

Abbeyfield Somerset Society Limited

Abbeyfield (Somerset)

Society

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Inspected but not rated

Is the service effective?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Abbeyfield (Somerset) Society is a residential care home. The home is registered to provide personal care and accommodation to up to 44 people. The home specialises in the care of older people, including people living with dementia.

The building is split into three main areas. The main part of the home has 19 en-suite rooms and 8 self-contained apartments. There is also a 13 bedded area, called Quantock, which provides care to people who are living with dementia.

At the time of the inspection 38 people were living at the home.

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

People lived in a home where the provider and registered manager were passionate about providing high quality person-centred care. The ethos of respecting people's views and wishes was embedded into the culture of the home.

Staff were inventive in seeking people's views. This included holding a fashion show for people to choose staff uniforms. They also held a competition to name the newly opened bar.

There was a dedicated activities team who oversaw an outstanding activity programme. People had opportunities to continue their hobbies and interests and were supported to do so.

People and their relatives were very complimentary about how activities had been adapted during the pandemic to minimise the risks of loneliness and isolation.

The activity programme was based on people's interests and was inclusive and empowering. People were able to continue to use their skills and were valued members of their community.

The provider and registered manager continually strived to make improvements in accordance with people's wishes and needs. They worked with other professionals and used evidence-based practice to ensure they kept up to date with legislation and best practice.

There were excellent systems to monitor the quality of care including the use of outside consultants. When these systems identified shortfalls, robust action had been taken to ensure ongoing improvements. Lessons learnt were shared with staff and people to make sure everyone was involved.

People benefitted from a registered manager who encouraged and welcomed positive and negative feedback. Their motto was 'Feedback is a gift.' People felt able to discuss any issues with staff and the

management. This all helped to promote an open and learning culture.

People's relatives praised the management of the home and culture they had promoted. People appreciated the openness and transparency of the management.

The staff were very responsive to people's needs and preferences providing different care for people's different needs and wishes. This was demonstrated in the varied décor styles and atmospheres of different areas of the home.

People were supported by staff who had the skills and experience to meet their needs. Bespoke staff training was provided to make sure staff could effectively support people with specialist needs, such as people who were living with dementia.

People were happy and relaxed at the home and with staff who supported them. People felt included and said they felt 'at home.'

People could be assured that at the end of their life they and their families and friends would receive high quality kind and compassionate care. Staff worked with other professionals to enhance their skills in this area and promote comfort and dignity for people.

People felt able to continue to follow their own routines and make choices about all aspects of their day to day lives.

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

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

Rating at last inspection. The last rating for the service was good (published 1 November 2019.)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection looking at the key questions of effective, responsive and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield (Somerset) Society on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ☆

Abbeyfield (Somerset)

Society

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Abbeyfield (Somerset) Society is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbeyfield (Somerset) Society is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from, and about, the home.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people and 5 family visitors. We also spoke with 6 members of staff and 2 trustees. We received written feedback from 6 further relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was available throughout the inspection and the provider's nominated individual was present for part of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a variety of records relating to people's individual care and the running of the home. These included 3 people's pre-admission assessments and care plans, minutes of meetings, complaints and compliments information, records of audits and action plans and staff training information.

Is the service safe?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Standards of cleanliness throughout the home were excellent.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to see private and professional visitors at any time. Visitors said they were always made welcome.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 had their needs assessed before they moved to the home. Assessments we saw were very personalised and included information about people's likes, hobbies and lifestyle preferences. This helped to make sure people were provided with personalised care and support. One relative praised the comprehensiveness of the initial assessment saying that it helped to make sure the home was the right place for their loved one.
- Assessments were inclusive. Changes were being made to the format to make sure people's personal circumstances were all incorporated. This included recognising people's LGBTQ+ characteristics.
- Care plans were developed from the initial assessment. The care plans were very comprehensive and gave staff the information they required to provide individual care to people.
- Staff used recognised assessment tools for issues such as nutrition, pressure damage prevention and falls prevention. During the inspection we saw plans of care were being followed.
- Activity staff met with everyone who moved to the home to identify their hobbies and interests. This helped staff to plan activities around people's interests. For example, 1 person was a keen gardener and a patch of garden had been set aside for them to grow vegetables. A gardening club had also been set up to incorporate their hobby into the activity programme.
- All care plans were fully reviewed every 6 months, or when changes occurred. The provider had also implemented a resident of the day scheme. This meant that people had a monthly opportunity to sit with various members of staff to make any changes to the care and support they received. Following on from a suggestion made at a relatives meeting, people's representatives were also being included in the resident of the day system and were able to give their feedback.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained. People had confidence in the staff who supported them. One person told us, "Staff are very good at what they do." A visitor said, "I am completely confident they have the skills needed."
- All new staff completed an induction to make sure they had the skills needed and understood the standards expected of them. New staff induction included spending a day with the activity team. This demonstrated the importance the provider placed on social stimulation and meaningful occupation for everyone.
- Bespoke training was arranged for the home to make sure staff had the skills required to meet people's needs. The provider had arranged for staff and relatives to take part in some experiential learning about best care for people living with dementia. One member of staff told us, "The dementia training we had recently was brilliant. It has made me think about everything I do." Following on from the success of this training,

further practical training was being planned with a local dementia specialist organisation.

- People received their care safely and in accordance with up-to-date best practice. All staff received regular training in statutory subjects such as moving and handling, safeguarding, infection prevention and control, equality and diversity and mental capacity.

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

- People were happy with the food provided. One person told us, "The food here is always good." Another person commented, "There's always a choice of food."

- Kitchen staff met with people to seek their views on food served and get suggestions to influence menu planning. There was always 2 choices of main meal and a selection of desserts. Someone from the kitchen met with people each day to ask their choice but additional food was provided to enable people to change their minds if they wished.

- People were able to be involved in cooking if they wished to be. One relative told us their loved one had, "Been welcomed into the home's kitchen to help bake cakes and prepare food for various meals." We also saw photographs of them helping to prepare meals.

- People were invited to pre-lunch drinks in the newly created bar. We observed people were offered a range of alcoholic and non-alcoholic drinks. One person declined a sherry and told us they preferred creamy drinks, they were then offered a glass of Baileys which they accepted. There was a happy atmosphere in the bar with people socialising before their meal. One person told us, "I love this new bar. So nice to have a drink I can take to the dining room to have with my meal."

- People had their nutritional needs assessed and met. Some people had been assessed by speech and language therapists and required meals to be served at a specific consistency such as pureed. At lunch time people received the correct meal.

- Kitchen staff had received training to make sure pureed meals were well presented. Pureed meals we saw looked very appealing and were a credit to the staff who prepared them. People could easily identify all parts of the meal and we saw people ate well.

- People received the support they needed to eat. In the area of the home which cared for people living with dementia, some people needed physical assistance to eat. We saw this was provided in a dignified and unhurried manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals according to their individual needs. This included hospital specialists, GPs, community nurses and speech and language therapists.

- People's medical needs were monitored by staff and support and advice was sought from medical professionals where appropriate. One visiting professional had written to the home describing the care provided to people as, "Exceptional."

- Staff supported people to attend appointments outside the home where necessary.

- The home's activity programme included activity to support mental and physical wellbeing such as quizzes and gentle exercise classes.

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

- Abbeyfield (Somerset) Society was a purpose-built care home which had been extended and adapted to meet the changing needs of people who lived there. All bedrooms had en-suite facilities and rooms were personalised to reflect people's tastes and preferences.

- The provider was continually working with people, relatives, and staff to make changes to the home. Since the last inspection a new bar area had been installed, the main dining room had been extended and various areas had been redecorated. People had been asked if they wished to make one lounge area into a spiritual

room where they could spend time quietly. However, this suggestion had been rejected by people who lived at the home. Instead, they had chosen to have it made into an additional lounge and sewing room.

- The area of the home which cared for people living with dementia had been refurbished to create a dementia friendly and enabling environment. This included large murals and objects of reference to help people to find their way around, memory boxes outside rooms and the addition of a large conservatory.
- There were spacious gardens around the home which provided a variety of walks and sheltered seating areas. A new sensory garden had been created with an enclosed pond which was being officially opened by the local mayor the day after the inspection visit. A number of people commented how much they enjoyed the garden. One person commented "When the sun shines, we go into the garden. I love the garden to sit in."
- All areas of the home were well presented which created a very pleasant environment for people to live in.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made appropriate referrals for people to be deprived of their liberty where they needed this level of protection to keep them safe.
- People had their legal rights protected because senior staff knew how to work within the guidelines of The Mental Capacity Act. Care records contained information about assessments of capacity regarding specific decisions.
- People were always asked for their consent about all care and treatment. Staff respected people's decisions and right to refuse support where they had the capacity to make a decision.
- People were supported to make choices about the care and support they wished to receive. Where people lacked capacity to make a decision their views were sought in the most appropriate way to inform best interests decisions. People's representatives and, where appropriate, professionals were also involved in best interests decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection the provider had continued to expand the support people received with activities and occupation. There was a team of 4 activity staff who now provided activities 7 days a week and some evenings. All new staff spent time with the activity team to get to know people and to learn about the importance people placed on social stimulation. One relative wrote to us and commented, "There is an extensive programme of activities which residents help to shape."
- A Friends of Abbeyfield group had been set up to further support people to pursue their hobbies and interests. This provided additional interests and ideas and volunteers to support people with activities at the home and trips out. Staff and volunteers helped people to continue to be active members of their local community. This included lunchtime musical concerts and tea dances which were both well attended. People said they would be attending the County flower show, and many were entering produce and handicrafts. One person had won the category for best scones last year. They proudly told us about this and said they would be entering again this year .
- People lived in a home where staff were passionate about enabling people to maintain relationships. Visitors were always made welcome and able to spend as much time at the home as they chose to. Some people had formed friendships whilst living at the home. Two people told us how much they valued their new friendship and said they spent time together sharing hobbies and an evening drink. One person said, "I play scrabble, I like talking to people. There's plenty of people to talk to, other people who live here. I have made friends as far as I can. I do know quite a few people. I don't sit in solitude."
- Some people had moved to the home with partners. Staff worked with couples and their families to ensure they had the most appropriate living arrangements even when their needs differed. This enabled people to continue their relationship whilst having their individual needs met.
- People benefitted from living in a home where staff were passionate about ensuring people had meaningful occupation and were able to try new things. The nominated individual told us they wanted the care home to be a place where people were still able to "Fulfil their aspirations and dreams." Staff supported people to take part in whatever activities they were interested in. A 'Bucket list' project had been introduced to enable people to highlight things they wanted to do, whether big or small. So far wishes achieved had included paddling in the sea, a specific shopping trip, a tea tasting ceremony and riding around the local area in a classic car. Some people had expressed a wish to ride in a hot air balloon and we saw how this could be achieved was discussed at a meeting. One relative told us, "The activities they do are wonderful and [person's name] loved doing their bucket list recently."
- Activities were based around people's interests, abilities and wishes. The activities on offer changed in accordance with people's wishes. For example, a gardening club had been set up in response to a number of

people wanting this activity. A member of staff said they were also about to set up a poetry club as a small group had asked for this. Trips out were also based on individual interests. For example, 2 people had expressed an interest in visiting an exhibition held at the local museum so this was arranged.

- The staff helped people to participate in intergenerational activities. The home had links with local schools and nurseries and had recently hosted a teddy bears picnic with 64 children attending. Photographs showed what a happy occasion this had been for everyone. The home regularly hosted events for children and people also visited local schools to spend time with children and attend events such as nativity plays.
- People decided what activities they wanted each week in addition to regular events and clubs. One person told us, "We do paperwork, what we are doing all week, and [person's name] likes artwork, water colour painting. I am quite satisfied. We go on the minibus to places we like and the staff that take us out try to give a choice of what we do like. They ask for suggestions. We like going to the park and we also like bowls in the park."
- Everyone was given opportunities to join in with a variety of activities and events each day regardless of what part of the home they lived in or their abilities. A member of the activity team told us, "Everyone can do everything, sometimes we have to adapt to give people more support, but it doesn't stop anyone from joining in." During the inspection we saw people took part in different activities in different parts of the home depending on their choices
- A full programme of activities had been adapted and continued to run throughout the Covid-19 pandemic. This helped to reduce feelings of isolation at this difficult time. People continued to have trips out to local beauty spots to enjoy picnics safely with their household bubble. They used technology to stay in touch with family and friends and to continue their community involvement. For example, 1 person read stories to children from the nursery which the home is linked with via a video link. They also had church services streamed to the home.

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

- People were consulted about all aspects to their care and support to make sure they had choice and control in their daily lives. One person told us they had not initially liked the food at the home. This had resulted in a daily meeting with the cook to decide what they wished to have.
- People received very personalised care. The home accommodated people with a variety of needs and abilities. We saw staff adapted the support they provided to make sure everyone received the level of support they needed to maintain their wellbeing.
- Each person had a care plan which was personal to them. Care plans we saw were very comprehensive and gave information about people's choices and aspirations. This helped to enable staff to support people in a person-centred way. One visiting professional had written to the registered manager following a visit to the home. They wrote, "Your care plans were very thorough, and you could really learn your individuals well just by reading them, it allowed us to be able to get a picture of the individuals before we went around."
- People's wishes to remain independent were respected. One person told us, "They are nice, they talk to you. I am independent with personal care. I can bath myself." Another person commented that staff encouraged them to be independent.
- People said they were able to follow their own routines and they remained in control of their own lives. One person remained totally independent in managing their own affairs, arranging medical appointments and administering their own medicines. We heard how another person wished to go out walking without support. Staff initially supported them to help them to know the area and assess any risks. Following this, the person was able to build a walk around the local area into their daily routine. One person said, "Complete freedom." A relative told us, "They are excellent at promoting independence and dignity."
- People were able to use their skills which demonstrated that staff valued their input. One person helped the afternoon cook to make meals and cakes, 1 person grew vegetables which were eaten at the home and

another person had used their sewing skills to make alterations to curtains and soft furnishings. One member of staff told us, "Nothing stops because you are in a care home. We have some very skilled people."

- Different areas of the home had been decorated to reflect the needs of people. Since the last inspection Quantock, the area which cared for people living with dementia, had been totally refurbished. The decoration had been based on research and best practice guidelines to provide an engaging environment. During the inspection we saw people happily interacted with objects around the area. The main part of the home provided a more relaxed and calmer environment.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. Staff spoke passionately about the care they had provided to people. All staff received training in palliative care to make sure they had the skills needed to provide high quality care.
- Feedback from people whose relatives had died at the home demonstrated the high standard of care provided. One relative said, "I was wholly blessed for the way they treated [person's name] with such dignity, and the care they provided. Their wishes were met. They wanted people to pray with them, but we were in lockdown so [registered manager's name] prayed with them." The relative said this had enabled their loved one "To let go." Another relative had written, "[Staff name] was beyond brilliant when they came in, on their off-duty hours, to be with [person's name] all night to give end of life care. Their efforts to give [person's name] and I comfort, and support will never be forgotten."
- Staff worked with other professionals to make sure people remained comfortable at the end of their lives. This included ensuring people had the pain relief they required to promote their dignity. One relative had written to the home saying their whole family had been cared for with, "Care, compassion and reassurance."
- The registered manager had shared good practice with the local hospice and had been asked to take part in a short film they were making. This demonstrated that other professionals recognised the high standards of end-of-life care provided.
- The home was part of a project with the local hospice which provided mentoring and teaching sessions for staff via video conferencing and other technology. This helped to ensure staff had the skills and knowledge required to provide holistic care to people at the end of their lives. The registered manager was also working with hospice colleagues to create a bespoke and accredited training course for staff.

Improving care quality in response to complaints or concerns

- All complaints and concerns were thoroughly investigated and responded to. Complaints were seen as a way to continually learn lessons and make improvements.
- The registered manager took action to make sure learning from complaints led to improved standards of care for people. Group supervision sessions were held in response to any complaints made about quality of care. This enabled all staff to learn from the concern and make changes to practice. All group supervision sessions were recorded, and staff had to sign to say they had understood the issues and changes discussed. We saw all group supervision notes had clear action plans and outlined any additional training to be provided.
- The registered manager encouraged people and visitors to give positive and negative feedback. The motto in the home was 'Feedback is a gift.' This helped to ensure people felt comfortable to raise any issues they had. One person told us about an issue they had. They said, "I mentioned it and it has been better since."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The staff assessed and met each person's communication needs. Care plans gave information about people's individual needs.
- Information was adapted to meet people's needs. For example, there were picture books and large print menus to help people to choose meals. The activity programme was given to everyone each week in a pictorial and written format.
- All staff received training in communication. This helped them to understand and adapt communication to people's individual needs. We asked one visitor how staff communicated with their relative. They replied, "They are just calm, speak clearly, check they have understood."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post since 2019. They had adopted the high standards of care promoted by the previous manager and worked hard to make further improvements. This was recognised by the trustees who wrote to us saying, "Our home was very well run under the previous leadership but since [registered manager's name] has arrived we have seen a step change in visible and passionate leadership. The consequence of this has been the instilling in the staff a set of values focused on person-centred care. Her leadership has resulted in a workforce who are demonstrably kind, compassionate and proactive in enriching the lives of our residents."
- The views of the trustees were echoed by comments we received from relatives. Comments included, "Wonderful leadership here. Everything comes from the top," "The leadership and ethos here is just so good" and "The quality of provision has never been less than extremely good and in the last couple of years has become truly outstanding."
- The registered manager and provider continually looked for ways to improve care for people. Quality assurance systems were embedded into the culture of the home. There were various audits and surveys to identify shortfalls. An independent consultant had been engaged to make sure that these governance processes were transparent and always reflected up to date guidelines and best practice.
- The board of trustees were also active in monitoring standards and planning improvements and changes. In addition to overseeing the day-to-day care provided they also looked to the future. For example, a group had been set up to look at environmental sustainability. This had led to improved recycling at the home, and they were looking into renewable energy options.
- People benefited from a management team who acted on the outcomes of audits to improve people's care. Robust action was taken to address any shortfalls identified by audits. The registered manager used staff supervisions, training and, where necessary, disciplinary action to ensure improvements were made and sustained. During the inspection we saw evidence of how practice had been changed in response to audits.
- The registered manager was proactive in investigating issues to ensure that prompt action could be taken to prevent re-occurrence. For example, following a number of falls at the home a full investigation was carried out. The outcome of the investigation was shared with the Commission and included details of lessons learnt.
- People's views and suggestions were fully incorporated into the quality assurance programme. There was a continuous improvement plan which incorporated ideas from all areas. There were numerous examples of where suggestions had been put into place. This ranged from suggestions for social stimulation and décor

to people's wish to repurpose the Covid- 19 visiting cabin into a coffee shop and potting shed.

- People who lived at the home knew who the registered manager was and were able to discuss issues with them. One person told us about some problems they had on a trip out. We raised this with the registered manager, and they were already aware as the person had spoken to them about it. They were looking at ways to improve things for the person. One person told us, "You can always go to [registered manager's name] office for a moan. I have done. She's very good at explaining things."

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

- The registered manager and provider promoted a culture which enabled people to share ideas and raise issues. This culture was embedded into the service because staff and people saw ideas being put into practice to continually improve the service offered to people.
- People and their representatives were consulted on and involved in all decisions about the home. There were regular meetings for people and since the last inspection a relative and friends' group had been set up. This group had started to meet regularly. This all helped to make sure people's views were always represented.
- People's views were acted upon. For example, people had been asked if they wanted staff to wear uniforms. People had responded they did. Following this the provider sourced a variety of uniforms and a fashion show was held for people to choose their favourite. The favourite was then purchased for all staff .
- People were able to have input in any changes to the home. A bar had been created in one lounge in response to a request from people. A competition had been held to name the bar and the winner 'Wine not' was now displayed in neon. People had also been asked if they wanted to use 1 lounge as a spiritual room for quiet contemplation. They had declined this and instead it became an additional lounge and sewing room at their request .
- People remained part of their local community. They continued to access local facilities and clubs. The home also hosted various events to ensure they were at the heart of the community. These included fetes and fairs and children's events. They welcomed volunteers and visitors to engage with people.
- Staff worked with other organisations to share best practice and promote care as a career. They had been part of the local authorities 'Proud to care' campaign which had included a film of people and staff for their Christmas campaign .
- Throughout the pandemic the registered manager had shared practice and ideas with others to maximise people's quality of life at this difficult time. They had worked within Government guidelines but at times challenged local restrictions to make sure people's rights were respected. They received a personal thank you from Somerset's deputy director of adult social care for their 'Advocacy and passion.'

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

- The provider and registered manager led by example to promote a positive culture for people. The ethos of the home was to respect people as individuals and ensure they continued to have opportunities to fulfil their dreams and aspirations. People's well-being and quality of life was at the heart of everything they did. Feedback and observations showed this ethos was put into practice.
- People were happy with the care they received. One person said, "It's a nice place to be. Everything is done for you, nothing too much trouble." Another person told us, "I'm happy here. I can't think of anything they could improve."
- Relatives of people living in the home felt their loved ones received a high standard of care and were treated as individuals. Comments included, "I cannot praise them too highly. We are delighted with the care they have been receiving. They are always clean, smartly dressed, well fed and, most of all, calm and content," "They feel secure, well cared for and part of an active, inclusive community" and "They've been

there 4 months and the care they receive is exemplary."

- Staff were proud to work at the home and committed to providing person-centred care. One member of staff told us, "My philosophy is to make residents smile and laugh. All the staff are passionate about what they do. It's like having an extended family." Another member of staff said, "Regardless of people's abilities we still always ask about what they want. Some people can't verbally communicate anymore, but they can still tell you in their own way what they like."
- Throughout the inspection we saw all staff, regardless of their role, constantly interacted with people. This promoted a very inclusive atmosphere. Conversations were adapted to people's interests and abilities and there was lots of laughter and smiles. One person told us, "I feel very at home." One visitor said, "I don't think I can rate them highly enough. I don't have any concerns here. They just treat them as humans. Even though [person's name] can't communicate, they are just delightful with them ."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and approachable. They were very transparent when things went wrong. This included discussing issues with people and their representatives and the Care Quality Commission. Where shortfalls were identified in the service provided, they offered apologies. One relative said, "Nothing is hidden. They encourage your feedback."
- The registered manager reflected on mistakes and wrote apologies when necessary. For example, a new keyworker system had been introduced. Some people felt they had not been fully consulted and fed this back to the registered manager. In response, the implementation was paused, and everyone received a letter of apology for the perceived lack of consultation.
- People lived in a home where the provider was open and transparent. They had employed an outside consultant to investigate some complaints and concerns to make sure there was no bias in the investigation.