

Outlook Care

Foxburrow Grange

Inspection report

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Date of inspection visit:
07 December 2017
15 December 2017

Date of publication:
21 March 2018

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?	Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 7 and 15 December 2017. Foxburrow Grange is registered to provide accommodation and nursing care for up to 66 older people. The service is split into four units, each of which has separate adapted facilities. On the day of the inspection there were 59 people living at the service.

At our last inspection on 10 March 2017, we found the provider to be in breach of multiple regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found incomplete risk assessments and a lack of clear guidance for staff about how to manage risks and mitigate the potential of reoccurrence. Staff did not always understand their responsibilities to ensure people were given choices about how they lived their lives and consent to care was not always sought in line with current legislation. People's food and fluid intake was not always accurately monitored to ensure that they were protected from the risk of dehydration. Staff had not completed essential training or received annual appraisals and did not have access to regular supervision to support their professional development. The provider failed to maintain a clear oversight of the service. We gave the home an overall rating of requires improvement and rated the area of effective as inadequate. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of the service.

At this inspection, we looked to see whether the provider had implemented the action plan. We found the provider had made the required improvements to improve the standard of care and they were no longer in breach of any regulations. Since the last inspection, the provider had appointed a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the previous inspection improvements had been made to people's risk assessments. They now reflected people's needs and contained clear guidelines for staff to protect people from harm. Staff received training on how to recognise signs of abuse and were clear about what action to take if any concerns arose.

Staff sought consent before providing care and consistently worked in line with the legislation of the Mental Capacity Act 2005 and no unnecessarily restrictive practices were in place. Since the previous inspection, the service had commissioned a new training provider to deliver training to staff on how to support people with dementia who may be resistive to personal care; In addition, one-page profiles highlighting key risks and how best to support people were in each person's daily files.

Staff had completed a variety of training sessions. This meant people received care from skilled staff who were able to meet their needs. Staff received supervision and annual appraisals to support them in their role and identify any learning needs and opportunities for professional development.

Staff had completed nutritional assessments. Where people were found to be at risk of malnutrition or a low fluid intake this was clearly recorded in their care plans, and staff effectively monitored and recorded their food and fluid intake. Where staff had identified concerns about people's nutritional status specialist advice was sought from healthcare professionals such as the dietician and speech and language therapist.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. New members of staff completed an induction programme during which they completed training sessions and were introduced to, and spent time with, the people that they would be supporting.

Staff provided people with individualised care, which was centred on their needs and wishes. The care and support provided to people was based upon their preferences. Consequently, people received care from staff who knew and understood them and with whom they felt comfortable. Staff were thoughtful and patient when providing care and supported people to make choices about all aspects of their daily life. Staff were respectful and showed empathy, compassion and kindness when speaking to people.

There were effective systems in place to ensure that people's medication and personal information was kept safe.

The registered manager had a system for recording and analysing accidents and incidents, which enabled the service to learn from them.

Care plans were person centred and family members were consulted and involved in regular reviews. This ensured they were up to date and reflected people's current needs. The registered manager had reviewed the process for assessing people before they moved into the service. This ensured staff were able to meet the needs of people.

People were supported to participate in a variety of activities.

Improvements had been made to the management of complaints. People and their relatives knew how to raise concerns or make a complaint and were confident the registered manager would take prompt and appropriate action to address any issues raised.

The provider had worked in conjunction with an external source and the local authority to embed changes within the service and meet breaches found during the previous inspection. The registered manager empowered staff and people to maximise their potential and achieve their goals. They had a clear vision for the service and systems were in place which enabled them to monitor and develop the service. Staff took pride in their work, felt valued by the provider and endorsed the values of the service.

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 was safe.

Staff knew how to protect people from harm and were confident in the action they would take if any concerns arose.

Risk assessments were individualised and reflected people's current needs.

There were enough staff available to support people safely and meet their needs.

Staff managed medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff sought consent before providing care and consistently worked in line with the legislation of the Mental Capacity Act 2005.

Staff had completed training, which provided them with the skills and knowledge to fulfil their roles.

Staff received supervision and annual appraisals to support them in their role and identify any learning needs and opportunities for professional development.

Staff had completed nutritional assessments. Where staff found people to be at risk of malnutrition or a low fluid intake an effective system was in place for staff to monitor their food and fluid intake.

Is the service caring?

Good ●

The service was caring.

Relatives were involved in planning their family member's care.

Staff treated people with dignity and promoted independence wherever possible.

Is the service responsive?

Good 

The service was responsive.

Improvements had been made to the process for assessing people before they moved into the service. This ensured staff were able to meet their needs.

People received person-centred care, which empowered them and enriched their lives.

People were confident that the registered manager would respond promptly and effectively to verbal and written complaints.

Is the service well-led?

Good 

The service was well-led.

The provider had worked in conjunction with an external source and the local authority to embed changes within the service and address the shortfalls found during the previous inspection.

The provider actively sought, encouraged and supported relative's involvement in the development and improvement of the service.

Quality assurance processes were in place, which provided the registered manager with a clear oversight of the service. □

Foxburrow Grange

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.

This inspection took place on 7 and 15 December 2017 and was unannounced. On the first day of the inspection, the team consisted of two inspectors. On the second day of the inspection, one inspector returned to the service to speak with relatives and look at records relating to the management of the service.

Before the inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Some people living in the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences we observed the interactions between people and staff. To help us do this we completed a Short Observational Framework for inspection (SOFI). A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care plans and associated care documentation and at how medicine was managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys.

We spoke with four people living in the service, eight relatives and seven members of staff. We spent time with the registered manager, care manager and director of operations discussing the service. We also looked at six staff files to see whether the service had recruited staff safely and looked at complaints and compliments received by the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make.

Is the service safe?

Our findings

At the last inspection on 6 March 2017, we found a breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because risks associated with people's care needs were not recorded and there was not always clear guidance for staff about how to manage risks or to mitigate the potential for reoccurrence. During this inspection, we found the registered manager had implemented measures to address these concerns and the regulations were now being met.

Comprehensive risk assessments were in place in areas including mobility, nutrition and managing behaviours. They provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to people and the staff who supported them. Staff we spoke with knew the details of people's care plans and records reflected people's current needs. For example, diabetic risk assessments included guidance for staff about potential signs and symptoms if the person were to become hyper or hypoglycaemic. Staff had assessed a person as being at a high risk of falls. Their care plan contained clear moving and handling guidance for staff to follow and staff had taken appropriate action to mitigate the risk to the person such as referring them to the falls clinic and providing hip protectors.

Staff demonstrated that they understood how to recognise different signs of abuse and were confident in the action they would take to keep people safe. All staff had completed face-to-face training in safeguarding and were able to discuss the organisations whistleblowing policy. One relative told us, "Now the management has changed to [registered manager] I have absolutely no concerns about [relatives] safety." Another relative said, "Yes I do feel they are in a safe environment, if I have any concerns I would speak to the Nurse in charge or a senior carer, I would feel confident that the issue raised would be dealt with."

During this inspection, we observed there were enough staff available to meet people's needs and keep them safe from harm. The staff and relatives we spoke with confirmed this. One staff member told us, "Yes, I feel there are enough staff it is much better than before, things have improved. We observed staff promptly responding to call bells. One relative told us, "They never keep [name of relative] waiting, someone always comes without delay." Another said, "Yes, I think there are enough staff I have never seen anyone having to wait." Staff told us if people's needs changed and they required additional support they were able to request additional staffing to manage this. For example, one staff member explained how staff had identified the needs for additional staffing to assist people going to bed. This was raised with the registered manager and a 'twilight' shift was introduced on the unit. The registered manager also held monthly resource meetings to plan for events that may lead to potential staff shortages such as annual leave or planned sick leave. For example, one staff member was due to start maternity leave, arrangements were in place for their shifts to be covered in their absence.

At the previous inspection, concerns had been raised about the high usage of agency staff who were not always familiar with people's needs. The registered manager had taken measures to address these concerns by completing inductions for staff who had not worked at the service before and continuing to support agency staff with supervisions and training whilst they were working at the service. The registered manager

told us, "While they are working here they are our staff so it's our responsibility to make sure they can care for people and keep them safe." A relative said, "There are still agency staff but they do know people and they are all people that I recognise." This meant we could be assured people were supported by staff who knew them well and had the skills and knowledge to keep them safe.

The maintenance team regularly assessed the environment to ensure it was safe for people to use. Water taps were fitted with thermostatic mixing valves and the temperature of the hot water was regularly audited to ensure that it was within a safe range for people to use. Weekly fire safety checks were completed and personal electrical appliance (PAT) testing had been carried out to ensure electronic equipment was in safe working order.

The service had a process in place to assess, monitor and respond to accidents and incidents. Staff now understood what constituted as an incident and explained how they were required to complete an accident or incident form for each event, which had occurred. The registered manager reviewed these records to look for any trends or changes, which may be needed to people's care. Details of action taken to resolve the incident or to prevent future occurrences were recorded in people's care plans. Plans were in place to advise staff about what action to take if an emergency arose and staff told us that they felt confident in the support system in place to provide additional support overnight and at the weekends. Personal emergency evacuation plans (PEEPS) were in place in all records we reviewed in order to aid safe evacuation in the event of a fire.

The provider had a recruitment policy in place to ensure the safe recruitment of new staff. Each staff file contained a copy of the member of staff's job descriptions, references and proof of identity. All the required employment background checks, security checks and references were reviewed before they began to work at the service. New employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

The service had experienced some problems with the electronic system in place for monitoring people's medicines. Consequently, they were in the process of changing supplier. Staff managed the difficulties created by this and had introduced a manual system to audit and monitor the ordering, storing and return of any unwanted medicines to the pharmacy. Each person had an up to date medication profile in place detailing how they liked to take their medicines, any allergies and a list of the medication they were currently prescribed. When staff administered medication to people, a record was made in the person's medication administration record, (MAR). We checked the stock of medicines and saw that they matched people's records. The service had a protocol in place to guide staff when people needed to take medicines as required (PRN) and for the administration of homely remedies. Homely remedies is another name for a non-prescription medicine used in a care home for the short term management of minor, self-limiting conditions, such as toothache, cold symptoms and headaches. Body maps were in place for people had been prescribed topical creams to guide staff where on the body the cream should be applied. Staff recorded and monitored the temperatures of the room and the medicine fridge used to store medication to ensure they were maintained at a safe temperature. Staff had completed medication training and had their competency assessed to ensure they had the skills and knowledge to safely support people with their medicines.

Staff were able to talk about the importance of infection control for the safety of people living in the service and themselves. Hand sanitisers were located outside each unit and we observed staff using aprons and gloves when required. Each person who staff had assessed as requiring a hoist for transfers had their own sling to prevent cross infection.

Is the service effective?

Our findings

At the last inspection on 6 March 2017, we rated effective as inadequate and we identified a number of breaches in regulations. We found a breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because staff did not always understand their responsibilities to ensure people were given choices about how they wished to live their lives. Consent to care was not always sought in line with current legislation and physical intervention was being used routinely by staff when providing personal care to some people living at the service.

At this inspection, we found that the service was consistently operating in line with the legislation and we saw no restrictive practice in place. 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 when needed are helped to do so. 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 had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Care plans showed that MCA's were personalised and decision specific in areas including bed rails, finance, medication and the use of sensor mats. Any concerns regarding best interest and MCA's were discussed at daily meetings with senior staff. When necessary staff had held best interest meetings and relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about people's care. This meant that any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. We saw the service had correctly identified when people may require a DoLS and had made the necessary applications to the local authority, for example, if people were not free to leave the service unaccompanied or if they required the use of bed rails but were unable to consent to their use. Where DoLS applications had been authorised staff had noted it in people's care plans along with any conditions imposed.

When people had appointed a lasting power of attorney (LPA) it was clearly documented in their care plan. An LPA is a legal document that allows someone to appoint one or more people to help them make decisions or to make decisions on their behalf in relation to their health and welfare or finance. Since the previous inspection, the service had commissioned a new training provider to deliver training to staff on how to support people with dementia who may be resistive to personal care; In addition, one-page profiles highlighting key risks with regards to resistance to care delivery were in each person's daily files. We reviewed the profiles and saw they were individualised and reflected people's current needs. Staff explained how this training had given them a greater understanding of the reasons behind the behaviour of some of the people that they had supported and had provided them with additional skills to help meet their needs. Staff were able to describe the actions they take to reduce the risk to people and themselves. For example,

staff explained to us the specific behaviours that one person displayed when they became distressed or anxious. Staff had introduced activities to support the person, which had resulted in the dramatic reduction in the occurrence of behaviours. This meant we could be assured staff had the knowledge and skills to ensure that an effective strategy was in place for managing people's behaviour if they became upset or anxious.

At the last inspection, we found a breach of Regulation 14 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because staff were not accurately monitoring people's food and fluid intake. This meant that we could not be certain that staff were consistently taking the appropriate action to protect people against the risk of dehydration. During this inspection, we found the registered manager had implemented appropriate measures to address our concerns.

Staff had completed nutritional assessments. Where people were found to be at risk of malnutrition or a low fluid intake this was clearly recorded in their care plans, and staff monitored and recorded their food and fluid intake. This information was analysed by senior staff and we saw appropriate referrals had been made to the relevant health professionals. In addition, the registered manager regularly monitored and audited the record keeping ensuring it was accurate. The service had also signed up to the 'Prosper' programme a local initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The benefits for people using the service were that their health and wellbeing was managed more effectively through daily monitoring.

At lunchtime, we saw staff offering people a choice of where they would like to sit, what they would like to drink and if they wanted to wear a clothes protector. Staff encouraged people to remain as independent as possible by providing them with scoop plates and adapted cups. Staff supporting people to eat, did so with dignity and respect and allowed people to take their time. We observed there were enough staff available to help people. Staff sat with people and chatted, giving verbal prompts and encouragement when necessary without rushing them.

Staff were knowledgeable about people's specific dietary requirements, For example, some people had been assessed as at risk of choking and were on a pureed diet or required thickener in their fluids. Staff demonstrated they understood the reasons why and were able to describe the potential risks to people.

At the last inspection, we found a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. This was because not all staff had completed training or had access to annual appraisals or regular supervision sessions to support them with their personal and professional development. During this inspection, we found the registered manager had implemented measures to address these concerns.

Staff had completed training in a variety of areas and competency assessments had been carried out to ensure staff were able to apply the knowledge gained to their daily practice. Staff were positive about the training they received. One staff member told us the provider, "Invested in staff to improve skills and practice." Staff were able to request additional training if they felt it necessary and had the opportunity to discuss topics during supervision sessions. The registered manager supported staff to study for an advanced health and social care qualifications. One relative told us, "The staff definitely know what they are doing." Another said, "There is always someone to speak to all the staff are knowledgeable." Equality and Diversity was part of the provider's training requirements to ensure people were cared for without discrimination and in a way that respected their differences. The registered manager maintained a spreadsheet identifying when staff had undertaken training and highlighting when updates and refreshers were due. This enabled the manager to maintain a clear oversight of staffs training needs and achievements.

Staff received supervision to support them in their role and identify any learning needs and opportunities for professional development. All of the staff members we spoke with told us they felt well supported and had regular planned supervision sessions and an up to date annual appraisal. In addition, staff were able to speak informally to a member of the management team at any time. Since the last inspection, the service had implemented training sessions for supervisors to ensure they were able to effectively supervise and support staff.

Nursing staff received formal clinical supervision sessions every three months from the local University and were supported to use reflective practice to continuously learn and develop their clinical reasoning skills.

A robust induction programme was in place to support new members of staff when they first joined the service. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people, this ensured that they knew people's preferences and how they wished their support to be delivered. New staff members were also supported to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the health and social care sectors. Staff told us the induction had provided them with the skills and confidence to begin their new roles. One member of staff told us, "I never felt like I didn't have enough time to learn, no one expected me to work on my own until I felt confident. That is really good." Another said, "There is always someone to ask we work as a team and support each other."

Care records showed that staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's. We saw that staff had responded promptly to people's changing health needs and referrals had been made to specialist healthcare professionals, including dieticians, optician and speech and language therapists, for additional advice and support. Staff had documented the outcome and advice received from appointments any appointments or assessments attended.

The units were decorated with bright murals and there were areas in the corridor with cosy seating areas where people were able to sit and socialise with family and friends. Pictures placed along the corridors were meaningful to people. The service was located close to an army barracks and several of the people living in it had been involved in the services in some capacity. Many of the pictures reflected this for example; one person had been in the horse guard's parade and outside their room, was pictures of the royal family. People had memory boxes outside their rooms containing items of importance for example, photographs, and ornaments and trinkets. There was also a hairdressing salon in the service and the hairdresser came in on a regular basis. However, people were free to have their own hairdresser use the facilities if they chose.

Consent to care and treatment was sought in line with legislation and guidance. We observed staff consistently gaining consent from people before supporting them. Staff were able to describe to us how they supported people who had been assessed as having fluctuating capacity for example, by offering visual choices about what to wear or eat and drink. Some people had difficulties with communication due to hearing or cognitive impairment. Care plans provided clear guidelines for staff about how best to support people. For example, one person's care plan informed staff to give them time to digest the information and not to rush them.

Is the service caring?

Our findings

At the previous inspection, the service had relied heavily on agency staff to cover permanent staff vacancies. Some relatives had expressed concern about the negative impact this had upon the care that people received. During this inspection, relatives told us that this was no longer a concern. Relatives were consistently positive about the support people received from the staff and we observed staff were empathic and caring when providing care. Comments from relatives included, "On the whole, particularly the long timers who take the time to get to know the residents are really caring - beyond the call of duty in many cases." And, "They are very caring here. I never go away and think I didn't like what I saw." Another said, "Yes, the staff are lovely, I come every day because I want to not because I have to. They care for my [relative] just as I would." And, "I feel good knowing they are here."

Staff supported people to make choices in their day-to-day care, which empowered them and promoted their independence. Staff compiled care plans in conjunction with family members. They included information about people's life story such as significant life events, social activities they enjoyed as well as information about people's past history of employment. Staff had signed to confirm they had reviewed people's care plans on a monthly basis. This ensured care records were kept up to date and reflected people's current needs.

Staff knew people well and provided personalised, kind and compassionate care. We saw the service had received a compliment from a relative about the progress their family member had made since moving into the service and the positive impact this had on their interaction with them,. One relative told how whenever they visited, their family member was always shaved, smartly dressed and "looking like [person's name]." They went on to explain how important this sense of recognition was to them and their family. Another relative told us, "I think they provide care in the way that [person] would have wanted." Another family had spoken to the registered manager about a staff member and the care they had given to their family member when they had first moved into the service. Initially the person had been very low in mood and had remained isolated in their room. With the encouragement and support provided by the staff member the person's confidence had grown and they had begun to socialise with other people. We saw photos of them around the unit laughing and joining in with activities. One person told us, "There are a lot of things that I can't do now but they always help me if I get stuck."

Staff treated people with dignity and respect. Staff consistently knocked on people's bedroom doors and waited to be invited in before entering. We saw staff discreetly supporting people with personal care and adjusting clothes to maintain people's modesty.

Throughout the inspection, we observed staff chatting and laughing with people. Staff were not rushed and spent time talking and sitting with people and looking at newspapers and magazines. Some people were cared for in bed or chose to spend time on their own in their rooms. Staff were continuously 'popping' their heads into people's rooms checking everything was okay.

Is the service responsive?

Our findings

At the previous inspection, concerns were raised that pre-admission assessments had not always provided an accurate reflection of the person's level of needs once they were admitted to the service. During this inspection, we found the service had revised the assessment process. This involved two staff members being involved in the initial assessment of the person. Staff then returned to the service and discussed the needs of the person with the registered manager and other senior staff to ensure they were able to meet the needs of the person before offering them a placement at the service.

A change had also been made to where people were placed within the service. Units provided specialist care, for example nursing, early on set dementia and dementia care. Referral criteria had been established for each unit and limitations introduced to the number of people requiring one to one care within the service. This meant that we assured that the people were receiving care, which met their needs.

Communication links between staff and relatives had improved and relatives explained they were involved in establishing and revising people's care plans. One relative told us, "We have been involved from day one as a family with the planning of their care. Occasionally we find out about changes that have been made to their plans by their key carers, being on duty when we visit. [Relatives] needs are changing almost daily. We are able to contribute to any changes in their care needs as we feel necessary."

Care plans were person centred and reflected individual preferences in how people wished staff to support them. For example, one person's care plan specified they only liked to drink out of a china cup and we saw them sitting at the table with their juice in a china teacup. Relatives told us about the positive impact that staff had on people. There was an emphasis on enabling people to make choices about how they wanted to live their lives. The registered manager had firmly embedded this ethos throughout the service, resulting in staff supporting people to live fulfilling and purposeful everyday lives in the way they chose.

The provider had taken steps to meet people's cultural needs by ensuring there were staff available that was able to speak their first language. For example, on Christmas Day the service had arranged for a staff member who spoke a person's first language to support them on a visit to their family home.

An activity coordinator was employed within the service. They organised a variety of events in the communal area which people from all the units were able to attend. One relative told us, "[Staff member] does a brilliant job and there seem to be activities nearly every day. All the activities are highly relevant to the age group. The management are also open to suggestions for activities and try their hardest to accommodate." We saw that the children from a local pre-school came to the service on a regular basis and joined in with games and activities with people. One staff member told us, "It is so lovely you can literally see people's eyes light up they love to see the children."

Some people did not respond well to or chose not to participate in-group activities. Staff told us that they tried to support people on the units and prevent social isolation. On the units, we observed people sitting looking at newspapers and watching television, other people took part in dolls therapy and another person

was busy laying tables. We observed staff supporting a person with no verbal communication in a one to one activity. The activity was person led and we saw the staff member and person laughing together and communicating through gestures and body language.

At the previous inspection, some relatives reported that they had verbally raised concerns but the previous registered manager had not addressed the issues and this had resulted in them losing confidence in the process. At this inspection, we found this was no longer a concern. The registered manager told us, "I think people are much more honest and feel able to question what is going on." All the relatives we spoke with were confident in the registered manager's ability to respond to complaints and reported that verbal concerns were now promptly and effectively responded to. One relative who lived overseas told us, "[Staff members names] absolutely welcome open communication and are not defensive ever so it is very easy to bring up issues with them and they always respond very quickly." Another relative said, "I feel completely comfortable talking through my concerns with staff or managers. In the case of the recent incident, the wing manager is following through on my report and currently at investigatory stages. I am confident that it will be dealt with in a balanced and productive way." And another told us, "Management here are very open. I never feel that I can't speak to someone."

Staff supported people and families with end of life care. People had their end of life wishes recorded in their care plans. Where appropriate preferred priorities of care (PPC) had been completed and these reflected peoples preferred last wishes. The service had developed links with the local hospice and staff knew how to contact and involve other members of the multidisciplinary team if they required additional advice or support. Systems were in place to ensure anticipatory medicines were sought where required when people were nearing the end of their life. Staff told us they involved relatives and that they were welcome to stay overnight so they could spend time with people in the last hours of their lives.

Is the service well-led?

Our findings

At the last inspection on 6 March 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. There were systems and processes in place to monitor the service however, they were ineffective and the provider had failed to maintain a clear oversight of the service. Staff had not received annual appraisals and did not have access to regular supervision to support them in their professional development. During this inspection, we found the provider had implemented measures to address these concerns and we were assured the provider now had a clear oversight of the service.

At this inspection, we saw the registered manager had made improvements to the frequency and effectiveness of quality assurance checks. The provider had instigated a number of measures to address the concerns identified during the previous inspection including seeking advice and support through an external review of the service. The registered manager told us, "The organisation is really supportive in investing in staff and empowering them." Records showed that effective quality assurance systems were in place. The registered manager and the management team completed monthly audits and reviews. These included medication audits, health and safety audits and care plan reviews. Action plans were implemented to identify and address any issues found and records showed that concerns were promptly resolved.

Each month the registered manager held resource meetings when they met with a representative from human resources and senior staff to discuss the unit they were responsible for. The meeting involved discussing and reviewing planned admissions, staffing levels, training, sickness and any staffing issues. This enabled the registered manager to identify and manage any future recruitment issues and ensured they had oversight of the service as a whole. In addition to this, the director of operations chaired monthly meetings with the registered manager, senior managers and a board member. They reported the outcomes of the meeting to the board; this ensured the provider maintained a clear oversight of the service and were able drive improvement forward.

Each unit held regular staff meetings with both day and night staff. This provided management with a better oversight of how shifts were run, improved the quality of handovers and ensured more effective communication links with night staff.

Staff and relatives were all consistently positive about the registered manager and the progress and changes they and the team supporting them had implemented since the last inspection. All staff had received annual appraisals of their performance and had access to regular clinical supervision. Comments from relatives included, "[Registered manager] really has the right idea about the mutual respect that staff and management need to have for each other. A great manager." And, "[Registered manager] and the team are a breath of fresh air, she is working so hard to bring the standards back up and seems to have achieved that in a relatively short space of time." And, "The management are extremely supportive and responsive. The regional manager has always been excellent and now current management are very approachable. I can speak to any one of the managers at any time or call or email if I were to need." Another said, "Foxburrow Grange has gone from good to a great home and if we family members remain as welcomed as we are by

the current management to feel involved it will go from strength to strength. I only hope when my time comes I can go there!"

All the staff spoke positively about the registered manager, describing them as supportive, approachable and receptive to ideas. Staff told us the registered manager empowered them to reach their goals and maximise their potential, which in turn gave them confidence in their ability to care and support people living in the service. Staff comments included, "Their door is always open." And, "I have had so much support in my job role it is great." And, "I feel like I am listened to and we are all kept fully involved."

The provider and management team had worked hard to implement positive changes within the service and develop strong leadership to drive improvements. They shared a clear vision for the future of the service and systems were in place, which enabled them to monitor and develop the service. The result was that staff took pride in their work, felt valued by the provider and endorsed the values of the organisation. Each quarter a member of the board visited the service and produced a report which feedback their findings and outlined any recommendations. During their visit staff, people and relatives were given the opportunity to speak with them if they wished to. Prior to their visit, notices were placed around the service informing staff, people and visitors of when they were visiting and the role of the board member. This meant we could be assured the provider was maintaining oversight of the service.

The registered manager had worked closely with the local authority quality improvement and safeguarding teams to implement change and embed improvements within the service. They also actively sought to develop their own skills and knowledge. They were an active member of 'My Home Life,' this is a UK-wide initiative that promotes quality of life and delivers positive change for people living in care homes.

The registered manager involved relatives in the management and development of the service. For example, relatives were invited to participate in the recruitment of new staff and a group of relatives had created a set of working standards for staff to incorporate into their daily working lives.