Foxby Hill Care Home Limited

Foxby Hill Care Home

Inspection report

Foxby Hill
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Foxby Hill Care Home is registered to provide accommodation for up to 47 people requiring nursing or personal care, including older people and people living with dementia. The home is organised into two distinct living areas. On the ground floor, up to 27 people live in Warren Lodge which caters for people with a range of nursing and care needs. On the first floor, up to 20 people live in the Bluebell Suite which is reserved for people living with dementia. The registered provider also operates a day care support service in the same building as the care home, although this type of service is not regulated by the Care Quality Commission (CQC).

We inspected the home on 2 November 2016. The inspection was unannounced. There were 46 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, the provider had submitted DoLS applications for three people living in the home. The local authority had approved one of these applications and was in the process of assessing the others. Staff at all levels had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Any decisions that staff had made as being in people's best interests were correctly documented.

The registered manager and her team had worked hard to address the areas for improvement identified at our last inspection in June 2015. Although, on this occasion, we found the need for improvement in the management of people's medicines, there was no evidence that anyone had come to any harm and, prior to our inspection, senior staff had already picked up most of the issues of concern and were in the process of addressing them.

There were sufficient staff to meet people's needs and staff worked together in a mutually supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for advanced qualifications. The registered manager maintained a high profile within the home and provided strong, supportive leadership to her team. Staff were provided with close supervision and shift handover meetings were used effectively to ensure staff were aware of any changes in people's needs.

Staff knew how to recognise and report any concerns to keep people safe from harm. People's individual risk assessments were reviewed and updated to take account of changes in their needs and staff worked

closely with local healthcare services to ensure people had access to any specialist support they required. A range of auditing and monitoring systems was in place to monitor the quality and safety of service provision.

There was a warm, relaxed atmosphere in the home and staff supported people in a kind and friendly way. Staff knew and respected people as individuals and provided responsive, person-centred care. People were provided with food and drink that met their individual needs and preferences. A varied programme of activities and events was organised to provide people with stimulation and occupation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some people's medicines were not managed safely in line with good practice and national guidance

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff provided person-centred care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's individual care plans reflected their personal needs and preferences and were kept under close review by senior staff.

Staff knew people as individuals and provided care that was responsive to each person's wishes and requirements.

A varied programme of communal activities and other events provided people with stimulation and occupation.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Good

The service was well-led.

The registered manager provided strong, supportive leadership was respected and admired by her team.

The registered manager had worked hard to address the areas for improvement identified on our last inspection.

Staff worked together in a friendly and supportive way.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Foxby Hill Care 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. The inspection was planned to check whether the provider was 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.

We visited Foxby Hill Care Home on 2 November 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, eight visiting relatives or friends, the registered manager, the clinical lead ('the senior nurse'), two members of the care staff team, one of the activities coordinators and the kitchen supervisor. We also spoke with a local healthcare professional who had regular contact with the home.

We looked at a range of documents and written records including three people's care records and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the home and that staff treated them well. One person said, "Oh yes, I am very safe." One person's relative told us, "We are much happier now he is here."

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority and the CQC. Advice to people and their relatives about how to contact these external agencies with any concerns or complaints was provided in the introductory booklet that people received when they moved into the home.

However, when we reviewed the provider's management of people's medicines we found that this was not consistently safe. For example, one person's prescription medicine was out of date and was not listed on their medicine administration record (MAR) sheet which meant it was difficult to ascertain whether the person had received the medicine or not. Additionally, on several recent occasions we saw that the nurse conducting the medicines round had not signed people's MAR sheets to confirm that they had administered their prescribed medicine. Although in most of these instances we were able to establish that the person had received the medicine as prescribed, on one occasion a few days before our inspection, we found one person's medicine had not been administered and was still in its blister pack. There was no explanation on the person's MAR sheet to indicate why they had not received this medicine. Furthermore, in the days following this possible error, none of the nurses who had administered the same medicine had reported it to the senior nurse in accordance with their training. To ensure medicines were kept at the correct temperature and were safe for people to take, nurses were required to check the temperature of the medicines fridge on a daily basis. However, when we reviewed the record of temperature checks, we found multiple instances when nurses had not signed to indicate this had been done. Although there was no evidence that people had come to any harm as a result of these various shortfalls, improvement was required in the storage and administration of people's medicines to ensure these were in line with good practice and national guidance.

More positively, we saw that the arrangements for the storage, administration and disposal of any medicines which are subject to special storage requirements were managed safely. We also reviewed the monthly medicines audit undertaken by the senior nurse. We saw that she had already picked up most of the issues we had identified and was due to meet with all the nursing staff shortly after our inspection, to review the issues of concern and provide further instruction and training as required. We also saw that through her medicines audits, the senior nurse had identified that the fridge thermometer might be faulty and had arranged for a replacement.

We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to mobility and nutrition. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified.

For example, one person had been assessed as being at risk of falling out of bed and had given their consent for rails to be fitted to the side of their bed to reduce this risk. Senior staff reviewed and updated people's risk assessments on a regular basis. For example, following a change in their health, one person's mobility risk assessment had been amended to indicate that they now needed assistance from staff with some tasks they had previously been able to manage without support.

People told us that the provider employed sufficient staff to meet their care and support needs and to keep them safe. For example, one person told us, "Yes, staff are always available." Talking of the importance of meeting people's care needs without rushing, one member of staff said, "Occasionally someone might ring in sick. Even then, we don't rush and make sure everyone [who needs it] has their pressure area care. We have to do it every two hours for everyone who is non-mobile." The registered manager told us she kept staffing levels under regular review and had last made adjustments about six months previously, following feedback from staff. The registered manager also said, "We have two bank carers and the [regular] care team are pretty good at covering. If we are running short, I will step in and cover any gaps on the roster, sometimes at weekends. They can call me at any time." Staffing levels were higher in the Bluebell Suite, reflecting the particular needs of the people living there. We spent time in the unit and saw that there was a calm, relaxed atmosphere and that staff had time to engage with people on a one-to-one basis which helped distract and calm anyone who might be becoming distressed. One member of staff who normally worked in the Bluebell Suite told us, "Some people can get agitated. We try to help them by keeping them busy. We've got enough staff [to do that]."

Some people's relatives said that they sometimes had to wait a long time for the front door to be answered when they visited at weekends. The manager confirmed that there was no receptionist on duty at weekends which meant care staff were expected to answer the door. Acknowledging that the weekend was a popular visiting time with relatives, the registered manager told us she would reflect on the feedback provided and try to identify a solution.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that suitable references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the provider had employed people who were suitable to work with the people who lived in the home.

Good

Is the service effective?

Our findings

People we spoke with told us that staff had the knowledge and skills to meet their needs effectively. For example, one person's relative told us, "This is much better than his last place. "[Name] has settled in so well." Commenting on their experience of working with the staff in the home, a local healthcare professional told us, "They are a good team. They are very knowledgeable and do a sterling job."

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA). This 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. Staff understood the importance of obtaining consent and providing people with the chance to exercise as much control over their lives as possible. One staff member told us, "You've got to give choice. It doesn't matter what condition you have, you are still a person. How would you like it if I came into your room and picked what you wear?"

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for three people living in the home. One of these applications had been approved by the local authority and the other two were in the process of being assessed.

The registered manager and other senior staff made regular use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. We found that any best interests decisions that had been taken were well-documented and provided clear evidence of the process that had been followed. For example, one person had lost the capacity to give consent to staff to administering their medicines. To ensure the person continued to receive the medicines that their GP had prescribed, staff now gave this person their medicines in food or drinks, without their knowledge. We saw that this important decision had been taken by a senior member of staff as being in the person's best interests, following a documented discussion with their GP and relatives.

New members of staff participated in a structured induction programme which included initial training and a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their own induction, one recently recruited member of staff told us, "They didn't throw me in at the deep end. They didn't push me. They let me decide when I was ready [to work unsupervised]. They gave me a booklet about every resident describing their medical condition and any likes or dislikes. That was really helpful." Talking of the role they played in the induction of new members of the care team, one senior member of staff said, "Every one shadows for at least two weeks. But some are new to care and need a bit longer. [The registered manager] assesses their competence and signs them off." The provider had embraced the National Care Certificate which sets out common induction standards for social care staff. The registered manager told us that four staff were currently working towards the certificate and that she was in the process of becoming accredited as an approved assessor.

The provider maintained a record of each staff member's annual training requirements and provided a range of courses to meet their needs including moving and handling, dementia awareness and first aid. On our last inspection of the home in June 2015, we had found shortfalls in this area and told the provider that improvement was required. The registered manager had taken action in response to our findings to ensure the training record was accurate and up-to-date. Staff told us that they enjoyed the training provided and that it helped them in their work with the people who lived in the home. For example, reflecting on a recent dementia awareness training course they had attended, one member of staff said, "It gave me an insight into the needs [of people living with dementia] and how to look after them properly. The importance of facial expressions and hand gestures in communicating their wishes." One new member of staff told us, "I have done quite a bit of training already. I've got fire training in 20 minutes!" The provider encouraged staff to study for nationally recognised qualifications. One member of staff said, "I did my NVQs. [The registered manager encourages people to study for them. Normally, when new staff start she likes to get them onto NVQs as quickly as possible."

Staff received regular supervision from the registered manager and other senior staff. This had also been an area we identified as requiring improvement on our last inspection and, again, the registered manager had taken action in response. As part of the supervision process, the registered manager and other senior staff worked alongside front line care staff to observe them undertaking key aspects of their role such as moving and handling and personal care. Staff were provided with written and verbal feedback following these observations and told us they found the process extremely positive and helpful. For example, one staff member said, "I have had [several observational] supervisions. One was helping someone to eat. Another was re-positioning someone with a ceiling hoist. A senior observed me and gave me written feedback. I did everything in the way that I was shown [in my training] and there was nothing for me to change." Staff also received an annual appraisal which provided them with an opportunity to reflect on the previous year and discuss any issues or concerns. At the time of our inspection, the registered manager was in the process of sending out the annual appraisal forms and scheduling office-based appraisal meetings with each member of staff.

People told us that they enjoyed the food provided in the home. One person said, "The food is very good." Another person's relative told us, "[Name] loves the food." The kitchen supervisor told us that people tended to have toast or cereals for breakfast although some people enjoyed hot options such as poached or scrambled eggs. There was also a variety of hot and cold choices available at teatime, including homemade cakes several times each week. For lunch, people had a choice of two main course options although kitchen staff were always happy to make an alternative if someone didn't fancy either of the main options. For example, some people preferred soup on occasion. Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. The kitchen supervisor told us, "They like sweet and sour chicken, that goes down well. But they didn't like casserole." Staff had a good understanding of people's nutritional requirements, for example people who had allergies or who followed a reduced sugar diet. Staff were also aware of which people's food needed to be pureed to prevent the risk of choking or fortified to help someone maintain their weight. A range of drinks was available throughout the day to help prevent dehydration and other health risks.

The provider ensured people had the support of local health and social care services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, speech and language therapists and community psychiatric nurses. For example, care staff had identified one person as being at risk of weight loss. Specialist advice had been obtained and a range of measures implemented to address the issue of concern. Describing their experience of working with the nursing and care staff team, a local healthcare professional told us, "They are proactive and will keep us up

to date [about any changes in people's needs] without being prompted. They are a pleasure to work with."

Good

Is the service caring?

Our findings

People told us that staff were kind to them and went out for their way to be helpful. For example, one family member said, "If we aren't available to take [name] to an appointment the company driver and transport are always available and [are] caring [in their approach]." Writing to the registered manager following a recent stay in the home, one person had commented, "I wish to thank you for all your help, love and kindness."

There was a warm, relaxed atmosphere in the home and throughout our inspection visit we saw that staff supported people in kind and friendly ways. For example, we watched one member of staff patiently helping someone make their way through the home, offering gentle words of encouragement throughout. Once the person had settled in one of the lounges, the staff member took time to make sure everything they needed was close at hand before they left. On another occasion, we saw a member of staff noticed one person was becoming slightly distressed. The staff member took time to engage the person in a favourite one-to-one activity which helped reduce their anxiety. People's visitors told us staff also made them feel welcome and at ease, whenever they came to the home. Complimentary tea and coffee making facilities were available for visitors and one person's relative said , "Our grandson visits regularly. He has been encouraged to feed the fish in the pond outside. There is now a container in the office with his name on it full of fish food. He regards it as his duty to feed the fish every time he visits!"

Describing her personal approach to the provision of care, the registered manager told us, "I want service users to feel they have a life worth living. I want them to be able to get anything they need to be comfortable and happy." This philosophy was clearly understood by staff and reflected in the way they supported people. For example one staff member told us, "I love looking after the residents. This is their home and we give them the best care that we can." Another member of staff said, "I treat people like I treat my own relatives. We are working in their home and [when I am giving people personal care] I am as gentle as I would be with my own relatives. I love to watch people laugh and smile."

Staff were committed to helping people to maintain their independence and to exercise as much choice and control over their own lives as possible. Talking of one person they supported to get washed in the morning, a member of staff said, "I encourage them to wash everything they can. It gives them the sense of doing it for herself rather than someone taking it away." Another staff member told us, "We have some early risers who ask if they can have their breakfast in their room. We say, 'That's fine. In your bed or in your chair?' We make sure they have choice and independence."

The staff team also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering. At one point in our inspection visit, demonstrating their awareness in this area, a member of staff quite rightly reprimanded our inspector who was about to enter a communal toilet without first knocking to ascertain if anyone was inside. Staff also told us that they were discreet when supporting people with their personal care needs. For example, one member of staff said, "I always make sure the door and curtains are closed and the room is warm. I try to keep as much covered as possible." Another member of staff said, "One lady prefers to put her trousers on in bed and then stand up. Another likes to put her trousers on sitting on the

side of the bed. Sometimes I forget and they soon put me right!" To maintain the confidentiality of people's personal information, the provider had systems in place to ensure people's personal care records were stored securely and that computers were password protected.

There were two double occupancy rooms in the home although on the day of our inspection one of the rooms had only one person living in it. The registered manager told us that these rooms tended to be used by people when they first moved into the home and that they usually moved to a single room when one became available. Both rooms had an ensuite facility which made it easier for staff to support people in ways that protected their privacy and dignity. However, the registered manager told us that the continued use of shared bedrooms was, "Something I keep discussing with the owner. It's not ideal."

The registered manager was aware of local lay advocacy services and told us that there were people who lived in the home who had the support of an advocate to help them make decisions and articulate their wishes to the provider and other agencies. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Information on local services was included in the information booklet given to people when they first moved into the home.

Good

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager or the senior nurse normally visited them personally to carry out a pre-admission assessment. The registered manager told us, "We have to be sure we can meet the person's needs. Also, for the people who already live here we are inviting someone new into their home. It's not fair on them if we couldn't meet someone's needs and they became unsettled." Once it was agreed that someone would move into the home, an admission date was agreed with the person and their family. Talking about the importance of managing this process in a responsive and person-centred way, the registered manager said, "Whoever did the pre-admission assessment is always here to greet the person. It's not very nice going somewhere strange on your own. They sometimes say, 'I recognise you!'." Once the person had moved in, senior staff prepared an initial 'summary of care' document which provided staff with initial information on the person's key preferences and requirements. Over time, this was developed into a full individual care plan.

We reviewed people's care plans and saw that they were written in a detailed way, enabling staff to respond effectively to each person's individual needs and preferences. For example, one person's plan advised staff that they preferred spending time watching DVDs and listening to music in their room rather than participating in communal activities. Another person had indicated that they liked to sleep with their dentures in. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "I was struggling with one lady. I went to look at her care plan to find out more about her. It was all there." Another staff member told us, "The care plans give you an insight into the person you are looking after." Senior staff reviewed each person's plan on a monthly basis to make sure it remained up to date and accurate. For example, following a change in one person's health their mobility risk assessment had been updated to provide staff with additional guidance on how to support the person safely and effectively. People's relatives told us that senior staff were proactive in advising them of any changes in their loved one's condition. For example, one relative said, "The [registered manager] regularly informs me of any …. changes." The manager told us that staff organised an annual care plan review meeting with each person and their family although she agreed to amend the way these meetings were recorded to make it clear that everyone had been offered this opportunity.

Staff clearly knew and respected people as individuals and provided care and support in a responsive way that reflected their individual needs and wishes. One person said, "My name is [name] but everyone calls me [name] because that is what I prefer." One member of staff told us, "They are all individuals and we have to meet their individual needs. One person likes to go and sit in the lounge before breakfast. Little things make such a difference." Commenting on the flexibility and responsiveness of staff, a visitor told us that on one occasion they had brought in fish and chips for their relative. Staff had arranged a special table for the family to eat together on their own and provided a selection of desserts for them to enjoy.

The provider employed two part-time activities coordinators who, between them, organised and delivered a programme of communal activities and other events every day, Monday to Friday and occasional weekends. The activities coordinators prepared a varied range of activities including baking, quizzes and crafts. The programme had been designed carefully to meet people's needs, including those people who were living

with dementia. For example, every weekday morning one of the activities coordinators led a communal read through and discussion of that day's section of the 'Daily Sparkle' – a newsletter published specifically for older people living in care homes. One of the activities coordinator said, "We normally have about 10 or 12 people joining in. It's a very good communication tool that gets people thinking and brings them out of themselves. Sometimes we use props like old dolly pegs or shaving brushes." On the afternoon of our visit, one of the activities coordinators led a 'music for memory' session which was very well-attended. There was a great deal of audience participation and the event was clearly enjoyed by everyone involved. The activities team also organised a programme of special events and outings including visits from local singers and visits to local pubs and other attractions. Commenting positively on the programme of activities and events available to their relative, one visitor said, "He is singing and dancing at every opportunity."

Activities staff demonstrated their awareness of the need to spend time with people who were being cared for in bed and did not have the opportunity to participate in communal activities. For example, one of the coordinators said, "Every day I visit people in their rooms. I might do hand massage or reminisce a little. I tend to [respond] to how they are on the day." Staff supported people to pursue their personal interests such as knitting, gardening or remaining active in their local church. One person told us that staff were always happy to provide them with transport to church if their relatives were unavailable to take them. There was also a monthly Church of England communion service in the home and staff told us that priests of other denominations were available to visit people if requested.

Information on how to raise a concern or complaint was provided in the information pack which people received when they first moved into the home. People and their relatives told us they were confident that any complaint would be handled properly by the registered manager. However, people also told us that they had no reason to complain. One person's relative said, "This is the Grand Hotel compared to [their] last home. No complaints." The registered manager told us that formal complaints were rare as she was well-known to people and their relatives and always tried to respond to any issues before they escalated. She said, "I always try to resolve things informally. If you don't address it and sort it out, it becomes bigger." Confirming this approach, one person's relative told us, "We have a good rapport with [the registered manager] and she's very understanding." The provider kept a record of any formal complaints and we saw that the small number that had been received had been managed effectively by the registered manager in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

The people we spoke with told us they thought highly of the home. One relative said, "I am involved with another care home with a different member of my family and this one is far superior to that one." Talking of their experience of visiting the home regularly, a local healthcare professional told us, "It's one of the better ones I visit. It certainly ranks in the upper percentiles."

Throughout our inspection visit the registered manager demonstrated a positive, responsive approach. She told us she had been very disappointed with the outcome of our last inspection of the home and had clearly worked hard to address the shortfalls we identified at that time. For example, the improvements she had made to staff training and supervision. She provided strong, 'hands on' leadership and was clearly respected and admired by everyone in her team. Describing her approach, the registered manager said, "I walk round twice a day. I know all the residents and go to see everyone every day. I [also] encourage staff to be open and speak frankly. I have an open door policy." Talking fondly of the registered manager, one member of staff told us, "She doesn't miss a trick. She knows everything going on here." Another member of staff said, "I love [the registered manager]. She's really good. If you are having a hard time she will give you a cuddle and a chat. Even if she is busy she will make an effort for us. I love watching her with all the residents. I always say to my friends. If you want a job, come here!" Staff were aware of the provider's whistle blowing procedure and knew how to use it if they had concerns about the running of the service that could not be addressed internally.

Staff worked together in a friendly and mutually supportive way. One member of staff said, "There's a good atmosphere in the staff team and teamwork is good. I offer advice to my colleagues and they offer it to me." Another staff member told us, "I love it here. We've got a good team of staff and a good team of managers. We all work really well together." Regular team meetings and shift handover sessions were used to promote coordinated teamwork and effective communication. Reflecting on their experience of the handover arrangements in the home, one member of staff said, "If I come on in the morning and hear that someone has been poorly it's helpful to know this. For instance, someone who needs encouragement to drink. If it's [very] important they will mention it in morning and afternoon handover for a week. So everyone hears it."

The provider had systems in place to monitor the quality of the care provided. For example, senior staff had conducted a comprehensive infection prevention audit. This had identified the need for some replacement equipment which had been purchased. Senior staff also reviewed people's care plans, individual risk assessments and medicines records on a regular basis and we saw that follow up action was taken as required.

The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in consultation with other agencies whenever this was necessary. We also saw that the registered manager and other senior staff took time to reflect on significant incidents to identify learning to try and prevent something similar happening again. The registered manager told us that copies of the report of our last inspection were kept on the reception desk and were always given to anyone who made an enquiry. However, we reminded her

that, in addition to this positive initiative, our report and rating needed to be displayed prominently within the home and on the provider's website. The registered manager apologised for this oversight and took immediate action to rectify it.

The provider conducted regular surveys of people and their relatives to measure satisfaction with the service provided. The registered manager told us she reviewed any feedback received and was in the process of updating the survey form to mirror the five key questions considered in a CQC inspection. We saw that people had been invited to participate in a recent tasting session with the company that provided most of the food served in the home. The purpose of the event was to identify new menu options and, reviewing people's feedback, we saw one person had commented, "Colcannon Mash – very nice!" The kitchen supervisor confirmed that this and other dishes would be added to future menus to reflect the feedback received. We also saw that many family members and friends had written letters and cards to the registered manager confirming their high level of satisfaction with the service provided to their relative. For example, following the recent death of their loved one, one family member had written to say, "We would like to express our grateful thanks to you all for the way you took care and looked after [name]. We could not have wished for better care."