

Fitzwilliam Healthcare Limited

# Fitzwilliam House Care Home

## Inspection report

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13 February 2019

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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:

Fitzwilliam House Care Home is a care home that provides personal care to 40 older people, some of whom are living with dementia. Each of the two floors is a self-contained unit, with bedrooms, lounge and dining areas, a kitchenette and bathrooms. There were 24 people living there when we visited.

People's experience of using this service:

People who lived at Fitzwilliam House Care Home received outstanding care from a staff team who were passionate about delivering a high-quality, person-centred service. People were truly valued and staff knew each person well. People's views were respected and they were involved in everything that happened in the home. People were happy to be living there and relatives trusted the staff team to look after their family members.

Staff delivered care and support that was exceptionally personalised and responsive to people's likes, dislikes and preferences. Staff were kind, caring and motivated and people, their relatives and external professionals described them in glowing terms. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

Everyone praised the registered manager who led by example and provided extremely good management and leadership. The staff team worked towards continually improving their practice based on the provider's values and good practice guidelines. Fitzwilliam House Care Home was part of the local community and admired by external professionals for the homely, caring atmosphere that staff created and their professional approach to all aspects of care.

People were safe at Fitzwilliam House Care Home, protected by practices and procedures that put their safety and well-being at the heart of the care provided. There were enough staff to meet people's care and support needs. Staff had been recruited well and understood their responsibility to keep people safe. Staff were creative in engaging people in activities of their choice, based on their interests and hobbies.

The provider was committed to ensuring staff developed their competence and knowledge and that they felt valued and supported. External healthcare professionals supported people to maintain their health and people were offered a wide choice of nutritious and appetizing food. Staff asked people's consent to deliver their care and supported them to make decisions so that they were cared for in the least restrictive way possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection we rated this service Good (report published on 12 August 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we might inspect sooner.

## 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 ☆

# Fitzwilliam House Care 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. We planned this inspection 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:

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was caring for older people and supporting them to access a range of health and social care services.

#### Service and service type:

Fitzwilliam House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both 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:

We carried out the inspection visit on 5 February 2019. It was unannounced. We had further contact with the registered manager and received further information on 13 February 2019.

#### What we did:

Before the inspection visit we looked at information we held about the home and used this information as

part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about.

During our inspection we saw how the staff interacted with people who lived at Fitzwilliam House Care Home. We spoke with eight people who lived there and four people's relatives/friends. We spoke with 10 members of staff: four care workers; the chef; two kitchen staff; two housekeepers; the deputy manager; and the registered manager. We also spoke with two healthcare professionals who were visiting the home.

We looked at two people's care records as well as other records relating to the management of the home. These included staff meeting minutes, medicine records and audits.

Following our visit to the home we received feedback from two members of staff and four external professionals. We have included some of their responses in the report.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Fitzwilliam House Care Home. One person said this was because, "There are no strange people wandering around the building. The staff make sure we're safe." People's facial expressions and body language told us that they felt safe and comfortable with the staff.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to. One person told us, "They are very kind here. I've never heard anyone shouting or being unkind."

Assessing risk, safety monitoring and management

- Risk assessments gave staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control.
- The maintenance team checked and maintained all the equipment in use in the home so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Staffing and recruitment

- People praised the staff and told us they worked very hard. Ten of the 12 people and relatives we spoke with were satisfied there were sufficient staff to meet their needs. Two people said sometimes they had to wait for staff, but one person also said, "Sometimes [staff come] very fast."
- An external professional felt the staff team was quite stable and this consistency promoted "good relationships between staff, management and residents." Other external professionals said there were always staff available to help them when they visited the home.
- The registered manager told us staffing levels had met people's assessed level of need and on the day of inspection we saw there were enough staff on duty for people to have all their support needs met. This was even though one member of staff had gone off sick at short notice. Staff said there were enough staff for the number of people currently living at the home.
- Thorough recruitment procedures ensured as far as possible that new staff were suitable to work at Fitzwilliam House Care Home.

Using medicines safely

- Staff managed medicines safely so that people received their medicines as the prescriber intended. One person said, "[Staff] give me my tablets at the same time every day, which is what they're supposed to do."
- Medicines storage was appropriate and staff kept accurate records of all medicines ordered, given and disposed of.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and senior staff had assessed their competence before they started to give people their medicines. Regular audits ensured that staff had given medicines correctly.

#### Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff wore gloves and aprons appropriately and thoroughly washed their hands. The home smelt fresh and one person's relative said, "They do keep everywhere clean."
- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

#### Learning lessons when things go wrong

- The registered manager checked and analysed incidents and accidents and used them as learning opportunities for the whole staff team to try and prevent further occurrences. The registered manager ensured they communicated any resulting changes in staff's practice to the team. An external professional commented, "Reports of incidents are minimal, indicating the pro-active, professional and positive initiative of management and staff."

## 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

- The management team fully assessed each person's holistic needs before they offered the person a place at the home. The registered manager described the pre-admission assessment document as "unique" and told us the process was "a conversation led by the person who is considering a move into the home and/or their representative." This initial assessment formed the basis of the person's care plan.
- Equipment was available to enhance people's care and to help promote their independence. For example, the provider had introduced a computerised system for maintaining care records.

Staff skills, knowledge and experience

- The provider continued to offer training courses and development opportunities so that staff had the knowledge and skills to look after people well. One person told us, "[Staff] look after us well. They know what they're doing."
- Staff felt well-supported by the management team and by each other. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed. The registered manager and deputy manager worked shifts alongside staff so that they knew first-hand what was going on.

Supporting people to eat and drink enough with choice in a balanced diet

- The chef chatted daily with people about the meals they wanted and involved people in writing the menus. Choices were available at each meal and menus showed that the meals were nutritious and appetizing. Staff used different ways of showing people choices, such as pictures of meals and cartons of juice.
- All staff knew what each person liked or disliked as well as any medical needs such as allergies to certain foods or the need for high-calorie meals. The chef cooked special meals for people who needed them.
- Staff checked people's weight and encouraged people to eat and drink enough to maintain their health.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs and provided people with seamless care.

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

- Staff knew people very well and could recognise when they were not well. A relative told us, "The staff are very responsive...they just sorted [the medical problem] straight away."
- A range of external healthcare professionals supported people to stay as healthy as possible. An external professional told us, "[Staff] make appropriate referrals and our instructions for further management are always followed and acted on."

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

- People were fully involved in how the home should be decorated. Photographs showed that one person had enjoyed chalk-painting the furniture for her room, in colours of her choice. The maintenance team and staff had decorated corridors in very distinctive styles so that people would be less likely to get lost.
- People had access to plenty of indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.

#### 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.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "It's a person-centred approach. You always offer people choices before you help them."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

# 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; equality and diversity

- There was a tangible person-centred culture in the home and staff were proud of their efforts to provide the best possible care.
- Everyone we spoke with praised the staff for their exceptional kindness, caring and compassion. People's comments included, "The staff are lovely, you can't fault them, they are dedicated"; "The staff here are so helpful"; and, "The girls are lovely...they are always smiling."
- People had very good, friendly relationships with the staff. All staff, from housekeepers and kitchen staff to care staff and managers, chatted with people as they carried out their tasks. They showed how much they respected people and enjoyed their company. They were all kind, helpful and very observant of people's needs. Staff were relaxed and confident around people throughout the day. There was a lot of light-hearted singing, joking and a little dancing and people responded happily.
- Staff communicated with each person all the time, in a way that person could understand. For example, when they were hoisting someone they constantly reassured them and explained what they were doing. They were considerate and gave people choices when they were giving them their medicines. When they were giving people their medicines they were very considerate and gave people choices such as, "Are you ready for these or shall I come back later?"
- External professionals were also full of praise for the staff. They used words such as "very caring"; "eager to help"; "attentive"; "empathetic, warm and professional"; and "very approachable". One regular visitor to the home said, "I have always found Fitzwilliam House to be very welcoming when I visit. The staff are wonderful, very caring with the residents and families."
- Staff showed how much they cared about the people they were looking after. For example, an external professional told us, "I was very impressed when one person died recently and didn't have any family, the staff turned out on mass to their funeral and walked together behind their coffin as a show of love, because [the person] was part of the Fitzwilliam House family."

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

- The registered manager described the home as "fully resident led" and this was clear in what we saw and were told. Staff involved people, as much as they were able to be and wanted to be, in all decisions about their care and what went on in the home. A board in the entrance hall had photographs of the home's champions. Two people who lived at the home were 'welcome champions' so were involved in welcoming people who were thinking about living there, as well as other visitors, to the home. 'Residents' meetings' were chaired by people living there.

- Staff knew each person really well and knew how to support each individual to decide what they wanted. Staff gave us many examples of people making decisions about their care. These included staff supporting one person, who did not like to get up early, to ask the doctor to change the prescription for their medicines so they could have them later.
- An external professional told us, "The staff make every effort not just to care for the residents, but also to sit with them, chat with them, and make sure they have time to spend not simply looking after their physical needs."
- Posters giving information about advocacy services were on display. The registered manager told us that they offered people advocacy support and encouraged them to contact an advocate if they needed an independent person to support them with their affairs.

#### Respecting and promoting people's privacy, dignity and independence

- Staff were excellent at respecting and promoting people's privacy, dignity and independence. Staff always knocked on doors and called out before entering people's bedrooms, even if the person had chosen to have their door open. Staff offered personal care very discreetly, especially when people were in shared areas of the home. One member of staff added, "So people are not embarrassed."
- Staff encouraged and supported people to do as much as they could for themselves, at the same time recognising each person's wishes. One person had decided they no longer wanted to walk. There was no medical reason for this so staff supported them to mobilise using a hoist and a wheelchair, whilst continuing to encourage the person to try and walk unaided.
- Due to their health, one person found eating very difficult, but wanted to remain independent. Staff watched from a distance, not leaving the person to struggle for too long but equally giving the person time to manage alone.
- Staff made sure that any discussions with or about people were held in private. An external professional told us how sensitively and carefully staff had handled information about a "complex and delicate family situation". Staff stored care records securely so that people's confidentiality was maintained.
- People's relatives and visitors to the home were very warmly welcomed and treated as part of the Fitzwilliam House Care Home family. An external professional gave us an example of the registered manager going the extra mile. They said, "The home manager has gone out of her way to assist residents and their families, for example, accompanying a spouse on visits to other homes when trying to find more appropriate accommodation for a resident."

## 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 each individual 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

- The Fitzwilliam House staff team cared for people in a way that was truly responsive to people's individual needs. The registered manager said, "Every resident is valued and respected for the person they are and care is designed around their needs and preferences."
- People and their relatives were fully involved in planning the person's care. One relative told us, "[Staff] asked us all sorts of questions to get to know [our family member]." Each person had a very person-centred care plan, which detailed their individual preferences about the way they wanted staff to give them care and support. Care plans linked to risk assessments and other information about the person so that staff had clear guidelines about how the person preferred to be supported.
- The 'Resident of the Day' scheme involved staff reviewing the person's care with them each month. This meant that care plans were kept fully up to date. The registered manager said, "Sometimes the process can take all day when concentration is an issue for the person but giving people the time, space and opportunity to do so is fundamental for us."
- An external professional told us, "[The registered manager] and her staff are always open to new suggestions, including care planning techniques for managing difficult situations."
- Care records included as much detail about the person and their history as the person and their relatives were able to tell them. This enabled staff to get to know the person really well and to provide the care they wanted in the way they preferred. People's preference for male or female staff was clearly recorded.
- People were able to request changes to their care plans. For example, one person asked that some details about their history were not included on the front page because they thought anyone reading the care plan might pre-judge them.
- Care records included detailed information about the person's interests, hobbies and any activities they liked to be involved in. An external professional said, "I have always found the team to be pro-active in investigating and identifying interests/backgrounds of the residents and keen to find those things that both reassure and stimulate residents' engagement."
- A range of individual and group activities were organised, including trips out and entertainers visiting the home. On the day of our inspection, singers had been arranged for both the morning and the afternoon. Staff encouraged everyone to join in but they respected people's choice not to.
- The registered manager gave us many examples of how the staff team had been exceptionally responsive to people's individual interests, and found innovative ways to support people's well-being. For example, one person (a retired farmer) had asked staff to rescue some chickens from a local chicken farm. This person led the looking after of the chickens, which greatly enhanced the person's life. Another person's perceived 'challenging behaviour' had been greatly reduced when they had helped to build a raised vegetable garden, from which they produced vegetables for the kitchen. Relatives reported that an ex-nurse, who said

retirement had made them feel less of a person, had regained their sense of self-importance when staff put a desk in their bedroom. The person helped with non-confidential paperwork and advised staff on theoretical medical matters. A person who had owned a bakery hosted a weekly 'baking club', and was very proud to be able to give staff advice and tips on cake and pastry making.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place, which was available in easy-read/pictorial and audio formats for those who used alternative methods of communication and in other languages. They displayed this throughout the home so that everyone would know how to raise a complaint if they wanted to. The registered manager had also made details of other contacts, such as the local authority, CQC or Age Concern, available. This meant people could complain through other avenues, not just to the provider.
- One person told us, "I can talk to anyone, but I would probably talk to my [relatives]." A relative said that if their concern was "about something important" they would talk to the manager but otherwise they were happy to speak with any of the staff. They said, "The carers (staff) are really helpful."
- Staff knew what to do if a person wanted to raise an issue and the management team responded to complaints in line with the provider's process. The registered manager analysed all complaints and compliments monthly so that she identified and dealt with any recurring themes.

#### End of life care and support

- The team at Fitzwilliam House were exceptional at supporting people and their relatives both in planning for and at the end of the person's life.
- The staff team did everything they could to make sure that people's wishes were fulfilled at the end of their lives. They were skilled at supporting people and their relatives to discuss what they wanted to happen. They recorded the fullest possible details about the person's and their relative's wishes and how those wishes would be met.
- The home's ethos was that people should be able to die at home if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen if at all possible.
- The registered manager told us that end of life decisions were discussed "from the offset" when the person moved into the home and were planning the rest of their care. Staff listened to and recorded what the person wanted and what the person wanted to tell them about the end of their life. Each person's care plan included a 'Thinking Ahead' document and the plan covered all aspects of the person's physical, emotional and psychological care.
- Staff had received training in end of life and palliative care. They had developed links with the local hospice so that specialist nurses were available to guide and support them through a person's death. The registered manager had registered the staff team on the Gold Standards Framework (a programme to improve end of life care).
- Staff supported people's relatives as much as the person themselves. The registered manager had put together a bereavement leaflet, which included contact details for local services such as funeral directors and clergy. Staff gave relatives as much time as they needed to talk about their family member. They made sure an 'end of life comfort pack' was available, so that relatives had access to such things as lip balm, hand cream and music to help them support their family member.
- Staff made sure that Fitzwilliam House was represented at every funeral. For one person who had no relatives, the registered manager arranged their funeral, staff did readings and people who knew the person were invited to a gathering at Fitzwilliam House after the funeral.
- Staff had planned a 'Memory coffee morning' and invited relatives of people who had died in the previous year so that they had a chance to talk to others who had also suffered a loss.

## 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; and how the provider understands and acts on duty of candour responsibility

- We received extremely positive comments about the service. One external professional told us, "[Fitzwilliam House Care Home] is very flexible, very resident-centred, very well regarded by relatives. Always a really nice vibe when I come in. Lots of 'arms around' and a really nice, warm, homely feeling." Another external professional said, "My experience remains a very positive one... over the past 5/6 years, there has continued to be significant and sustained improvement... Fitzwilliam House is now considered as one of the locality's better, more consistent and reliable care providers. In no short measure to the efforts of [name of registered manager] and her team in sustaining a pleasant and friendly environment."
- The registered manager told us the provider's ethos "is evident from the boardroom to the floor." Staff were fully aware of their responsibility to provide the best possible care to each person, support people's families and support each other.
- Staff felt very well supported by the management team and enjoyed working at Fitzwilliam House Care Home. Staff received regular supervision, annual appraisals, regular staff meetings and knew they could approach any member of the management team at any time. The provider had an 'employee of the month' scheme to show their appreciation of staff who were nominated by people living in the home and other staff.

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

- The registered manager provided strong leadership and managed the home exceedingly well. An external professional told us, "[Registered manager] is a very conscientious caring individual who has a very good manner with people, both staff, residents and families alike." She led by example, worked shifts on the floor and said she was "never afraid to get my hands dirty." She told us that it was a team effort, with people living at the home, their relatives and visitors, all staff and senior managers from the organisation, all taking part. People were clearly fond of the registered manager and relatives knew they could trust her to make sure their family members were looked after properly. One external professional told us, "I have always found the management of Fitzwilliam House to be responsive, appropriate, friendly, helpful and, above all, professional."
- The provider had a rigorous quality assurance process in place, which included a range of audits carried out by staff and the home's management team as well as by senior managers from the organisation. A poster on display explained how senior managers had met a gentleman living in one of their homes who

had shifted the manager's focus from traditional audits to exploring how each element came together to promote quality of life for everyone. Mr Bailey was now a symbol to ensure care was truly person-centred.

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

- The registered manager told us, "Giving residents a voice and ensuring they are involved and included in how the service is designed and run is fundamental to us." They recognised and respected everyone's right to contribute and provided a range of opportunities, from recruitment of staff to how their home looked and felt.
- People, their relatives and all other visitors to the home were encouraged to give feedback on all aspects of the running of the home. Engagement opportunities included 'residents' meetings', 'relatives' meetings' and a 'residents' committee', which was chaired by one of the people who lived at Fitzwilliam House Care Home.
- The provider sent out written surveys, compliments/complaints slips were available and staff encouraged everyone to talk to them about anything and everything. The registered manager strongly believed that people spoke to the staff team "as if they were family" and felt comfortable letting their views be known, with or without a formal process.
- Fitzwilliam House Care Home had strong links with the local community, which the staff team had worked hard to develop and maintain. Three 'community champions' had been appointed to assist this work, one of whom was the relative of a person who used to live at the home. The registered manager said, "We do all that we can to ensure residents are seen and valued as members of the local community." As well as using community services, such as the local churches and inviting local school children to visit the home, people contributed to their local community in a number of ways. For example, people had collected food items to donate to the Cottenham food bank at Christmas and had made donations to a Christmas shoe-box appeal. Staff supported people to attend village clubs, such as a sewing and craft club and a church coffee morning. The home hosted a Dementia support group for relatives of people living with dementia, which was open to other local people to attend.

Continuous learning and improving care

- Staff cared for people in line with current, research-based practice. The registered manager had made a range of resources readily available to provide a benchmark for staff's practice. These included guidance from the National Institute for Health and Care Excellence (NICE) and safety alerts.
- Constantly striving to improve the quality of people's lives was a topic at every staff meeting. The registered manager said, "All of us who work here are proud to do so and continually strive for improvement."

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- External healthcare professionals made it clear to us how much they valued the professionalism of the staff team at Fitzwilliam House Care Home. For example, one external professional said, "Reports of incidents/issues are minimal, indicating the proactive, professional and positive initiative of management and staff."