Two Rivers Investments Limited

Fremington Manor Nursing and Residential Home

Inspection report

Fremington
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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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Fremington Manor Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fremington Manor Nursing and Residential Home accommodates a maximum of 60 people. People's conditions varied, but the service placed a strong emphasis on end of life care and working collaboratively with local palliative care services.

The building comprises the original manor house with a purpose-built extension. There were 40 people resident at the time of the inspection.

The inspection took place on 9 and 10 January 2019 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the standard of service had further improved and we have rated it as outstanding.

Why the service is rated outstanding.

People using the service were the priority at Fremington Manor Nursing and Residential Home. People received care, treatment and support tailored to their individual needs and of a very high standard.

A community hospice nurse said of the end of life care at the service, "(The service) puts patients first. There is nothing too much for patients. The registered and deputy managers have a deep commitment to palliative patients."

There was exceptional commitment to meeting people's diverse needs. This had included those associated with beliefs/faith, age and gender. The service continually researched information. This knowledge helped them provide empathy, in particular where people's choices were in opposition to evidence based practice, such as pain and infection management.

The service was very caring because of the total commitment of staff to people's welfare. People said staff were very kind. Staff expertly managed difficult, and sometimes embarrassing, situations putting the person at ease and upholding their dignity. Privacy and dignity were fully promoted.

The management understood the importance of valuing staff, all of whom spoke very positively about their work and praised the registered manager and provider organisation. There were robust systems for ensuring a safe and high standard of service. Any concern was promptly dealt with, openly and honestly and with a view to continual improvement. People's, and staff views were always considered. Staff supervision ensured staff received the support they needed and any change at the service was managed expertly, listening to

staff views throughout.

People received a high standard of care and treatment. One health care professional said, "The (staff) are second to none." Staff praised their training, which fully equipped them for their work. External health care expertise was sought appropriately.

People had an in-depth assessment of their needs and wishes. Care plans enabled staff to understand important aspects of the person they were caring for. Risk was well managed in the least restrictive way possible.

People were fully protected through robust recruitment, staffing, infection control and management of the premises. Medicines were expertly managed for people although we have made one recommendation, based on one person's records. All risk was effectively assessed and managed, in least restrictive ways.

Adaptation suitable for meeting people's needs in a safe way was available where possible. All necessary equipment was in place to promote people's independence and maintain safety. There were robust arrangements should an emergency occur, such as a fire.

People's legal rights were understood and protected. Where people lacked capacity to make informed decisions these were made in their best interest.

People received a healthy and nutritious diet. There was a lot of choice of food and any negative feedback was followed up with the intention of meeting people's preferences. Food and fluid intake concerns were properly managed.

The service fully met their legal obligations and kept themselves appraised of changes in legislation and good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Arrangements for recruitment, staffing, infection control and medicines management ensured people received a safe service.

People said they always felt safe. Risk was well managed, in least restrictive ways.

The premises were kept in a safe state, through regular maintenance and servicing.

There were robust arrangements should an emergency occur.

Is the service effective?

Good

The service was effective.

People praised the care and treatment they received. External health care advice was sought and followed appropriately.

Staff were complimentary about their training. They received support and supervision to a high standard.

People's legal rights were understood and upheld. Staff demonstrated in-depth knowledge of the Mental Capacity Act 2005, associated Deprivation of Liberty Safeguards and best interest decisions.

People's dietary needs were met in a safe way. Dietary concerns were followed up.

Equipment and adaptations promoted people's independence.

Is the service caring?

Good

The service was caring.

Staff demonstrated deep commitment to people's care and welfare.

Caring relationships were made between people using the

service and staff. Every comment received about the care provided, and staff kindness, was very positive.

People praised the staff approach to embarrassing situations, saying how much this put them at ease.

People's dignity and privacy were completely upheld.

Is the service responsive?

Outstanding ☆

The service was very responsive.

There was a deep commitment to patients receiving end of life care. That care was delivered expertly by staff trained to a high standard in the subject.

There was exceptional commitment to meeting people's diverse beliefs and choices, however those choices challenged medical best practice. This approach meant people received the service they wanted and eventually, a peaceful death.

Activities were arranged in accordance with people's needs and choices, where ever possible.

People's needs were fully assessed and their care planned and kept under review.

Complaints were effectively managed and any concern fully investigated.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The provider and registered manager were passionate about achieving high standards. There were clear visions and values, which informed how the service was managed.

People's and staff's views were a high priority and informed decision making.

People, their representatives and staff spoke very highly of the management. They felt valued, and were valued by management.

Continual improvement in the service was achieved through robust quality monitoring.

Fremington Manor Nursing and Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 9 and 10 January 2019 and was unannounced. The inspection was completed by two inspectors, (one a pharmacist) and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return, dated 10 May 2018. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Some people living at the home had limited verbal communication and were unable to engage in the inspection. We therefore spent time observing staff interactions with people and saw how people spent their time. We used the principles of 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.

During our inspection, we spoke with 18 people using the service, one previous resident, three people's family members, and one friend, 11 staff members, the registered manager, and a provider representative. We looked at four records, which related to people's individual care needs, and sampled people's medicines records. We viewed three staff and one volunteer recruitment files, and records associated with the management of the service. This included records of meetings, maintenance and servicing, the business

continuity plan and operational overview. We received feedback from three health care professionals with knowledge of the service.

Good

Is the service safe?

Our findings

The service continued to be safe.

People said they felt safe. Their comments included, "I came here because I was having problems falling at home, I wanted to feel safe, there is always someone here for me", "Night-time security was a worry for me at home. There's no need to worry here" and "Staff are very good, they keep coming in and looking to see that I am OK and if there is anything I want, I only have to press my bell".

People were given their medicines in a safe and caring way. People were asked if they needed any medicines such as pain killers that were prescribed if needed. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs). A sample of nine people's MARs showed that they were given their medicines correctly in the way prescribed for them. However, one other person was prescribed a medicine requiring regular tests and monitoring of their dose. It had been agreed with the GP surgery that the test results and any dose change would be communicated by a telephone verbal message to two members of staff and followed up in writing. At this inspection we found that although the latest dose change had been recorded by two members of staff, the homes agreed procedures were not always followed if subsequent tests did not require a change of dose. The written record of results and dose changes were not always followed up, but the person had none-the-less received the medicine as prescribed. We recommend that checks are put in place to make sure that the homes policy and procedures are followed on every occasion.

Nurses or trained care staff gave medicines after they had been assessed as competent to give medicines safely. Annual reviews of competencies were completed to make sure staff continued to give medicines in a safe way. There were detailed policies and procedures, and information to guide staff on looking after medicines.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.

There were systems for checking and auditing medicines. Staff completed daily checks and managers undertook daily and monthly audits. We saw that any actions needed were identified and completed to improve medicines management in the home. However, the issue of the recording of test results and dose changes that we found had not been identified. There were reporting systems for any incidents or errors so that these were investigated, and actions put in place to try to prevent them happening again.

Recruitment arrangements protected people. These included checks prior to staff working unsupervised, including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. A staff member confirmed they did not start working until all safety checks were completed. Records showed that

there was a system for ensuring nursing staff maintained their nursing registration.

People benefitted from sufficient staff to meet their needs and maintain their safety. Their comments included, "There are bells all over the place, I only have to press the bell and (staff) are here straight away", "There is always someone around to ask for help or check I'm okay when they bring a drink or just say hello as they pass by" and "I simply can't describe how safe I feel. It's unbelievable. They just can't do enough for me. They're always checking in… I feel very safe here." Staff comments about staffing levels included, "Absolutely fine. There is time to chat with people at the moment."

The service used a dependency tool to estimate staffing needs. Results were passed to the organisation's head office, where decisions around staffing were made. However, senior staff confirmed that, should a situation occur which required additional staffing, this was arranged. Any staffing shortfall was met using bank staff or agency staff, who knew the service and people's needs well. This promoted consistency and safety. Nursing and care staff were supported by administration, maintenance, catering, domestic and activities staff.

People were protected from abuse and harm. Safeguarding people was an agenda item at each staff meeting and supervision. Staff were knowledgeable in how to recognise abuse and report it. This included reporting to the registered manager, provider organisation, and externally, to the local authority safeguarding adults team, the Care Quality Commission or where necessary, the police. The registered manager had worked appropriately with the local authority safeguarding adults team.

The registered manager had a good understanding of how to protect people from discrimination. They adjusted people's care according to their disability, providing equipment to maintain people's independence and safety. For example. It had been recognised that meeting people's faith needs had to be prioritised. A folder containing all relevant information in relation to different faiths was available to inform staff practice. A senior staff member said, "We have quickly embraced this for all people, but in particular regarding end of life care."

The premises were clean and fresh. One person, previously a resident but now visiting said, "They kept my room immaculate." Natural light was available in all of the bedrooms and each had a clean and 'fresh-smelling' en-suite toilet, hand basin and shower. Communal bathing facilities and toilets were also clean. All rooms were airy and people said their rooms were cleaned daily.

Staff received infection control training, had protective equipment available to prevent cross contamination, and the laundry room had the necessary equipment to meet the needs of the service. A laundry worker said the equipment is use was "very good" for meeting the needs of the service.

There were arrangements in place to ensure the premises were kept in a safe state. People said that minor upkeep and repairs were often carried out during the daytime and that urgent repairs were often carried out on the day they were reported to the maintenance staff. Records showed that servicing and maintenance was well organised and up to date. Some areas of the premises looked in need of update, but there was regular review of safety. We identified no hazards which were not being managed. Staff confirmed the arrangements for passing on a need for maintenance, worked well.

Risk was understood and managed. Risk assessments included all aspects of the building and activities. Health and safety was an agenda item at each staff meeting and staff supervision. This helped safety remain uppermost in staff's priorities.

People were protected through individual risk assessments. These included risks of malnourishment, skin integrity, use of specific equipment and moving safely. Accidents and incidents were investigated and reviewed by the registered manager, clinical lead, properties manager, who looked for patterns, such as the time of day and where an incident occurred. One person said, "If I have a fall they look after me well". The service had a low incidence of serious accidents in relation to the size of the service.

People were protected should there be an emergency. A comprehensive business continuity plan covered all eventualities. Each person had a personal emergency evacuation plan in place. There was a very substantial 'grab bag' available should an emergency occur. This contained equipment to protect people, information for staff and emergency services and ways for staff to monitor people during an emergency.

Good

Is the service effective?

Our findings

The service continued to be effective.

People received a high standard of care and treatment by skilled and knowledgeable staff. People's comments included, "It is sometimes difficult. I am in lots of pain but the staff know how to look after me. I need specialist treatment. Staff take me to (the local) hospital" and "Staff are committed to what they do, they are on the ball."

Community health care professionals with knowledge of the service said that they were always contacted appropriately, their advice sought and followed and they had no concerns. Their comments included, "By and large, staff are very approachable, caring and have always got time to provide a good update on the patient", "(Staff) always recognise when to make contact and the continuity and communication is good" and "(The service) is very supportive to community patients if a bed is needed. This can mean that people can keep their own GP, which embraces the continuity of care." The service had close links with the North Devon District Hospital, working collaboratively to achieve successful discharge for people.

Staff received an induction to their work. The service induction included the elements of the Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. One staff member said, "I was able to ask lots of questions. The training started on-line and I shadowed an experienced care worker for three weeks."

Staff said they were happy with the training provided, some of which was on-line and some of which was face to face. One said, "The training is absolutely fantastic. You're chased up when it is due. Matron (registered manager) is very up on the training"

Staff described receiving training in mandatory subjects, such as infection control, moving and handling, safeguarding vulnerable adults and health and safety. They also received training in conditions relevant to people's health needs, such as diabetes and dementia. Qualified nursing staff confirmed their training helped them to deliver the standard of nursing care required. Staff also confirmed that they were supported to progress in their career, taking qualifications in health and social care, for example.

Arrangements for staff supervision and appraisal supported staff in their work. Staff confirmed they received regular supervision from their line manager. Supervision was called 'Heart to Heart' the format for this having been produced through consultation at all levels of the provider organisation. Heart to Heart started with, 'How are you? What's working well for you?' It progressed to 'How are we? What isn't working well for you?' The format was used to look at what was important to the staff member and how things might be improved for them and the service.

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. Staff understood their responsibility under the MCA. The provider understood that they must apply for authorisation to restrict people's liberty and had made appropriate applications for this.

People received a nutritious and varied diet. People's opinion of the food varied. Their comments included, "The chef gave me exactly what I wanted every time", "I'd say there is too much fish on the menu, but - saying that - I do choose the fish. We get good food and plenty of it. I'm definitely maintaining a good weight now", "The food is quite good and the kitchen staff are ever so nice" and "I'd say the food is quantity over quality. What they give you to eat is for your sustenance; not necessarily your enjoyment." Where people had fed back any dislike or preference this was investigated and followed up appropriately.

Each lunch menu included two general options, one vegetarian option and salad. People could make their choice at the time of the meal. The menu options for the day were chalked onto a small board and this was used to re-confirm each person's earlier choice of meal before the plated main item was brought through a hatch from the adjacent kitchen. Vegetable accompaniments and sauces, were then offered and served onto people's plates at the table, so people could see what was on offer and choose as much or as little as they wished to eat.

We saw that one person was provided with an alternative light meal (jacket potato) that was not one of the main choices offered on the menu for that day. Cold drinks were offered to accompany the mid-day meal, and hot drinks on completion.

Each person's dietary needs were part of their care planning, with records kept of any concern, such as weight loss. Where choking was a risk the appropriate health care professional was contacted for advice. One such health care professional told us that each referral was appropriate, and advice had been followed.

The purpose-built section of the premises was fully adapted to meet people's needs. The original manor had less adaptation, as this was restricted by its history. However, all necessary equipment was in place to ensure people's independence was promoted and their care was delivered in a safe way.

Good

Is the service caring?

Our findings

The service was caring because there was a total commitment of staff to people's welfare.

People said they felt staff treated them with kindness, compassion and respect. One person described how staff had investigated an embarrassing problem, made adjustments to the care, and the problem quickly cleared. They said, "They joke about things that are unpleasant and then it becomes less unpleasant".

Other comments included, "The staff are all good, cheerful people and I've come to know them all very well, like good friends or neighbours", "(The staff) do respect me and give me my privacy. They have a job to do but we are not just the job to them. They respect that we live here all of the time and they are our friends, too" and "The staff make you feel like a member of their family, not a customer. They treat me with dignity, once... I was upset because I made a mess. A carer came along and told me not to worry, she cleared up the mess as quick as a flash."

People's visitors said, "If I am ill Fremington Manor is the place for me. The staff are very welcoming, friendly and helpful" and "The carers are lovely, they talk to mum, put her to bed for an afternoon rest if that is what she wants. If she doesn't want to get up in the morning they let her stay in bed."

Compliment cards to the service included, "Expert care and a loving place to stay", "Thank you for all the attention and respectful care", "You gave (the person) respect and kindness and it was so good to hear the carers having a good laugh at times", "I have never met such a caring group of people" and "Thank you for your kind care. You were absolutely amazing."

A health care professional said, "They have a kindness up there. A willingness to develop and learn."

People were supported to maintain contacts with family and friends. For one person the internet was important but their room had poor reception. Ways to provide this were investigated and, with help from staff, the person was able to find an internet provider who could provide what they wanted. The person was then able to maintain contact with their family, living overseas.

People's privacy was fully promoted. For example, each bedroom door had a 'Do not disturb. Personal care in progress' sign available. Where people found closing their door caused them stress, alternative arrangements were in place to maintain their privacy and dignity. Records of a care staff meeting dated 11 December 2018 included a thank you to staff for upholding the dignity of residents. A staff group was proposed to look at how else dignity might be supported and promoted. All staff received training in promoting dignity, and to that end the service had a 'dignity champion'.

The Care Quality Commission received a compliment about the service prior to this inspection. We were told, "Mum moved into Fremington Manor due to the closure (of another home). She was very confused and angry, but the staff were really welcoming and caring and soon made her feel at home." The registered manager recognised how difficult it could be for a previous carer (usually a family member) to hand over

that care to somebody they didn't know, that being staff at the service. They took this into account, whilst people were settling in to the new situation, offering people and their family members empathy and understanding.

People's views were sought through day to day contact with staff and key workers, care reviews, the availability of the registered manager, and resident meetings. We saw that people and their family members casually approached staff with questions and information.

People were encouraged to be involved in decisions. A resident meeting in October 2018 included, 'Several members of our residents have enjoyed being part of an interview panel (for new staff)', for example. People had been shown a new four-week cycle menu for their opinion. There had been considerable work around people's views of the food provided. This showed that people could influence the care they received at the service.

Outstanding ☆

Is the service responsive?

Our findings

The service was very responsive.

People's comments about the care provided at the service included, "Thank you for taking such good care of (the person) in his last days. Your kindness and compassion seemed boundless. You helped (the person) when he most needed it and enabled him to keep his dignity."

A significant amount of people who used the service were admitted to receive end of life care. Staff worked closely with community health care professionals. A specialist palliative care nurse said, "All patients (at Fremington Manor) have a peaceful death and there is compassionate care, including for the families. There is emotional support. The whole team is involved and supportive of the families. The (registered and deputy managers) have a deep commitment to palliative patients. Staff have the knowledge and have the skills. (The staff) are open to what is important to the person. The care assistants are second to none and they have the ability to communicate where patients are at. They put the patients first. There is nothing too much for them. They are attentive."

Staff were knowledgeable and skilled in providing end of life care. Senior staff had achieved an award in the 'Six Steps' programme. The aim of the programme is to enhance end of life care through facilitating organisation change, embedding a philosophy of palliative care and supporting staff to develop their roles. In addition, one senior staff member had completed end of life studies to degree level, which had included a study into end of life care for people living with dementia. They spoke with passion about their work and the importance of supporting people and their family members to "a good death." They said, "You never get a second chance and so we must make sure we always get it right."

Every person using the service was encouraged to produce an 'advanced care plan' with staff help, based on the six steps of: discussion, assessment, care planning and review, coordination of care, delivery of a high standard, care in the last days and care after death.

One example, which showed exceptional commitment to meeting a person's diverse needs, toward the end of their life involved a younger adult with specific beliefs. The person felt a cure of their illness would be found in harmony with nature and required nothing but peace. Although staff had polar differences with that approach strong relationships were formed and as the person's illness progressed a plan of care was negotiated and delivered as the person wanted. This included alternative therapies. Initially there was a refusal to accept medicines for the pain and discomfort, but these were later accepted. The registered manager said, "The nurse talked through the cancer journey guiding (the person) using her expertise and knowledge." The person had specific dietary preferences. An organic provider was sought and provided all the necessary foods. Eventually the person was enabled to leave Fremington for short periods. The staff commitment to the person's care had included helping to arrange accommodation so they had a home to go to. The person eventually returned to Fremington Manor where they died peacefully in the manner of their known preferences.

A strong emphasis was placed on ensuring people's identity and life decisions were respected. The registered manager demonstrated a sound knowledge and understanding of lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA+) issues, for example. They seemed fully aware of current debate about these aspects of people's lives and gave examples of supporting people with diverse needs.

People's care was planned with them following a detailed assessment of their needs and wishes. They said the care they received was tailored to their specific needs. People's preferences were accommodated were this was possible. For example, one person preferred a larger room, with a shower, and so this was made available.

Asked what staff would do if a person refused any care the care worker said, "We would go away and rethink their care plan." This showed that people's choice was at the heart of planning people's care. People's care plans were detailed, informative, regularly reviewed and well organised.

People were supported to maintain their hobbies, interests and independence. Comments included, " I am a keen gardener, last spring we planted a plum tree in the grounds" and "I am looking forward to helping with the potting up of daffodils soon". A volunteer gardener helped out at the service. There were raised beds in one part of a dementia friendly garden. Other comments included, "It suits me here, I have my own independence, there is a choice of activities, I tend to watch TV, read my paper, phone friends, I go down for games sometimes" and "Reception has booked a taxi for me. I have asked my team leader and they have agreed to make a carer available to take me. I plan to visit the club I used to run, this gives me independence and freedom".

People said that it was their choice to not participate, or only rarely participate, in group activities in public rooms or outside the service. However, people's interests were always taken into account. There had been an identified need for a painting group to be developed, for example, and this was being arranged.

An activities assistant worked 30 hours a week. A second assistant was being recruited. The assistant said they encouraged people to come out of their rooms. Outings were a regular feature and the assistant was careful to ensure each person had an opportunity to use the service vehicle, for fairness. Outings had included, garden centres, art galleries and coastal resorts. People returning from a supermarket outing during the inspection initially congregated in the large, light and airy conservatory in the afternoon, but only briefly before they retreated to their own rooms or to a friend's room for a chat.

Volunteer singers and entertainers visited. A Fremington Community Easter Egg Hunt to be held in the grounds was being organised. The chef planned to serve visitors with bacon sandwiches. Integration between the village community and people using the service was encouraged. On Boxing day a fun run had set off in Fremington grounds, for example.

People said they would feel comfortable to raise any concern or complaint. With one exception they said they would talk to the (registered manager) known as matron. Another person said they would let their family act on their behalf. One person said, "I complained the tea they bring to (my relative's) room is always cold and that stopped. And I requested that they take (my relative) out more, which now happens more often." This showed that any complaint was promptly dealt with.

The registered manager said that the definition of a complaint was "In the eye of the beholder". This showed that the importance of a concern was decided by the person themselves. They said that from people's admission they stressed the importance of getting things right for people so it was important that people

told them when something was wrong.

A complaints policy was included in a 'welcome pack' given to each person on admission. The policy included contact details for the provider organisation, and an ombudsman, who are free of charge and independent. This meant that each person had a clear pathway should they feel a complaint has not been handled well.

We saw that complaints had been fully investigated and the service had acted appropriately and honestly in their following report to people. The Care Quality Commission had received no complaints about the service.

The provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, people were supported to ensure health care checks were completed so hearing and eyesight was optimised. Some people used technical equipment.

Outstanding ☆

Is the service well-led?

Our findings

The service was very well-led because people were at the heart of what the service did and staff were valued, and fully supported. People told us that they were happy, or very happy, with the service. Staff said, "(The provider organisation) have invested in me so much it has made me (what I am) as well" and "There's a generalised feeling of care through all departments. All care for the patients."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had registered with the Care Quality Commission in October 2007.

A compliment to the service included, "I feel the success of the Manor House is due to the fact that all staff are galvanised behind (the registered and deputy managers) and follow their example. They will always have a place in my heart." Outstanding work by the service included their end of life care, protecting people from discrimination and their strength in meeting people's diverse needs. Staff had worked totally in accordance with people's beliefs and choices, helping them to make difficult decisions in their best interest. This had led to peaceful deaths with people feeling respected, understood, and cared for.

We found, based on observation, records and feedback from people, that the registered manager and senior staff were totally committed to the people using the service, high standards based on evidence-based best practice, and staff support. This had led to a service where the provider organisation's vision and values were well met, that being: honesty, excellence, approach, respect and teamwork.

Staff were very complimentary about the management and considered the service to be well-led. They described the service to be well resourced, and communication to be good. One staff member said, "The manager and deputy really care. If you raise anything they're straight on it." Each morning a head of department meeting was held, where information was disseminated through the service. This ensured staff were fully aware of events that day, such as new admissions, staff training, the menu for the day and any issues around health and safety.

The registered manager ensured they continually updated their skills and engaged with local health care partners. For example, undertaking mentoring training facilitated by Skills for Care, a national, independent, social care workforce, as part of a pilot to demonstrate the value of further supporting and investing in registered manager networks.

They had been working closely with the Northern Devon Care Homes Team and had recently been part of an interview panel when they recruited a pharmacist. Fremington Manor was to host the next "kitchen table" meeting for care home managers locally, and trainee nurse associates on placement from North Devon District Hospital and RCN (Royal College of Nursing) branch meetings.

They were a member of the Fremington and District Community Group and liaised closely with them hosting community events. This showed that the service valued shared learning in the local community.

The provider looked to learn from external events which had been published as concerning. For example, from the report into events at the Gosport Memorial Hospital Enquiry June 2018. This information was disseminated from the provider organisation, and shared with the senior staff at Fremington Manor in a staff meeting on 3 July 2018, and via meeting notes.
Change within the service was well managed, so staff were engaged in the change and disruption was to a minimum. For example, when a rota change was being managed a member of the provider organisation visited. They told us, "I came in and had consultations with all staff, different times of the day. Then I came back in. All staff had individual meetings with the (registered manager). They were private meetings so staff could talk in confidence. We didn't lose one member of staff through the changes." This showed effective management through a potentially difficult time.

The service was closely monitored through systems of audits and checks. These included the premises, medicines management and hygiene. Where people commented negatively about any aspect of the service, this was followed up openly and robustly, the temperature of a person's tea, for example. People's feedback was investigated and their opinion taken into account. The service worked hard to meet people's individual cooking preferences.

Staff feedback was included in decision making, in August 2018 nurses had identified that people's needs were becoming more complex, for example. This led to a review of staffing deployment, with appropriate changes put in place.

A provider representative regularly visited the service to talk to people and staff, and look at successes and any areas for improvement. This led to an improvement plan, with clear, time managed, actions. We saw that almost all were met within the allotted timescale. Where they were not, there was a good reason.

The registered manager and provider fully met their legal responsibilities, and kept themselves appraised of changes in legislation.