

Fourways (Sidmouth) Limited

Fourways Residential Home

Inspection report

Fourways
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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

Fourways 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. Fourways Residential Home is registered to provide personal and nursing care for 21 people. There are two floors and a passenger lift by the front door. The front door is accessible to people using wheelchairs as is the garden.

At our last inspection we rated the service Good. At this inspection we found the service remained Good overall, with one key question now being rated as 'Outstanding'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager working at the home. A registered manager is a person who has registered with the CQC 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 is also one of the directors of the company that owns the service. They have delegated the day to day to running of the home to a home manager and two deputies. However, the registered manager visits the home on most days and is actively involved in the running of the home.

People visiting, living and working at the home spoke highly of the quality of the care, the calibre of the staff and the well maintained environment, including an accessible garden complete with a range of seating areas and a summer house. One visitor said they regularly visited people living at other care homes in the area and said "this is my favourite." Another visitor said "we knew the moment we walked in that Fourways was the right place." People told us they were treated as equals and enjoyed the social life of the home as there were a wide range of activities and opportunities to learn and participate in different events. A newsletter kept people informed and the investment of a television, which showed pictures from events and activities at the home, had proved popular with people living at the home and their visitors.

Staff were quick to respond to people's changing needs, providing high quality end of life care with professionalism and compassion. Families praised the support they received from staff to cope with this experience. They said staff comforted them and they gained immense reassurance knowing the staff members' commitment to make their relative feel safe, at peace and pain free. The provider always provided transport to medical appointments, as well as company during these journeys and support, if needed, during appointments. People were positive about this type of support as the stress of planning of appointments was reduced as they were not reliant on organising their own transport. People told us staff were attentive and varied their support depending on how they were feeling.

People praised the high standard of food, the choice and the responsiveness of staff to make alterations to

the menu based on feedback and suggestions. Many people chose to eat in the dining room; meals were a social occasion with people staying to chat over a drink after the meal. The provider shopped for all the food on a weekly basis to ensure the quality was of a high standard. They had invested in a dessert trolley so that a range of fresh fruit and desserts could be taken to people who chose to eat in their rooms as well as providing a clear choice for people in the dining room.

People said they could speak with any of the staff if they had a concern and were confident actions would be taken, if required. There was a strong commitment to staff training, which included recognising and reporting abuse, and increasing the staff team's knowledge and skills. Staff said they would recommend working at the home and felt supported to learn; a visiting professional confirmed the service's commitment to train their staff and encourage them to aspire to a career in care. People said they felt safe and "settled" at the home. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Recruitment practices ensured people were supported by appropriate staff. Medicines were well managed.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff supported people to be involved in making decisions and planning their own care on a day to day basis and through care plan reviews.

Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were individualised. People were referred promptly to health care services when required and received on-going healthcare support. Staff worked in partnership with other agencies and visitors complimented the staff on a well-run and caring service, as well as their professionalism.

The premises were well managed and maintained to keep people safe. There were emergency plans in place to protect people in the event of a fire. A quality monitoring system at the service ensured people's views were sought through meetings, reviews and questionnaires with the aim to continuously improve the service.

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 Effective.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People's life experiences were valued as were their current opinions and skills; the ethos of the home was to encourage people to enjoy the present.

Staff are professional, competent and compassionate in an emergency situation.

End of life care is provided to a high standard in a person centred manner.

The service had a responsive and flexible approach to providing activities which was person centred.

Is the service well-led?

Good ●

The service remains Good.

Fourways 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.

Fourways Residential Home provides care and accommodation for up to 21 people. At the time we visited, 20 people lived at the home. The comprehensive inspection took place on 16 and 18 May 2018. The first day was unannounced; the inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met people who lived at the service and received detailed feedback from six people who were able to tell us about their experiences. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We spoke with four visitors and six staff to ask their views about the service. We also reviewed the service's own quality assurance system and feedback from questionnaires.

We reviewed information about people's care and how the service was managed. These included three people's care records; along with other records relating to the management of the service. This included three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. We also looked at people's medicine records and the systems in place for managing medicines, and we checked how they were administered to people. We contacted the GP surgery and the community nurse team; two professionals responded.

Is the service safe?

Our findings

The service continued to provide safe care to people. There was always sufficient staff available to meet people's needs. People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rotas. People shared examples with us. One person said they would not hesitate to call staff for help as "they really do care" and they "really do listen." Other people also praised the qualities of the staff group which made them feel safe and "settled." Their reasons included the kindness and stability of the staff group, as well as them being quick to respond to call bells, including at night times.

Staff records showed the staff team was stable and experienced. Feedback from people confirmed the provider and manager recruited new staff who suited the caring values of the service and the promotion of teamwork and professionalism. Recruitment procedures ensured necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Staff identified which people need extra support to help reduce risks to their health, such as falls. Where people were at risk of falls, their risk assessment identified what equipment was needed to keep them safe. For example, pendants that could be worn in the garden to enable people to alert staff if they needed help; we met people wearing these. People's care plans contained a variety of risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements or food allergies and dislikes.

Environmental risks were assessed to ensure safe working practices for staff. For example, to promote good moving and handling techniques through training and observation of staff practice. When staff helped people to move they supported them in a safe and competent manner; people looked at ease as staff worked at their pace. Environmental checks were completed to help keep people safe, such as monitoring hot water temperatures, servicing equipment and fire drills. There were emergency plans in place to protect people in the event of a fire. There were accident and incident reporting systems in place at the service.

The service had good systems in place to safely support people with the management of their medicines. Medicines were stored appropriately, including those needing additional security. Medicine records (MARs) were well recorded and provided an audit trail. Systems had been adopted to reduce the risk of errors, including photographs of each person receiving support with their medicines and information regarding known allergies. Staff said they felt confident in the safety of the systems and that their training had prepared them for the practicalities and responsibilities of their role.

Staff had access to training to help ensure good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. There were plentiful supplies of

PPE around the home. The laundry was well organised and staff knew how to reduce the risks of cross infection.

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they supported by staff who were skilled and understood their needs. For example, they said the staff were "very obliging, you're not made to feel a nuisance." People looked comfortable and at ease with staff and each other.

The home's environment was well-maintained to a high standard with two communal lounges and a dining room. The provider told us there was on-going investment into the environment, which included a new hairdressing salon. A new passenger lift had been installed to help ensure people were not isolated on the upper floor if they were not able to use the stair lift. People visiting, living and working at the home spoke highly of the well maintained environment, including an accessible garden complete with a range of seating areas and a summer house. People said they regularly sat out in the garden and many rooms had French doors opening onto the outside space. One person said their preferred routine was to sit in the summerhouse in the afternoon, they said staff always came out to see them and brought them drinks. In 2017, the service celebrated a gold award in a category for "Britain in Bloom." Visitors commented on the impact of the garden on their relative's well-being.

People praised the quality, the choice and presentation of the food; catering staff said they were well supported by the provider and felt part of the team. There were good systems in place to monitor people's diet and steps were taken to increase people's calorie intake if there were concerns regarding weight loss. Staff explained how they had altered people's menu to encourage people to eat after a period of ill health. When people's health needs changed, catering staff changed the preparation of their meals in response. For example, one person said staff had been considerate in the way they had prepared their food after they had dental treatment; they appreciated the thoughtfulness of staff.

People living at the home commented on the responsiveness of staff to make alterations to the menu based on feedback and suggestions, which minutes from residents' meetings confirmed. Many people chose to eat in the dining room; meals were a social occasion with people staying to chat over a drink after the meal. Alcohol was served with every main meal for those who chose to participate, including a sherry after supper. People were offered a choice of drinks and coffee pots had been introduced so people could serve themselves and maintain their independence. The provider shopped for all the food on a weekly basis to ensure the quality of the food met their standards. They had invested in a dessert trolley so that a variety of fresh fruit and desserts could be taken to people who chose to eat in their rooms, as well as providing a visual choice for people in the dining room.

Staff showed good practice when they communicated with people, such as giving eye contact. They took time to provide information in different ways to help the person understand and be involved in decisions. One person commented how staff treated them as an equal and a "normal person" who can be involved in decisions. Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met." Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The manager kept a record of all DoLS applications. They also ensured they had copies of documentation to show if relatives had legal powers to make decisions regarding health and welfare issues.

Staff praised the quality of support and training they received to enable them to perform their role. For example, they told us how the manager was "wonderful" because they nurtured staff and encouraged them to develop their skills and complete care qualifications, either to take on more responsibilities with the home leading to promotion or to enable them to access other career paths, such as nursing. The manager said they were proud of the staff group and their commitment to provide high quality care. She said she would do all she could to help staff overcome potential barriers to learning, such as dyslexia, which staff confirmed.

There were good systems in place to ensure staff were competent. For example, competency assessments were conducted to ensure continued good practice and records showed regular supervisions took place. The manager also provided hands-on care and they said this gave them invaluable insight into the changing needs of the people living at the home, as well as observing the standard of care provided by the staff team.

Staff said the level of induction and the support they received prepared them for their job and gave them confidence. Staff said they would recommend working at the home and felt supported to learn; a visiting professional confirmed the service's commitment to train their staff and encourage them to aspire to a career in care.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs. Care plans contained comprehensive information such as medical history, continence, nutritional needs, medications, and medical notes. Records showed staff, usually the providers, supported people with attending their hospital appointments. People were positive about their access to health care professionals. For example, the providers always provided transport to medical appointments, as well as company during these journeys and support, if needed, during appointments. People were positive about this type of support as the stress of planning of appointments was reduced as they were not reliant on organising their own transport. We saw people chatting to the providers as they went off for appointments; people looked at ease and relaxed. People told us staff were attentive and varied their support depending on how they were feeling.

Is the service caring?

Our findings

The service continued to provide a caring service to people. People and relatives gave us positive feedback about the quality of care provided in the service and all agreed they would recommend the home to others. People said this was due to calibre of the staff and the management team, the high standard of care and the welcoming atmosphere. Staff were friendly and warm in their conversations with people. One person who had recently moved to home said they had received a "warm welcome" and said they had "settled in so well." Staff spoke to us about how they had considered the impact of moving to a new home and adapting to communal living; this showed their level of insight and their levels of empathy.

We saw staff were kind, considerate and caring. Feedback from relatives confirmed this judgement; they said "You truly are a caring and committed 'family' and we ...felt part of it" and "X was surrounded by love and care from every member of staff." Staff recognised and took a pride in their role to support families. For example, one family said "Our whole family have benefited from our visits to Fourways, where we saw people treated with genuine love, given respect, enabled to love with dignity, according to their individual needs..." Health professionals said care staff definitely knew the people living at the home well. They said they treated people with respect and built strong relationships with the person they supported. One commented on the refined and unrushed atmosphere with a stable group of care staff.

People told us other people living at the home were friendly and there was a sense of camaraderie during meals and social activities. One person commented "The company is very nice...they are a good group." Staff respected people's friendships by ensuring they could sit together, for example at meals. The management team explained how they had supported a couple in a new relationship to ensure they had privacy. They decided to review their information about the home to ensure it was inclusive and welcoming to all in order to create a culture of openness. The manager was open to information they could share with staff to ensure they had the confidence and understanding to welcome people in a same sex partnership.

People were treated with dignity and respect. Staff showed their respect to people living at the home by their practice. We asked people how staff supported them with personal care, for example helping them with having a bath. People said staff were considerate and respectful, for example "You feel comfortable, don't feel awkward..." and "they will do anything for you." People told us they had a choice of having a male or female staff member help them with personal care, and that this choice was respected. Steps had been taken in consultation with people living at the home to protect data and personal information about them. The registered manager said a letter had been sent to people explaining the steps they had taken to keep information secure.

Staff treated people with respect, such as knocking on the door before entering, and listened to their opinions. Their interactions with people showed they knew them well. Since the last inspection, key workers have been introduced to provide people with continuity of care and help promote their dignity. For example, one person declined their pain relief, the staff member double checked this with them in a caring and unhurried way; the person acknowledged they were in pain and changed their mind. The person told us this member of staff was their keyworker, they said they valued the staff member, because they were so caring

and knew them well. Some people had opted not to be checked at night as this disturbed their sleep; this was recorded in their care plan and their wish respected.

Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's care plans were created with them, and where appropriate their friends and families, which included their social history, had also been recorded in their care plan. This gave a biography of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. We saw staff used this information as a way to connect with people and make them feel valued.

Is the service responsive?

Our findings

On this inspection, we judged the rating for this key question was now 'outstanding'. Since our last inspection, the social opportunities for people had increased in recognition of people individual wishes and different life experiences. The service was very responsive because they gave people the opportunity for people to enjoy a wide range of activities based on their likes and preferences, as well as providing new opportunities, such as an exercise class. There had been a lot of local publicity about the opening of a new store; several people chose to visit with the support of staff. Photographs showed them enjoying their visit. This was an example of recognising how people were still interested in new experiences.

The range of social activities made a positive impact on people's lives and wellbeing. For example, one person had missed a former social club when they moved to the home and so transport was arranged on a regular basis to ensure they could still attend and meet up with old friends. Staff showed insight into the changes of lifestyle that occurred when a person moved into residential care and were committed to helping them retain links to their former lifestyle. Staff recognised how important it was to people's identity and well-being to remain in independent contact with friends and the wider community. For example, they provided transport to enable people to meet up in the local town for coffee or a meal. At the weekend, a staff member was allocated to support people to go shopping. On Sundays people were encouraged to meet up in the afternoon for a social gathering. This meant people had the opportunity to participate in a social group each day of the week.

Relatives commented on how people's physical and mental health had improved since moving to the home. For example, thanking the staff "for the opportunities he had to socialise, make friends and retain his sense of self." People's life experiences were valued as were their current opinions and skills; the ethos of the home was to encourage people to enjoy the present. There was a commitment to supporting people's well-being; a gentle exercise group was popular even with those people who told us they mainly preferred their own company. A newsletter kept people informed and the investment of a screen in a communal area showed pictures from events and activities at the home. This proved popular with people living at the home and their visitors. For example, one person said their memory was poor so they liked to watch the pictures of events to help them to remember what they had done. They said their relative visited and they watched it together and then could chat about the social event.

People were encouraged to take part in discussions about local and national affairs. Newspapers were used to stimulate discussion and we observed people welcoming each other to the discussion group. At the time of the inspection, a regular news item was a royal wedding. People were heard discussing it and the plans for a celebratory meal, which included a two tier wedding cake and champagne. The day before the event, professional flower displays were added to each table; a person entered the dining room and admired the bunting. They said "Isn't that nice, red, white and blue...with the blue flowers too." Staff checked the Radio Times and made people aware of programmes they might enjoy so they could watch them in the company of others in the lounge.

The service had a responsive and flexible approach to providing activities which were person centred. There

was a broad range of activities and access to events in the local community. This included live music, visits from local schools and the introduction of ballroom dancing. The service was no longer reliant on community volunteers as they had bought their own accessible transport so staff encouraged people to have a trip out for a change of scenery. Attention was paid to people's individual social needs. The provider recognised the importance of designated staff during the week to provide social stimulation. People responded well to these staff members, and to the visits of a therapy dog. There were regular events which included families and friends, such as Christmas and summer parties.

Care records, feedback and our observation of staff practice confirmed staff responded to an emergency or a person's slow decline in health in a responsive, professional and calm manner.

For example, during the inspection, a person became very unwell and an ambulance was called. There was a rapid response to people's changing care needs. Staff worked closely as a team and ensured the person was not left alone. There was good communication between staff members and the atmosphere remained calm and unhurried so other people's daily routines were not disrupted. Staff remained smiling and patient in their responses to each other and to other people living at the home, although in the privacy of the office they were clearly very concerned about the person's welfare.

Staff knew people well so this meant they recognised the changes in people's long term health care conditions. A person said their spouse's health had deteriorated recently and they explained the skills of the staff gave them peace of mind and helped them to relinquish some of the caring responsibilities. They explained how staff now provided more support in recognition of their spouse's increased care needs which reassured them, as did the contentment their partner showed. They told us despite their spouse's increased care needs, staff still ensured they had private time together and respected their relationship.

The service is particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life. The manager said their aim was always for people to have a good death, free from fear and pain. They explained how this was achieved, including practical steps, such as the provider buying equipment quickly to respond to people's changing needs, for example an adaptable bed with a specialist mattress. They stressed the importance of the person being given the opportunity to contribute to their own end of life plan and they showed us completed examples which were varied and reflected individual people's wishes

Throughout our inspection, the manner of staff was professional as well as gentle and compassionate, which was confirmed by a relative. They told us how the staff team had provided reassurance and filled them with confidence because of their "very good decision making" and their relationship with health professionals. They said "this is such a special place" because they were "interested in (X)" and they told us the staff did all they could to ensure their relative was not frightened and felt safe. They complimented staff on how they had offered compassionate support family members during this sad period, as well as the people who lived at the home and had been friends of (X). They were given the opportunity to visit and say their own goodbyes.

The manager also recognised how staff had different skills and strengths and reviewed the rota to ensure a person who was dying had the company of staff who had a particular connection with them and could give them confidence. Many relatives praised the skills of staff in providing end of life care, such as "you made it all much more bearable." Their comments included "we could not have asked for better care these last few weeks of her life. She was able to drift away in lovely surroundings and with people who cared for her" and "you treated her so kindly."

Care and support was being planned in a truly person centred way. Care plans were tailored to meet

people's individual needs and were regularly reviewed. This meant staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This showed the care plan was developed with the individual and had their agreement. Daily records provided a clear account of how people had been supported and documented changes to their health or emotional well-being. Our conversations with staff demonstrated a strong rapport with people and a commitment to work alongside them as equals.

Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. For example, additional lighting had been provided in the dining room based on feedback and improvements made to how the laundry was managed. A visitor said a concern linked to a missing item had been given "prompt attention." Staff kept a log of general concerns, which showed how they listened to people's feedback and addressed issues promptly. For example, we met with one person who said they had told staff they had difficulty in keeping warm, despite having two radiators in their room. As a result, an electric wall heater had been added to the room which could be used in conjunction with the central heating.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they were able to communicate with, and understand each person's requests and changing moods. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. Staff gave information to people, such as when activities were due to take place both verbally and in a written format. Staff recognised that effective communication enhanced people's wellbeing and made support more effective.

Is the service well-led?

Our findings

The service had a positive and inclusive culture. People said they felt "so welcomed." The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was run in an open manner with good communication and information, which people living, working and visiting the service confirmed in their feedback. For example, people were updated on planned changes and the reasons why they were taking place, such as the installation of the passenger lift and the introduction of a new care planning system. People living at the home knew the staff well and were clear about their individual roles. Staff wore uniforms to show their different roles and named staff photos were kept up to date to help people distinguish different members of the staff group; a visitor said this was helpful.

The registered manager and the management team were experienced, organised and knowledgeable about the emotional, social and physical needs of the people living at the home. The management team worked alongside staff to provide hands-on care and ensured they kept their own practice up to date to provide a strong role model to the staff team. They shared examples of when they had worked extra hours to support people at the end of their life or when equipment needed to be assembled to respond to a person's changing needs. Staff recognised the manager as a role model and saw them working alongside them as a positive. For example, a staff member wrote "Thank you for keeping me on my toes for the last three years! I'll never forget my first job in care thanks to you all." The manager and providers recognised the importance of employing the right calibre of staff.

Visitors commented positively on it being a "family business" run by "a very hands on manager/owner." Staff praised the manager for enabling them to develop their skills and confidence; one said they loved working at the home because they had been supported to learn and develop their confidence. A local college thanked the provider for providing work experience to a student and offering "support and guidance which was much appreciated by everyone concerned." Staff commended the manager and the provider for their attention to detail but also to their flexible approach when staff had issues outside of work and needed additional support.

There was an open culture and people's opinions mattered. People living at the home were encouraged to feedback their views of their care and the service at meetings and on a daily basis staff responded to feedback during general conversation. Since the last inspection, a Facebook page has been introduced so that families living further away could be kept up to date with activities in the home and with their relatives. Regular meetings were held with staff to share information to maintain the quality of the service, with minutes kept. Surveys had been sent to people living, visiting and working at the home and records showed action had been taken to respond to suggestions or requests for improvement. The quality of recording people's concerns and suggestions and the subsequent actions ensured all matters were addressed promptly resulting in people feeling their opinions were valued. Relatives echoed this view and said they had every confidence concerns would be resolved quickly and professionally. One said the staff were "professional and so gentle."

Since the last inspection, the provider has invested in a new care planning system which enabled staff in discussion with people living at the home to make changes to their care; an alert system ensured staff were updated. This helped keep people safe. Deputy managers undertook a monthly care review of the system to help them identify increased risks or trends. For example, the number of falls to see if there was a pattern. There was a comprehensive quality assurance system in place, which ensured the service was well run. The premises were well managed to keep people safe. Accidents in the home were monitored and ensured staff had acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns staff took action to find ways so further incidents could be avoided.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. This was confirmed by health professionals who said there was good communication with the service and timely referrals; one described the service as well run. Care files showed evidence of health professionals working together with the staff. For example, GPs, dentists and community nurses.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration. At the time of the inspection, work was taking place to update their website.