

Runwood Homes Limited

Frank Foster House

Inspection report

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09 March 2018

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The comprehensive inspection of this service took place on 08 and 09 March 2018. It was unannounced. At our last inspection of this service in 2015, we found it to be Good in all the key areas. At this inspection the service was not only meeting the standards, but regularly exceeded people's expectations. We found the management of the service was excellent.

Frank Foster house 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. Frank Foster house provides care for up to 80 people including people living with dementia.

The home 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 and associated Regulations about how the service is run.

During our inspection, we found exceptional standards of care. A committed and well-trained group of staff who demonstrated the right values and attributes provided this. We observed staff supporting people in a kind and caring manner. Independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences and people were encouraged to be involved in making decisions about their care.

People, family members, staff and visiting professionals spoke very highly about the registered manager and the leadership of the home stating they were approachable, caring and very responsive to people and staff needs. The registered manager sought feedback about the quality of the service provided to people and/or family members, staff and visiting health professionals. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Action was taken when an area for improvement had been identified.

Staff were trained to protect people from potential abuse and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks, which staff understood and followed. People who lived at the home and staff members we spoke with said there were enough staff on duty to meet individual needs. People received their medication as prescribed and the records were of a good standard. The home was clean, well-maintained and provided a safe environment for people to live and staff to work in. There were systems in place to learn from incidents and when things went wrong to avoid this happening again.

People had their needs assessed and were supported to meet them by trained and knowledgeable staff. People's nutritional needs were assessed and professional advice and support was obtained for people when needed. The service worked well in partnership with other health professionals to ensure that people

received good healthcare. Staff understood and effectively applied in practice the principles of the Mental Capacity Act, 2005 (MCA) and the Deprivation of Liberty Safeguards. People had maximum choice and control of their lives and staff assisted them in the least restrictive way possible. We have made a recommendation that the service find out more about training for staff, based on current best practice, in relation to assessing people's capacity in keeping with the principles of the MCA.

People had care plans that were informative and had been regularly reviewed and updated. People and their relatives had been involved in the care planning process and their reviews. There were opportunities for people to follow their interests and take part in a wide range of activities. People's communication needs were considered and they had support to follow their religious beliefs and cultural practices. People understood how to complain and complaints were responded to in line with the provider's policy.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The rating in caring has improved to Outstanding.

We observed many examples of exceptionally caring staff approaches when supporting people. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The rating in well-led has improved to Outstanding.

The registered manager was passionate and committed to delivering a high standard of care to people using the service.

Frank Foster House

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on 08 and 09 March 2018. Two inspectors and an expert by experience carried out this 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. One inspector returned to the service on the second day. There were 77 people living at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information that we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with nine people, 11 relatives, eight staff, the registered manager, three visiting healthcare professionals and one social care professional. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

During our visit we reviewed eight people's care files and five staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the arrangements for managing medication, staff duty rotas and complaints records.

Is the service safe?

Our findings

The service continued to provide safe care and people told us they felt safe with staff. One person said, "I feel safe I have no worries nobody is spiteful or unkind, the carers are all nice I have no reason to complain." Another person said, "My [family members] are locals so I came here after a fall, my [family member] said I now needed to be taken care of, so that's why I'm here. They treat me very well, I feel safe because of that". A relative explained, "I know [family member] is in safe hands here, I feel like someone has given me a million pounds. I know they are safe because they cannot be left on their own. One day I took them back to their room and said goodbye but the staff caught me just in time and said never leave [family member] in the room on their own. That good because I know they are on the ball."

Staff had received training in safeguarding and knew the signs to look for that someone was being abused. Staff were aware of the reporting process and told us they would report any concerns to the manager or go higher if necessary to ensure people were protected from the risk of harm. Safeguarding incidents were seen to be discussed during staff meetings as a lessons learned exercise for staff.

The service assessed and reviewed any risks to people monthly or sooner if something changed. Management plans were in place, which provided written guidance to staff on how to keep people safe. The service took a positive approach to managing risk, which supported people to exercise choice and control and move around the service freely. For example, where people had been identified at high risk of falls, their mobility was monitored using technology, which was less restrictive than having to be constantly supervised by staff.

The service had signed up to the 'Prosper' programme, an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were their health and wellbeing was managed more safely through daily monitoring. Risks monitored included falls risks, risks to people's skin integrity i.e. pressure sores, risk related to eating and drinking and risks associated with urinary tract infections (UTI's) which can be particularly problematic to people living with dementia. Staff we spoke with were able to demonstrate they knew people well, including any risks and how to manage them. For example, one staff member told us, "[Named person] has problems with their swallow, and we made sure they were seen by the speech and language team (SALT). They now need to be sat upright for eating and drinking." A healthcare professional told us, "They follow guidance well and I do check, pressure sores have reduced significantly and now this is one of the best homes."

People were cared for in a safe environment. The registered manager ensured other risks, such as the safety of the building and of equipment had been regularly checked and kept well maintained. The service had a maintenance worker who showed us there were safety certificates in place for the electrical, gas and water systems; they kept an overview of all equipment and systems. The maintenance records showed routine repairs had been completed swiftly. Staff had received training in fire safety and first aid and knew when to call emergency services if needed. The deputy manager had an overall PEEP (fire evacuation plan) and individual PEEP plans in place to ensure they were able to evacuate the building quickly and safely in the event of a fire. Staff knew the procedure for an evacuation in case of fire and were aware of who the fire

marshals were. A recent fire officer visit showed the service's systems and processes for dealing with fire risks were satisfactory.

There were enough staff to support people to stay safe and to meet their assessed needs. People told us, and we saw staff were quick to help them when they needed it. There were sufficient staff on duty to enable people to carry on with their preferred activities. The registered manager told us staffing levels were calculated based on people's needs. A person said, "They [staff] come quickly when I use my buzzer." Another person told us, "They are very good and always come quickly and they bring me my pills on time." A relative told us, "Staff levels are good that's important as anything for safety." Another relative said, "There is always someone around and they are in the lounges 99.9% of the time. Staff are friendly and helpful and go out of their way to help." A healthcare professional told us, "They use their staff to the maximum and deploy staff well."

People's medicines were administered, stored and disposed of safely. People had medicine administration records (MAR) with an up to date photograph, listing any allergies and how people liked to take their medicine. Pictures of each tablet and a description of the medicines were included. MAR sheets were completed to standard with no gaps evidencing people had received their medicines as prescribed. We found very thorough 'as required' (PRN) protocols were in place which provided detailed guidance to staff related to dosage, timings and reasons people were taking these medicines. People had MAR sheets in their rooms for the administration of creams. We saw these had been completed consistently with no gaps, which demonstrated people were receiving good skin care.

We observed a senior member of staff completing the medicine round. They were very professional in their approach including wearing a do not disturb tabard. The senior had a very nice and kind attitude, and asked how each person was feeling. They explained what they were doing and offered people a drink of their choice. The senior asked one person if they had enjoyed their breakfast and was observant in relation to the person's safety, for example, they moved the call buzzer closer to the person and reminded them to use it if they needed anything. We also observed the senior ask a person if they were feeling any pain and gave them their PRN pain relief. They offered the person a drink and said, "Just take your time, don't worry."

People were protected from the risk of infection. Staff demonstrated a good knowledge of infection control procedures and we saw they regularly washed their hands. Staff supported people before lunch to wash their hands. We also noted people's mobility equipment had stickers on them showed the date they had been cleaned.

Staff knew to record all accidents, incidents and near misses. The registered manager monitored and analysed the information and shared it with staff through regular meetings. We saw from minutes of meetings lessons were learnt through discussions about how to improve methods to prevent re-occurrences. The registered manager and deputy manager had introduced the prosper programme which included falls training. They also looked at all aspects of the service to see how they could reduce the amount of falls, this included working alongside staff, looking at each person, increasing hydration, timely referrals to other professionals and introducing more activities and occupation within the home. This approach had significantly reduced the amount of falls within the home.

Is the service effective?

Our findings

When people joined the service their needs were assessed in accordance with best practice guidelines. Consideration was given not only to people's physical needs but also cultural, emotional and psychological needs. For example, where a person had a history of self-harm a care plan was in place for this which provided guidance to staff on how to support the person's health and wellbeing. Care plans reflected people's needs, choices and preferences. Staff and other health professionals supported people's health care and annual health checks were carried out by the community nurse or GP at the local surgery. People and their relatives said that the way staff provided care and support was what was needed and delivered in a friendly and professional way. One relative told us, "We came in two or three times and were given information about the home, we knew straight away how much we liked it." Another relative told us, "They have helped the family enormously. I became very anxious when [family member] was admitted and they really helped me. They are lovely, the managers easy to get hold of. My [family member] was agitated by noise upstairs so they moved them down here and they are much better. I know what medication their on. They always talk about any changes in the medication so I'm informed and they call the doctor if needed."

Staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they had received an induction and that the training was good. One staff member said, "We get really good training, it's face to face so we get involved." A staff member described their induction experience to us, "I did training and shadowed for about a week which gave me time to get to know people." Records confirmed that staff had received a wide range of training that was appropriate for their role and regularly updated. Additional training included diabetes, GULP (increasing hydration to prevent urinary tract infections), Parkinson's, challenging behaviour, falls and dementia champion training. Staff had been encouraged and supported to obtain a nationally recognised vocational qualification in care.

Staff confirmed they received regular supervision every three months and found the experience helpful and supportive. Staff also had a yearly appraisal of their performance.

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

We saw that DoLS applications had been made to the local authority and there were authorisations in place where needed.

People had mental capacity assessments in place however, these were not always decision specific. In

addition, where best interest decisions had been made there was a lack of evidence of consultation with relevant people and professionals. This demonstrated a lack of understanding of the legislation. We also noted in one person's care plan they had signed a consent for bed rails, this person was living with dementia and their care plan was not clear that they had capacity to provide this consent without support.

We recommend that the service find out more about training for staff, based on current best practice, in relation to assessing people's capacity in keeping with the principles of the MCA.

However, people's care plans emphasised the importance of promoting choice and control. For example, one person's care plan for personal care stated; "Staff to ensure [named person] is given choice if she wants to wear stockings or tights; [Named person] is able to say yes or no or will point." One staff member told us they had not yet received training in the Mental Capacity Act. However, they were able to demonstrate how they supported people to make decisions. For example, they described how they helped a person choose what they wanted to wear. They told us, "I always give a couple of choices, I will let people feel the material, see it up close and I always give options." We observed that staff sought consent from people before providing care and support and where people were unable to give consent or make an informed decision, decisions were made in people's best interests.

People were supported to have enough to eat and drink. People were offered drinks throughout the day and had their drinks within reach. Where people were identified at risk they received additional monitoring and support, for example, weekly weighing and referrals to the dietician, SALT and provision of food supplements. We saw that where people had been identified at risk they had received the appropriate support and had put on weight. We carried out observations at lunchtime both upstairs and downstairs. People were shown a choice of dishes so they were able to choose what they wanted to eat at the time of the meal. The food was well cooked, well balanced and seemed of good quality. The staff knew which people needed assistance to eat or help cutting up meat for example and were attentive throughout the meal. We saw people were offered various condiments with their meals and asked if they wanted gravy. One staff member was heard to say, "[Named person] will only want sausages and mash as they do not like onions." Another staff member noticed a person had finished their food and said, "Would you like more sausages." The person said they would and was given an extra portion. We also noted that the chef visited the dining room and was asking people if they had enjoyed their food.

At the meal service downstairs we saw observed one person that was struggling eating their meal and was assisted by staff and given plenty of time to finish. There was no rush to eat and the atmosphere was calm and relaxed with people and staff chatting. We did notice that some people did not eat very much and their plates were taken away without much encouragement. We informed the registered manager who told us they would monitor this. People and their family members were positive about the food. One person said, "The food is very good, we love the puddings." Another person said, "I've been here about two months now and the foods good, I can't complain, here is today's menu, I think the staff treat me well, I always have plenty to drink and am always offered drinks." A relative told us, "The food looks great and a good variety, if there is something they do not like then they will cook whatever they want."

Staff were aware of people's health needs. We observed a senior discussing a person who had just come out of hospital. They went in to check on them and give them a drink. They said, "[Named] doesn't seem themselves, I will ring the GP to get some advice." People had received input from healthcare professionals to support them to maintain their health and wellbeing, for example, optician, GP, dietician and speech and language therapy. People had care plans in place for the specific health needs. For example, where a person had diabetes, a care plan was in place which provided guidance for staff on the signs and symptoms to look for that might indicate the person was becoming unwell. An action plan was in place which instructed staff

to call the GP or 999 if they were concerned. A relative said, "[Family member] has had a couple of urine infections they are on it straight away, they are very on the ball." A visiting district nurse told us, "Staff are friendly and escalate things to me quickly, they follow my advice and there is always staff available and they take time to help."

People's individual needs were met by the adaptations, design and decoration of the premises. The service was light, bright and airy. It had recently been decorated to a good standard and there was ample stimulation on walls and notice boards. The garden and patio area had easy access via large doors so even large wheelchairs could move through freely. There were raised beds for easy access to residents. There was also a courtyard garden and one person was sitting outside. They told us they liked it because they had a soft cushion to sit on outside and it was sheltered.

Is the service caring?

Our findings

People, family members and visiting professionals were exceptionally complimentary about the care provided, telling us that the staff were incredibly kind, caring and compassionate and they treated them very well. We observed gentle and unhurried care throughout our inspection with staff providing very attentive care to people who used the service. One person told us, "I can't fault them, all the staff are perfect." Another person said, "They are all very kind and lovely." We found relatives were queuing up to speak to us when they were aware that we were in the building so they could share their positive experiences. One relative said, "The staff cannot do enough for us, they take [family member] out for a cigarette and a walk." Another relative said, "It feels like a big family, warm and welcoming." A third added, "It is a fantastic place, staff are excellent and so is the atmosphere." They added, "The hardest thing was leaving [family member] but now I can walk away knowing they are okay."

There were posters on people's walls with a picture of their keyworker and some life story information about the staff member. This supported people to form meaningful relationships with staff and promoted two-way communication. Without exception, staff spoke positively and passionately about working at the service and spoke in a warm and affectionate way about the people they supported. One staff member told us, "[Named person] has such a lovely personality; they like to be cuddled." Another staff member said, "I talk to people, it is great getting to know people." A third staff member said, "[Named person] loves to sing, they are great as we all join in." We observed this person singing and staff and other people certainly did join in.

Staff were highly motivated to provide people with person-centred care, which empowered them and enriched their lives. At all times staff demonstrated empathy and understanding of each person's individual needs. One staff member told us, "[Named person] loves to have a chat; they like crosswords and we play board games together. They like coffee no sugar and like a bath once a week and loves ice cream." Another staff member said, "I get satisfaction in doing the little things and helping people to achieve what they want. I like to make a difference." Relatives confirmed that staff knew people well. One relative said, "They [staff] know [family member] so well, the carers are wonderful; it feels like a family here." Another relative told us, "[Family member] was a picky eater but now they [staff] know exactly what they like, I spoke to the kitchen as well and they make them something they like." We also saw a new person who had recently arrived at the service was not keen on some of the dishes available on the menu. The registered manager, the chef, the person and their family member had now designed the person their own individual menu of their favourite food.

Staff were very aware of people's communication needs and understood how to support them to be included in decisions around their care and support. For example, one staff member told us, "[Named person] is not verbal so we show them things, get them to point and nod yes or no." People who needed it, had care plans specifically for sensory loss which provided guidance for staff on how to support people with sight or hearing difficulties. For example, one person's care plan instructed staff, "[Named person] needs to be told what they are eating as they cannot see it." Staff knew how to support people with sensory loss. One staff member told us, "[Named person] can't see anything but bright colours; when I give them a drink I tell them it's on the left hand side; when I walk with them I dance about so that they can detect my movement

so they know where I am."

Relatives and friends told us that they were able to visit whenever they chose and were welcomed at the service. Relatives could use the new café room or gentleman's room, which were very popular. There was cake and biscuits on offer and tea and coffee making facilities in the café for anyone who wished to use it." One relative said, "We use the café for family gatherings or use it to make [family member] extra cups of tea, it's great." Another relative said, "I love the café we have birthday parties in there and at Christmas we all go to the gentleman's room which is very nice. It has easy chairs and a relaxed feel." A third relative told us, "I feel like this is [family members] home, I take my shoes off and make us tea and toast."

Where able, people were actively involved in making decisions about their care. Relatives told us they were kept fully involved and that the staff and registered manager were very good at keeping them informed about all aspects of their relative's care. One relative said, "I've been to the relatives meetings or open meetings it's a kind of questions and answer time it's very good, we had one incident of lack of water in [family members] room for my husband and that was sorted instantly. We know who their key worker is. Bathing is a problem as they [family member] can resist but we agreed that bed baths would be better it's not their [staff] fault they can be very difficult and the issue has been solved by them". We saw minutes from residents meetings where action was taken when a person had made a suggestion. At a recent meeting a person had requested more variety in the sandwich fillings, the action point referred this to the chef and had been completed to the person's satisfaction.

We saw numerous compliments held at the service which included, "Staff worked hard to get [family member] to settle into new surroundings", "The staff go beyond their job description", "This is a lovely home, people are treated with respect", "I am extremely pleased with Frank Foster House" and "Staff are very kind."

The religious needs of people were considered, and to support this, the service visited a local Church for lunch and services were held in the home. A person told us, "I go to church for lunch and join in the services." Staff had received training in equality and diversity and the provider had policies and procedures in place to ensure where people at the home had protected characteristics under the Equality Act their rights would be respected. People were supported to maintain their identity and sexuality. A relative told us, "They [staff] know that [family member] likes their hair done and clothes in a certain way."

The registered manager told us people would be supported to access an advocate if this was needed. An advocate speaks on behalf of a person where they are unable or unconfident to fully express their own views. Information related to advocacy services was available to people in the reception area.

The service passionately promoted people's dignity and a dignity display in the reception area represented a different theme each month to promote dignity towards people that used the service. The subject for January had been 'residents enjoying varied community links' and for February 'support people to complain'. The themes gave the service the opportunity to celebrate examples of good practice in this area. Each month a member of staff was nominated as a star performer with photographs of the staff member on display. The service captured information and feedback throughout the month and decided as a team who they felt had gone the extra mile for the theme that month. It was not just staff members that received this award, people that used the service and family members were included. One person that received this award in January 2018 was a 102 year old after their interaction with school children that visited the service. Another staff member that worked as a domestic and loves her job demonstrated that they always showed respect to people, by knocking before entering their rooms and always asking if it was the right time for their room to be cleaned. This staff member commented as part of their award, "The resident's room is their

private space and I just want to make sure that they can feel that, every time I go to their rooms to clean." In February, a staff member was chosen because as a person's key worker they had developed a trusting relationship with the person. This person told their social worker, "The carer [named] helped me a lot and I feel that I can trust her with everything."

The deputy manager told us, "People are and will always be our greatest asset. Their abilities and contributions are an important key to the success of our entire team. We always take a moment to reflect upon everyone's accomplishments and take pride in knowing that each individual is an important member of our team."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person told us, "They always treat me with dignity and my preferences are respected, I only like female carers and this is what I get." A relative told us. "[Family member] likes a bath every week and they get this, if they want an extra bath they [staff] are very accommodating." Staff knew what to do to protect people's privacy and dignity and encourage independence. A staff member said, "We make sure we keep the curtains and door shut and cover people with a towel." Another staff member told us, "I will always let people do what they can do for themselves."

Is the service responsive?

Our findings

Care plans had been developed following an initial assessment of each person's needs. The care plans we looked at were up to date and reviewed on a monthly basis to make sure they were current. Areas covered included health, mobility, personal care and diet. There was a clear picture of peoples' needs and how they were to be met. People and their relatives were involved in assessments and reviews and the service took appropriate action where changes in needs were identified. People's care records included information about their needs and wishes, likes and dislikes, routines, hobbies and interests. This information supported staff to provide care and support which was person-centred. Person-centred care means care tailored to meet the needs and wishes of each individual.

Staff were able to describe how they delivered a person-centred approach. A staff member told us, "[Person] has their room arranged in a special way; a white sheet on the bed with another on top; pillows at the bottom of the bed and the duvet folded in half and not put on long ways." In a person's care plan it stated they liked to hold a doll and we did see that this person was holding a doll.

When people joined the service they were assigned a keyworker who spent time with the person recording their routines and preferences. This ensured that the person received care and support the way they wanted. People's rooms had been personalised and people had signs on their doors which were meaningful to them. For example, one person had a picture of a bible on their door. We also noted that people's mobility frames had been decorated to personalise them to each individual and make it easy for people to recognise their own equipment.

There were areas in the service where the television was on and other quiet areas that people could use. We observed people engaged throughout our visit. Staff had developed relationships with people using the service and their extended families. Staff gave people comfort and support and we observed the interactions between staff and people had a positive effect on people and supported their wellbeing.

There were a range of activities going on throughout the day including a quiz, a sing along afternoon. Activities for the week were listed on notice boards and given to people in folders alongside the menu for the week.

We spoke at length to the stand in activities coordinator as the usual one was on annual leave. They told us that activities include people shopping for their own clothes, trips out to the shops and local restaurants for lunch, visits to the local churches, cooking meals, theatre trips, film clubs, and entertainers who came in. A recent coffee morning included making crepes and on the day of our visit the activity organiser had asked everyone "What their favourite cake was". The following day a varied selection of people's favourite cakes were brought in for afternoon tea. The activity organiser told us that recently a person had suggested painting the garden furniture and this was to be organised with people helping with the painting if they chose to. People were also involved in a vegetable patch in the garden. The activity organiser added that the registered manager was very supportive and made resources available for events and activities. They told us that people go out two to three times a month but that usually increased during the summer.

One person told us, "I still get my daily paper and do the cross word. I still knit with my daughter, I can go on outing but don't always want to." Another person said, "I get a hot chocolate in the evening, they know I like my clothes matching. They know my programmes, what I like to watch and schedule my routine around my programmes. They always invite me to activities, they all know me by name and know I don't take sugar in my tea." A relative said, "We had a sing song this morning, it was lovely." Another relative said, "[Family member] is in the lounge now having a good old sing song." A third relative said. "I am included on days out."

The registered manager told us the service had recently acquired an electronic tablet that people would be able to use to Skype family members. At present the activity organiser was using the tablet for quizzes and reminiscence with people on a regular basis.

There was a complaints procedure in place which explained how people could raise a complaint. Records of complaints showed that they had been responded to appropriately and dealt with in a timely manner by the manager. People and their families told us that they felt comfortable about raising any concerns. One relative told us, "We had niggles when [family member] first came, they like a cup and saucer not a mug; they know that now and make sure they always have a cup and saucer."

People were supported when making decisions about their preferences for end of life care. The service kept important information, which included advanced care plans and preferred priorities for care documents. Where appropriate a DNACPR was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse. A relative shared their experience related to end of life care. They told us, "They [staff and registered manager] were wonderful; how they looked after [named person] at the end. They were so supportive when they told me the news, they didn't do it on the phone. [Named person] wanted to die at Frank Foster House, we had a discussion about what they wanted and this was respected. It's a lovely staff team, they have been really good advocates for [named person's] wishes."

Is the service well-led?

Our findings

The home was exceptionally well managed. Feedback from people who used the service, their relatives, staff and health and social care professionals was consistently positive and the management at the home exceeded people's expectations. There was a person centred, open and inclusive culture in the service. One relative told us, "[Named registered manager] is an amazing manager; I have always felt included in what went on and always felt welcome here." Another relative told us, "[Named registered manager] and managers have been brilliant, they keep us involved and let us know what is going on." A third relative said, "[Named registered manager] is amazing, you tell them once and it is sorted. The laundry lady is also lovely."

The registered manager had worked extremely hard to improve the morale and promote teamwork at the service. This included providing opportunities for continuous learning and development for staff and valuing the staff team. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities. They were encouraged to support and value each other to ensure they worked effectively as a team. One staff member told us, "The registered manager is very good, they push us to work, that's the way we learn." Another staff member said, "The registered manager is very supportive and hands-on; they like to check everything and want to know everything, they like to be with the residents." Other comments included, "This is a good place to work, I can talk to the manager or the deputy", "The morale here is excellent, I used to work at another home and could not believe the excellent care and how friendly everyone was when I started, I love it here."

We observed all the management working with staff, observing practice and providing support and guidance to staff. This helped the management team with effective supervisions and appraisals for all staff. Staff were encouraged to share ideas, ask questions and to make a positive contribution to making improvements in the service. Staff meetings now included a lessons learned agenda item where any incidents, safeguarding's or accidents were shared with staff to reflect on and look for ways to prevent further occurrences. There were staff champions within the service who took a special interest and supported staff in areas such as dementia, falls, dignity, infection control and medicines.

Throughout the inspection every staff member acknowledged us in a friendly way and demonstrated the right values and caring ethos. The service placed great emphasis on consulting people, relatives and staff and using this information to continuously monitor and improve the service. This demonstrated that the people who used the service were at the heart of the service delivery and excellent care was sought and achieved through close collaboration with others. We were shown surveys to people and relatives that asked for feedback on specific areas such as activities, food provision and the meal time experience. The results were positive with overall very high levels of satisfaction. One relative said, "We are more than happy with the place." Another added, "I feel comfortable and at home here, it's very welcoming."

At a recent local authority initiative award ceremony the registered manager had been highly commended in the outstanding leadership category. As part of this nomination they had received numerous positive comments from health and social care professionals. These comments included, "Staff very knowledgeable, excellent at liaising with families and the local surgeries", "I am impressed with the organisation and would

recommend this care home to anyone", "There are few managers [referring to registered manager] that I would like to see train other managers and this is one of them", "Massive improvement in care over the past couple of years, it is homely and welcoming", "I am impressed with the atmosphere and welcome received", "It is a pleasure to visit." We were able to speak to some of these professionals on the day of our visit who confirmed these comments were still relevant. The service had received a monitoring visit in 2017 by the local authority and had scored 99.6% giving them an outstanding rating.

The registered manager had established good links with the community, which enabled people to still enjoy things they might have done when living in their own home. Staff recognised that some people were not able to access community facilities so helped ensure the community was present in the home and supported the care provided by staff. The service liaised with schools and other voluntary organisations for the benefit of all. For example, people still visited the local village hall for various events held, the local girl guide group visited the service and on the day of our visit therapy dogs from the local community came into the service.

The registered manager had robust quality assurance systems in place and all aspects of the service were monitored. We found an effective system of audits and reviews which were used to obtain feedback, monitor performance and manage risks. These included areas such as medicines, infection control and care plans. Where areas for improvement had been identified we saw there were action plans in place to address any shortfalls found. An external company also completed a twice yearly checks on the service with return visits to check and sign off any action points.

The registered manager was extremely proud of the association with 'PROSPER' and the positive impact it had achieved for people, which included a significant reduction in falls. The service used a falls calendar that was displayed in staff areas, this calendar highlighted if any falls had occurred so each fall could be investigated thoroughly to identify if any trends might be apparent. On the day of our visit the calendar was coloured 'green' to let staff know no falls had occurred so far this month. The additional training provided for staff developed their awareness in how increasing occupation, hydration, and using technology could have a positive effect on people's general health and well-being. We also noted that the registered manager kept a 'fresh air' chart that monitored whether people were getting out and about in the fresh air. The registered manager could see at a glance people that might need some support and encouragement to either go out for a walk or simply sit in the garden for a chat.