble to find out how their furniture had been arranged in their own home and mirrored their room at the nursing home to reflect this. The relative told us this was a "Nice touch".
- Another relative told us how they were "Amazed at the ability of staff to accommodate so many abilities". They told us staff managed this "Really well" and "Without a fuss... they do deserve their [outstanding] rating, they haven't rested on their laurels, they are still looking at ways of doing things that could be better".
- A third relative said, "I was pleased that at the last inspection, it got an outstanding rating, as I feel that when visiting mum, the care was always outstanding, all the care she received was marvellous".
- Staff had a comprehensive knowledge of people's needs and preferences and they were able to speak with us at length about these and how they provided support which met their individual needs.
- Daily care notes evidenced how staff followed the guidance in people's care plans and how this had a positive effect. For example, one person's care plan stated that they might 'Become anxious and shout out but responds to touch'. Daily notes showed that staff consistently used this approach with one member of staff writing 'The person was calling out and anxious, put my hand on her shoulder and she calmed'.
- We observed that staff organised their day flexibly around people's needs and wishes.
- There was no sense of staff working in a task orientated manner, instead, they were focused on meeting people's needs in an individual manner, listening attentively to what each person had to say and not leaving the person until they had finished speaking.
- Feedback from health and social care professionals who worked closely with the service consistently indicated that staff went the extra mile to deliver person centred care.
- One recent compliment received by the service read, "The innovations and creativity in your approach to

care was evident and it was a pleasure to see how each decision was clearly made with the [person's] needs at the centre. I was personally impressed with how friendly each member of staff was and how the recovery principle felt attainable for each resident. I came away with the impression of patient opportunity and not decline".

- There was a strong focus on providing meaningful activities which promoted people's physical and emotional wellbeing.
- The service employed three dedicated staff to lead activities. They were very passionate about their role and demonstrated a desire to tailor activities to people's individual preferences.
- The activities staff led a club called 'Busy Bees' which provided twice daily activities on weekdays in the dedicated, and well equipped, activities room.
- Some of the planned activities for April 2019 included, balloon hockey, quizzes, bingo, spring cleaning, making Easter Bonnets and whist drives.
- The activities team also spent time visiting people cared for in their rooms to provide short periods of one to one time which was used for hand massages or chats about family and hobbies.
- A dedicated library had been created and served as the venue for the homes book group.
- A range of external entertainers provided musical entertainment. For example, on the first day of our inspection, a renowned organist was playing. Staff opened the bar and provided drinks. The event was well attended by people who were clearly enjoying the music and social occasion.
- Activities were arranged in the community including trips out the local garden centres, for boat trips and for cream teas.
- Since January 2019, people had had a monthly opportunity to share an interactive music and movement session with young children from the local community and their families. We were told that this was enjoyed by all and could get messy!
- As part of implementing the Gold Standards Framework, people were empowered to make choices about the things they would like to achieve and the activities they would like to take part in. The activities staff then worked hard to make these a reality. For example, one person had expressed a wish to dress up for dinner. In response, a 'Gourmet Dinner Night' had been held, for all residents, involving a three-course dinner with table service. Families also attended. We were told that a great evening was had all. Other recent themed nights included a Dolly Parton evening.
- Yoga classes were provided by a qualified instructor and were well attended and open to staff and visitors also. The provider spoke with us passionately about the positive effect participating in yoga had had on one person, who although not able to communicate verbally, was able to engage with the exercises.
- The activities team and care staff remained committed to the ongoing development of the activities programme, particularly for those living with dementia or those who were 'Hard to reach' due to physical or mental frailty.
- Whilst all activities were inclusive, some were specifically tailored to meet the needs of people living with dementia. For example, lifelike, electronic cats had been introduced as a means of pet therapy. We saw one person stroking one of the cats and could see that this was giving them great pleasure.
- Partly funded by the 'Friends of Andover Nursing Home', a specialist system had been installed in the Rooksbury Unit which projected a range of images and games onto a table top. The system, referred to as a 'Magic table' was being used very effectively to enable people living with dementia to simply play, have fun and be gently stimulated. A staff member described the positive benefits of the table saying, "The magic table is used all day every day, there are fish, jigsaws, paintball games, lots of touching, it's amazing". A relative told us, "The magic table has been a real boom in Rooksbury, it's been such a success".
- Staff sought innovative ways to use technology to help people maintain relationships with those important to them and to stimulate discussion or interactions. For example, staff had used video sharing websites to support one person to reminisce about their past career and had even found that the person had featured in a television programme which they were able to share with the person.

- Tablet computers were being used by staff to develop play lists of people's favourite music for them to listen and enjoy.
- People were positive about the activities provided. One person said, "Yes I've been down to play scrabble and we get a full programme for a month of what to do. I love knitting, I've knitted things for the staff's children". Another person said, "I like playing cards, whist and we play that, and I like happy hour on a Friday, [I have] a brandy and coke".
- Other creative ideas were planned for later in 2019. One of these included a Swedish initiative which involved a projection on a large curved screen of virtual, replicas of real-life streets positioned in front of an exercise bike. The aim was to immerse people living with dementia into locations that had some personal significance for them. There were also plans to live stream events and activities, using the connected TV's, into people's room should they be unable to attend the activities in person.
- People received information in a way they could understand. For example, staff used alphabet boards to communicate with people. A specific type of font was used in all written communications to make this accessible for people with visual impairments and staff could also use the portable hearing aid enhancer when talking to people with hearing impairments.
- This was in line with the 'Accessible Information Standard'. This framework was put in place from August 2016 and made it a legal requirement for all providers to ensure people with a disability or sensory loss could access and understand information they were given.

End of life care and support

- There was evidence that staff provided people with exceptional, holistic, person centred, end of life care.
- Since the last inspection, the home had achieved accreditation in the Gold Standards Framework (GSF). To qualify for this accreditation, care homes must have undertaken the full GSF training programme over 9 months, embedded this into their homes for at least 6 months and then undertaken a rigorous accreditation process. Andover nursing home had attained 'Commend status' which meant that there was evidence of the service showing innovative and established good practice in at least six of the 20 GSF standards.
- The implementation of the programme had empowered each person to have a full part in their end of life care planning and had ensured that their wishes were heard.
- A healthcare professional who had been involved in delivering the GSF training programme at Andover Nursing home told us, "As a team the staff in the home are enthusiastic about delivering high quality end of life care and the management team were keen to include all staff in this. The particular requirements of the programme e.g. ensuring that all residents are offered the opportunity to have ongoing conversations about their wishes at the end of life, was achieved by understanding the strengths and particular talents of each team member. Meticulous documentation was kept making sure that the conversations with residents were regular, initiated by appropriate staff and documented so the whole team had access to the decisions".
- Staff used GSF tools to recognise people's changing needs identify which people may be experiencing deteriorating health and moving into the final stages of their life. This information was shared with people's GP's each month and supported staff to anticipate people's needs for additional care or equipment. It also enabled people's end of life care to be more proactively planned with relevant health care professionals including making available medicines to help ensure people had a pain free death. A health care professional told us, "It is the same core values that extend from the culture of compassion, respect, dignity and care...The staff are always eager to pre-empt any symptoms that may occur as patients become frail and enter their last days of life. In particular agitation, secretions, anxiety and above all, pain. I am impressed by the general attitude at Andover Nursing Home of involving the families in those discussions, and most importantly explaining what to expect in the final days of life".
- Staff were highly motivated to provide exceptional end of life care. For example, one staff member told us, "You only have one opportunity to get end of life care right". Staff told us how they used 'dignity

boxes' to support person centred care for people who were dying. These boxes contained calming music, a homely bed spread, fragrant candles and flowers. One staff member told us, "Yes I have used the dignity boxes, we played music, it works really well, it was really touching".

- People and their relatives were supported to engage with their religious beliefs and information was available within the home on the end of life practices and rituals of number of different faiths.
- The home had a bereavement officer who provided practical and emotional support to bereaved families.
- Many of the compliments received by the service related to the quality and tenderness of the end of life care provided. For example, one relative had written to say, 'I just want to say a very big thank you to you and your team for the wonderful care and kindness shown to [family member] in his end of life care, also for your wonderful kindness to us, his family You really do have such a lovely nursing home and anyone under your care is very lucky indeed'.

Improving care quality in response to complaints or concerns

- Information about how to complain was available on notice boards within the home and within the 'Home Arrival Information' provided to each person.
- People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People benefited from an exceptionally well led service and the registered manager and her leadership team promoted the delivery of outstanding person-centred care.

A number of the relatives described the service as outstanding. For example, one relative told us, "Nothing is too much trouble, all the staff are very good, I would quite comfortably live here...it's like a five-star hotel, the standard is so high and that is why it is rated as outstanding, they cater for all needs and this makes it outstanding".

- The registered manager had a clear vision and value base. Central to this was the delivery of person-centred care but also a commitment to continuous improvement by developing and challenging the staff team to be different and provide individualised care. The registered manager told us, "I have nurtured and cared for this home... it's not a corporation, it's still individual, it allows us to be different... I have consciously changed little things so that staff are freed up to do what they are good at. I never lose sight of the fact that I am a nurse... We need to know the impact our role can have on people and staff... staff come to work and stay here because they agree with our ethos, this is a way of life not just a job, staff are not just going through the motions, it's people's final place, filled with love and happiness. Staff are recruited because they fit in with those values".

- A healthcare professional told us how effective leadership was and continued to be crucial to the person-centred ethos within the service. They said, "I believe the key to this, having seen quite a few different nursing homes with different models of organisation, is strong leadership at every level. This starts from the manager and extends to the matron (two crucial roles for stability), to the trained nurses, to the secretaries and reception staff, to the health care workers, and also all the auxiliary staff that are crucial in facilitating the day to day running of a care home".

- The feedback about the registered manager, their leadership team was consistently very positive and demonstrated that people and their relatives and health care professionals had faith and confidence in their ability to ensure the delivery of high quality and person-centred care.

- One person said, "She [the registered manager] is excellent, she's open and I get a chance to talk to her". A second person told us, "The matron and the deputy matron are excellent and they both come and talk to me... [deputy matron] took me round the garden after my husband died to get me out and about and it worked".

Staffs comments included, "[Registered manager] is very strong, but also very fair", "She does everything well. Any problems, we can go to her, she looks into the matter straight away".

- A health care professional told us, "[Registered manager] appears to have a strong relationship with

members of her team and appears very well supported by [Deputy manager and estates manager]. She also has a strong team of nurses. [Registered manager] is very proactive, as can be evidenced by her approaching me to deliver training to her staff, to ensure that her staff deliver the highest possible care to the residents".

- Staff shared and understood the registered managers aim of 'Striving for excellence' and were motivated to provide the best care possible.
- Staff talked with passion about their role and were proud of making a difference to people's lives. For example, one staff member told us, "I love it, I am passionate about looking after people with dementia, hearing their stories". They went on to tell us, "[Person] is lovely he is still able to walk and talk, but doesn't want to participate in activities, I encourage him to have a change of scenery, different people to talk to. I managed to get him down twice yesterday". Another staff member said, "I think this is the most fantastic place, I am really privileged to work here... I have an empathy with the elderly purely because I can't help it".
- Relatives and professionals also told us they saw a strong person-centred culture. For example, one relative told us, "All the other staff such as the reception staff, Busy Bees ladies, the dining room staff, the laundry, the cleaners, the maintenance man etc are all excellent at their jobs and their kindness and pride at working at the Andover Nursing Home shows... I could not wish for a better nursing home for [family member]. It is the kindest of places".
- A professional told us, "Everybody at Andover Nursing Home has been very friendly and patient. I was very impressed with the way I was treated by the manager and her care team when I visited my client. The communal area was always full of residents and care staff offering support with a big smile".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear leadership and management structure in place which helped to ensure that the service could deliver effective care even in the absence of the registered manager. It also helped to ensure that staff at all levels were clear about their role and responsibilities.
- The registered manager was a registered nurse and was supported by a deputy manager who was also a registered nurse. A registered nurse / sister over saw the day to day delivery of people's care on each of the units.
- All of the senior leadership team were very competent, knowledgeable and ably supported the inspection team throughout the inspection.
- The service was well organised and seamless and have a range of sophisticated systems in place to ensure its smooth operation.
- There was a positive energy throughout the home and the leadership team were all extremely passionate about their role and took complete ownership for the quality and safety of the care provided. For example, a unit sister told us, "Yes, I have my management duties, but my first duty is to ensure that everything is as it should be on the floor. Everyone here takes responsibility. The carers all know what is expected of them and perform well".

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

- The registered manager and leadership team had shaped a culture where people really were at the heart of the service. They and their relatives were treated as partners and were actively consulted and involved on an ongoing basis about their care and wider issues within the home.
- People were encouraged to share ideas or make suggestions about how the care provided could be improved. These suggestions were valued and acted upon, for example, in response to a request, a sofa to be made available on the Rooksbury Unit to allow relatives to sit alongside their family members and hold

their hand.

- People told us there were regular residents and relatives meetings chaired by the registered manager and attended by all members of the senior staff team. One person told us, "Once a month we have a residents meeting which I like to go to. I find them useful, we all know each other. They are pretty frank meetings.... if something is raised then it is sorted".
- The provider held monthly clinics where people, their relatives or staff, could meet privately with them to make suggestions for improvements or provide positive feedback. Action was taken in response to issues raised. For example, a relative had asked whether one of the smaller communal sitting areas could be made more homely. In response, plans were being developed to turn this into a 1960s themed living room. A relative told us, "The openness is such is that I can say to the owner have you thought about this".
- There were high levels of job satisfaction amongst the staff and they felt very well supported. For example, one staff member said, "Working here has restored my faith in care... All the staff support you when you need it, in every department, all the care, everyone, is just wonderful".
- Staff felt valued and told us their suggestions and ideas were listened to and acted upon. For example, one staff member told us, "I love working here, you can talk to the owner and the manager, the teamwork is good, everyone is proactive, you are welcome to make any suggestions, I am enjoying it".
- Staff meetings were held monthly during which staff could discuss matters affecting people using the service or recruitment and staffing matters. They were encouraged to comment and share ideas about how practice and care might be improved but were also thanked for their contribution to people's support and for maintaining the quality of care.
- The registered manager told us that the service benefitted from good staff retention. To practically support this a number of initiatives had been implemented to demonstrate to staff that they were valued. Staff were paid for their breaks and provided with a meal. A 'Good Samaritan fund' had been set up to enable the service to provide funding to individual members of staff with verifiable emergency needs when other services or funds were unavailable. The home had also agreed to a staff members suggestion of starting a mother and baby group.
- The registered manager told us, "I don't introduce anything new without the buy in from staff, it's a democracy I have an open-door policy, I know all of the staff really well. Many of their children have grown up whilst they have been here, it's a home, a family, not just a place of work. We look after staff, that is how we have retained them".
- The registered manager displayed a commitment to upskilling and developing their staff team and utilising their individual strengths to achieve a positive impact on the care being provided. For example, one staff member told us, "I had to cut my hours to do an access course [To nursing], they were very supportive and nurtured me, they told me to go for it".
- Young people from local schools and colleges were invited into the home to gain practical experience and training to contribute towards obtaining health and social care qualifications or to complete their Duke of Edinburgh Awards. We were told that this had a positive impact on people who enjoyed the company of the pupils, but also provided opportunities for young people to connect with, and understand, the needs of older people.
- The service was an important part of the local and wider community. Open days were held to invite the local community to visit and find out about the care being provided.
- Staff had gone above and beyond to develop the communities understanding of dementia and its impact on people and their relatives. To date, the dementia champion had delivered dementia friends training to over 6000 people, not only in Andover but also Romsey, Winchester and Salisbury. Work had also been undertaken to explore how shops might make their environments more dementia friendly. The deputy matron was also shortly to start providing CPR training to members of the community.

Continuous learning and improving care

- There was a strong and innovative emphasis on continuous improvement.
- At our last inspection we reported that the home was involved in trials with a major manufacturer for developing a razor specifically for using when assisting another person to shave. This is because staff had identified that existing products were not suitable for this task. The product is now in its final stages and it is planned that it will be released for sale to the public later this year. The relationship with the manufacturer was also expanding to include the development of other personal grooming products designed specifically for the elderly.
- Other initiatives included the design of a cup with measurements printed inside to assist staff with thickening people's drinks to the right consistency.
- The estates / training manager was the driving force behind these initiatives. They were currently researching options for developing a tastefully designed, non-spill drinking cup for adults. They spoke passionately about their role in these developments and their intention to share these across the care sector.
- Later this year the registered manager was linking up with their supplying pharmacy to undertake a study into polypharmacy. Polypharmacy is the prescribing of multiple medicines to individuals. It can sometimes be problematic and avoiding this is felt to lead to better health outcomes for people.
- The home was a recognised student nurse placement setting. The registered manager told us that as well as providing a learning experience for the student nurses, the students brought up to date knowledge and enthusiasm which had a positive effect on the whole staff team and delivery of care. They also told us that it benefited the other staff showing them there was a career pathway should they want this.
- A strong governance framework was embedded within the service and a range of audits were undertaken to ensure that the registered manager and leadership team had oversight of the quality of care and emerging risks. These included audits of the catering, care plans, cleanliness and infection control, health and safety, medicines. Where any issues or concerns were noted, action had been taken to address these.
- A health care professional told us, "In all honesty I'm not sure one can provide much better care than the Andover Nursing Home provide ... The key thing is they are always open to suggestions for improvement whenever patients or family's feedback how their experience could be better. I find them dedicated and genuine in their pursuit of providing better care and learning from mistakes".

Working in partnership with others

- The registered manager and senior team were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care. This included GP's and a range of specialist community health care professionals. The registered manager told us that their effective links with community mental health teams had resulted in the home being able to admit people who otherwise might still be in hospital, benefitting the person and their families.
- To ensure that people received better joined up care when they transferred in or out of the service, the registered manager was embedding the use of the 'Red Bag Scheme'. This requires staff to pack a dedicated red bag that includes information about the person's key needs, their medication, as well as day-of-discharge clothes and other personal items. It facilitates a smoother handover of care between the care home and ambulance or hospital staff.