Methodist Homes

The Fairways

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
The Fairways is a residential care home providing personal care to 60 people. At the time of this inspection 51 people were being supported at the service and one person was in hospital. The service is managed by the Methodist Homes group which is a charitable organisation. En-suite rooms or self-contained apartments were available in one building over two floors. The ground floor supported people who were living with Dementia.

People's experience of using this service and what we found

We found the impact on people from the current staffing levels was minimal although staff consistently raised with us that they felt there was not enough staff.

There was a divide in the staff culture within the home. The majority of care staff that we spoke with disclosed a poor working relationship between them and the senior care staff.

Although the registered manager had responded to our findings these had not all been identified during assessments of service delivery.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives praised the care and told us staff were kind and caring towards them. The staff were respectful and encouraging of people's cultures and beliefs. People's support plans were personalised and contained detailed information on how to meet their specific needs. They referred to people in respectful and dignified ways.

We saw documentation around end of life wishes recorded and the compassion shown by the staff at this time was praised.

The service had built good links with external professionals and the surrounding community. An enhanced activity role of community co-ordinator was in place and planned events that bought the community into the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 4 January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

The Fairways

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector, an assistant inspector and a medicines inspector.

Service and service type
The Fairways 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 16 July 2019 and ended on 27 July 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and three relatives and visitors about their experience of the care provided. We spoke with 17 members of staff including the quality business manager, the registered manager, deputy manager, senior care staff, care workers and domestic and kitchen staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –
We sought feedback from health and social care professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Staff consistently raised with us that they felt there was not enough staff. Comments included "There is not enough staff at all. We have raised staffing, but we have been told we have enough", "It can be terrible, staffing is very much an issue. It can be hard with the needs we have, people need a lot more", "If we haven't got time to help people we have to prioritise and some people get left as we haven't time to get around to everyone" and "We have raised issues of staffing but we feel now there is no point as they said no matter the needs of people they won't sort it out."

● We found minimal evidence of impact on people from staffing levels not being sufficient. There was only one instance during the evening meal where one person had walked away from the dining room and was in tears. Staff were unavailable to support this person due to serving the meal. We asked a staff member to support and they helped the person to sit in the lounge and offered to fetch them a meal. The person walked away before the staff member returned.

● People confirmed staff were available and responsive when they required support and no concerns were raised over people being left. Call bells were not ringing for prolonged periods of time and the registered manager analysed the call bell response times every 24 hours.

●The registered manager used a dependency tool to calculate staffing and confirmed they observed that staff were able to spend time with people sitting and chatting. We saw that people had a needs dependency assessment in their care plans and this fed into the staffing level allocation. The rota showed that at times instead of 10 there were nine or eight members of staff. The registered manager explained they were not at full capacity and shortages were covered by the deputy manager or agency when required.

● The registered manager expressed disappointment that staff felt this way and said meetings had been held with staff to help them understand how the staffing levels were calculated. The registered manager told us further conversations with staff would take place to understand their feelings and what these are being based on. Following our inspection, the registered manager informed us an open forum with staff was planned to discuss the reasons for feeling that there are insufficient staff.

We recommend in light of the comments made by staff that the registered manager continues to review the levels of staffing and deployment of staff, to ensure people remain safe.

● There were safe recruitment and selection processes in place to ensure people received care from suitable staff. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Assessing risk, safety monitoring and management

● Staff made us aware of a hoist that was not working properly and said this had been the case for around 12 weeks. One staff said, "We have a hoist downstairs, they keep saying it's going to be fixed but you have to push it to move it, someone has to hold the person in it as it's dangerous." We observed staff using this hoist and saw it was stiff to push. We raised this with the registered manager who told us this was being fixed today and that it had been outstanding longer than they had wanted." The contractor arrived during the inspection and the work on the hoist was completed.
● Risks to people had been considered and the safe management of these were recorded in people's care plans not on separate risk assessments. We saw clear detail recorded for people at risk of falls or at risk of pressure ulcers. One healthcare professional told us "All staff are knowledgeable about the residents they care for and are very proactive in sharing information about changing needs, for example where pressure ulcer risk increases."
● The service supported people who at times could become anxious and display verbal or physical behaviours towards other people or staff. At these times staff would record the incident on a behaviour chart and the support given. We saw that people's behaviours were discussed within their mental health care plans. One person did not have much detailed information around potential triggers for their escalating behaviour or the responses staff should take. The management took responsive action when we raised this and amended the care plan during our inspection. One relative told us "Some residents can be challenging, and staff are amazing and so kind."
● The service was in a transition period with a new maintenance man having recently taken over. We reviewed checks around health and safety relating to the service which included, fire alarms, emergency lighting, legionella, gas safety and electrical appliance testing. These had been maintained appropriately. People had emergency evacuation plans in place which detailed the support they required to safely leave the building.

Using medicines safely
● Medicines were administered by trained senior carers. The records we reviewed showed medicines were being given as prescribed. Medicine was stored securely in a locked room; however, the medicine fridge keys were on the fridge and the room was accessible by other staff who did not administer. This was immediately rectified, and the keys were put onto the medication key ring.
● Medicines which were prescribed to be taken 'when required' (PRN) had protocols available which clearly explained when it would be appropriate to administer these medicines for each person. One person who had PRN medicine was not requiring this on a regular basis but had continued to be prescribed. Following the inspection, the service requested a review of this person's medicine and it has since been discontinued.
● People could look after their own medicines if they wished and we saw risk assessments had been completed to ensure it was safe to do so. These medicines were not always being stored securely, however this was rectified during the inspection.

Systems and processes to safeguard people from the risk of abuse
● Staff were aware of their safeguarding responsibilities and the action to take should they suspect abuse. Comments included "I would take it to the manager, if not managed I would whistle blow", "I would report it to management. We know this will be investigated and clarified if needed" and "Never seen anything inappropriate, I would report straight away, I care about people as if they are my parents. I love the residents."
● People felt safe living at The Fairways and had no concerns that staff would not act to protect them. Comments included, "I have no worries at all about safety. I have a buzzer (visible around person's neck) and I can call for help", "No worries about safety, I can lock my room" and "I am safe, they check on me at night." One relative said "No safety concerns at all. They can have a key to apartments. My relative has a pendant, it picks up where the person is which is good."

Preventing and controlling infection

● The home was clean and smelt fresh. The housekeeping staff covered shifts across seven days a week to maintain standards of cleanliness within the home. Staff had received training in infection control procedures and were confident in their knowledge of how to manage this.

Learning lessons when things go wrong

● Systems were in place for staff to report accidents and incidents. The registered manager said they reviewed the reports online and would then check the person's care plan to ensure it had been updated in light of the incident. We saw that the actions taken were clearly recorded. The registered manager explained it also formed part of a monthly report and if someone experienced two or more falls it triggered further investigation.

● Events were shared with staff as learning opportunities. The registered manager told us "We do lessons learnt for certain incidents and have a file for staff. We do it for incidents such as medicine errors and the learning we take from this."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to moving into the home and receiving care. People were involved in the assessments of their needs. The registered manager told us by spending time walking around they could identify good practice and feedback to staff and also support areas of practice that needed improvement.

● The service drew on technological advances to support care practices. For example, we observed people enjoying a virtual assistant device to search for their favourite songs. The service also had an interactive table activity which people loved to use with younger family members when they visited. Hands free voice-controlled devices were situated in the bathroom, so people could enjoy music whilst they had a bath.

Staff support: induction, training, skills and experience

● People were supported by staff who had the necessary skills and knowledge needed to be effective in their role. The registered manager had a training matrix to record what training staff had completed and when this was due to be refreshed. Staff had the opportunity to progress to senior roles and complete higher-level training if they chose to. One healthcare professional told us "Staff are aware of residents needs and where these have changed recently or fluctuated, they work to ensure that the support offered is appropriate to the resident at that time."

● New employees received an induction to the service comprising of shadowing a more experienced member of staff, completing an induction workbook and undertaking mandatory training. Staff spoke positively about their induction commenting, "The induction was really good and supportive, I learnt new things here" and "Everything was really good when I started, and staff were welcoming."

● Staff supervisions were completed every eight weeks, which offered time to reflect, consider future progression and raise any concerns. The majority of staff had received supervisions within this timeframe with only a few outstanding.

Supporting people to eat and drink enough to maintain a balanced diet

● The onsite bistro kitchen was run separately to the care home but was commissioned to provide meals for people in the home. The kitchen had a five-star food hygiene award. We spent time speaking with one chef and saw they had records of people's likes and dislikes. People from the home also had the option to eat in the bistro which some did weekly, or for special occasions with their relatives.

● People were able to choose their preferred meal from two options at the time of eating. There was an alternative menu from the main meal choices which included other choices such a omelettes or sandwiches. For some people with dementia the choices were shown visually by staff. People had a pleasant dining experience and staff were attentive to people who needed support.

● There were mixed reviews about the food from people and staff. Comments included "On the whole it's

good, wholesome, you get choice, they try their best. A cake and tea trolley comes round", "People don't always like the food, they like traditional meals but here they have more modern food", "There is lots of food waste, there is always plenty of food, but they don't want a cooked meal every day, not on a hot day like this" and "Most days food is good, there is always choice." The registered manager was very aware of the issues raised about the food and was having regular meetings and contact with the manager of the kitchen staff. One staff said, "The management are being really good at trying to sort it out."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to access external healthcare professionals where needed. Records of visits, advice and treatment were documented in people's care plans alongside information on any specific health conditions a person had. We saw one person had received input from the Speech and Language Team (SALT) around their diet and their care plan contained detailed information on how staff could support them, and the advice SALT had given.

●One relative told us the communication from the service was good commenting, "They tell me what they have done and any professionals they have involved. They always ring if my relative has fallen. They put a sensor pad in their room and if they stood up by themselves, staff can go and check as the alarm would sound." One healthcare professional said "Recently we advised Fairways that a resident should be moved in a particular way to support their skin integrity. This was actioned quickly, and their skin integrity has since greatly improved."

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

● The service was across two floors with the ground floor providing a home to people with Dementia. Rooms compromised of en-suite bedrooms or self-contained apartments which some couples lived in or people who preferred more private space. The downstairs space was built around a courtyard that people could access freely, and we saw people enjoying drinks and spending time outside. One person told us "I can go out whenever I like."

● Doors that led to staff areas including the sluice and offices were painted in a cream to blend with the walls and did not contain signs on. The deputy manager explained that this was to reduce the impact of it being a working environment and promote a homely feel for people. One person said, "Everything has been so well thought through here."

● People were able to personalise their rooms with furniture and items that were important to them. One relative told us "We could specify what furniture we wanted supplied and what we brought from home. That has helped it feel like home. They actually suggested we bring our own furniture and made it easy to do so. The maintenance man involved her in asking where she wanted her pictures and put it all up for her."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff we spoke with were aware of how to support people who may at times lack capacity to make decisions. Staff gave examples of how to present choices to people and showed us their prompt cards of the five principles of MCA, which they carried on them.

● We saw that where needed assessments had been completed which evidenced who had been involved and how the person had been supported to try and make the decision, before establishing a lack of capacity. For people that were being deprived of their liberty the appropriate authorisations had been completed and were reviewed regularly to ensure they remained the least restrictive.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People and relatives praised the care and told us staff were kind and caring towards them. Comments included "Staff are amazing, I have never heard staff speak to anyone other than kindness, patience, concern and care. They are wonderful", "This is my home, I couldn't find better, they are wonderful and do their best for you" and "It's wonderful to live here, staff are very nice, always laughing, a lovely place." One relative said "My relative did not want to come into a care home but they lost their mobility and had no choice. What helped her settle were the staff, they were so welcoming, as soon as we walked through the door they were so kind."

● The management were visible throughout the home assisting with care practices, speaking with people and observing staff. One relative told us "There are particular individuals who go out of their way. One staff brings their child in and the residents love it. He takes them down for fish and chips on his day off to the bistro. This is what the staff are like, it's a demanding job and they give it their all."

●The service was respectful and encouraging of people's cultures and beliefs. A chaplain was available to support people in sourcing particular faiths and information leaflets were available for people identifying as Lesbian, Gay, Bisexual or Transgender (LGBT). The registered manager told us reasonable adjustments would also be made to support people and staff with any physical, medical or learning conditions they might have.

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

● We saw that people were involved in how they preferred their care support and staff were seen to uphold these decisions. One person told us "I help the staff quite a lot and get involved in the home."

● Support plans were reviewed six monthly or as people's needs changed. This review took place with the person and their relatives if they wished. Each month an evaluation record was completed which assessed each individual's needs in areas of care and support. A summary was recorded of what things were working well or anything that had changed.

● The service promoted moments of "Seize the day" which involved finding out achievements that were important to people. The registered manager explained this did not need to be a big thing and staff were mindful to note wishes that people expressed. One person had been supported to go to a steam engine museum. Earlier in the year when it had snowed a person had wished for a snowball fight, so the snow was brought in from outside for this to happen. The registered manager commented, "We try and seize those moments and make it special."

Respecting and promoting people's privacy, dignity and independence

● We observed staff treating people with dignity and respect. People confirmed this was how they were always treated by staff. Staff knocked on doors and spoke politely to people. Staff were also heard speaking respectfully about people when sharing information to each other.

● People were able to maintain their independence in this environment. Outside space was accessible and we observed people making their own drinks when they chose.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's support plans were personalised and contained detailed information on how to meet their specific needs. They referred to people in respectful and dignified ways for example, "[person] is a bright and sociable lady with a wicked sense of humour." They were clear and organised, in date and reviewed monthly.

● Staff recorded the care and support they gave on daily records. We observed the language of these was mostly task focused in context. The registered manager was aware of this and was working with staff to include more person-centred information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had a communication care plan in place which stated the person's first language and their preferred method of communicating.

● The provider had an accessible information policy in place which discussed accessible formats of information templates for people.

● Although other formats could be sourced, we saw these materials were not readily available, such as easy read documents or pictorial menus to aid people who needed information in this way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● There was a range of activities available for people to access, both planned and unplanned. There were three planned activities every day (including a daily 'stretch' session every morning), as well as the opportunity to engage in one to one time with the activities co-ordinators. Staff encouraged people to do meaningful tasks – for example one person was asked if they would like to sweep the floor of the dining room after breakfast, which they happily did.

● The activities coordinator took records of each activity that they ran, including who attended and how the activity went. They would try new activities and if they were successful, they would schedule them again. One example of this is when they had someone come in to have an interactive ukulele session. People really enjoyed this, so they have re-booked the session for a future date.

● Planned activities were communicated to people on the activities notice board, which had a plan for the week. This was in writing only and did not have pictures to help support people understand the timetable.

● The service celebrated special events, for example there were photos up of a recent 100th birthday celebration for one person. One relative told us "I was so impressed the activity lady got the mayor to come and had a party and cake and a band to play. People were dancing, and they made them feel special which was fantastic as they did not have much family." One relative told us "There are no restrictions on visiting. This was made clear to us, it's my relatives' home and we can come anytime. This instantly gave me confidence."

Improving care quality in response to complaints or concerns

● The service logged any complaints made including informal complaints. These were reviewed by the registered manager and responded to accordingly. One person told us "I can't find anything to complain about." Cards were available for people to use to record any concerns they had. The complaints procedure was displayed, and the registered manager said they would look to make this available in an easy read version also.

End of life care and support

● We saw that documentation around end of life wishes was documented in care records. Where people had discussed their advanced decisions these were recorded. One relative praised the service for their compassion and told us "I love the remembrance book the home has, where everyone is remembered an individual, and there is a candle and flowers there."

● The registered manager spoke passionately about providing good end of life care for people commenting, "We support the families, they can stay over, we give them a toiletry pack. When a person dies we hold a service in the room and we attend their funeral. It's about caring for the family as well as the person. We liase with GP's and district nurses to provide appropriate care." One healthcare professional told us "One person moved in to the home for care in the last few days of their life, the feedback received from the family about the home was excellent, with very kind and attentive staff."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a divide in the staff culture within the home. The majority of care staff that we spoke with disclosed a poor working relationship between them and the senior care staff. Despite feeling that the management was approachable in relation to other matters in the home, the staff did not feel this issue was being managed well. Staff spoke of a bullying culture and an "us" and "them" working relationship with senior staff. One staff told us "I don't like working here much, there has been incidents of bullying that haven't been dealt with. A lot of staff want to leave and some already have because they are not happy."

● The impact on people at this point was minimal, but staff were clearly affected by this and some became emotional when talking about it. Comments included "I have witnessed the senior being horrible and takes out their bad mood on staff. They shout at us, the management know and haven't done anything", "Some seniors you don't want to approach [them] as you don't trust that they won't say anything", "I have been picked on by a senior, they speak to me rudely and swear at me" and "We just feel that there is a senior carer and whenever anything happens they don't deal with it and we are nervous to work here. I feel stressed coming into work."

● We saw that in previous staff meetings the registered manager had addressed issues of poor staff culture within the team. In January 2019 it was raised that the senior team were not performing as they should. In February 2019 the registered manager spoke further about discord in the team. People living in the home raised no concerns about the staff culture.

● The registered manager was disappointed to think this was still ongoing and assured us support would be put in place for staff to address this divide. Following our inspection, the registered manager informed us that an open forum meeting had been with staff to discuss the issues and ways of improving the team were openly discussed. These findings would then be fed back to the senior team to improve practice and team work moving forward. Investigative interviews with care staff took place to collect detailed statements and examples of bullying incidents that have been alleged to have occurred. These have since been fully investigated and found to be unsubstantiated. The registered manager told us that another manager will visit to talk to staff about the reasons why some staff feel that the management team is not approachable.

● The registered manager spoke positively about her staff commenting, "When people have been moved here my staff have transformed their lives. There was a person who in their previous care home was isolated. Now they come out of their room and interact with others. The staff team have been so good with people and nurtured them." The registered manager spoke of the importance of feeding back compliments to the

staff saying "We tell staff when they have done good things, we have started a star of the month. It's about saying thank you, they work hard, and we recognise this, and I am extremely proud of them."

● Staff told us they felt the registered management was approachable and supportive relating to events other than the staff culture, commenting "Managers are supportive, they are approachable, they are really helpful" and "The manager is approachable, I feel supported." One relative told us "The management are wonderful, at Easter the registered manager dressed up and brought around Easter eggs. I just think those sorts of things mean such a lot. The management have got a wonderful attitude, they enjoy their job and always have a smile." A healthcare professional said "The registered manager is very approachable, and I have contact almost every time I visit the home in working hours. She is able to address any issues, usually immediately and knows her residents well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager understood their responsibility to inform us of any notifiable incidents.
● The registered manager held daily meetings with the heads of department to ensure that they knew what was planned for the day and to share information and updates.
● Policies and procedures were readily available to staff.
● The rating from the last inspection was clearly displayed for people to be aware.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service gave people opportunity to feedback about the service they received and suggest improvements. A "Have your say" board was displayed in the entrance which showed things people had wanted to change and the actions the service had taken in response. For example, people had wanted a named staff member as their keyworker and this had been fulfilled. People who lived upstairs did not have the instant access to outside space like people on the ground floor, so the service created outside gardens on the balconies with bird feeders and flowers. This demonstrated that people were being listened too and involved in the service.
● The staff feedback form completed in June 2019 only had 12 responses out of 50 staff which was not a high response, however 90.9% of these responses had been positive. Staff meetings were held regularly and these alternated between a whole group and smaller groups.

Continuous learning and improving care
● A system was in place to monitor the quality of the service. Senior staff completed checklists in areas of medicines, cleanliness and documentation. The registered manager collated information about the home to look for trends and preventions in areas of falls, incidents and complaints.
● A monthly report was produced and considered further at senior management level. The registered manager used a system called "Exception reporting" which enabled them to look at things including nutrition and who had lost weight and what action was being taken as a response. The quality business manager worked closely with the home and completed an annual audit and from this an action plan would be created to address any improvements.
● The registered manager told us they felt supported commenting, "That is the good thing about this company. They don't micro manage me but if I asked for support it would be there." During the inspection the management team demonstrated that they were responsive to things we raised and where able took action to address areas of improvement.
● The registered manager spoke about the service's quality group which looked at the environment and

how it could be improved for people. One transformation had been a small lounge on the ground floor which was not used much, and this had been turned into a cinema room. One dining room was now being considered to be turned into a coffee shop at the choice of people in the home.

Working in partnership with others

● The service had built good links with external professionals and the surrounding community. An enhanced activity role of community co-ordinator was in place and planned events that bought the community into the home. We observed a community coffee morning which people attended and told us they enjoyed. There was also links with the nearby golf course and church.

● The service received Care Quality Matters magazine monthly and best practice updates from the Local Authority. The registered manager told us "We have home manager meetings and share practice. The organisation has invested a lot in their leadership and management course."

● One healthcare professional commented "Staff are extremely approachable and there is a good working relationship between community nursing staff and the care staff. The senior carers in particular make time to discuss issues that they have and deal with any queries and concerns we may have."