

Yew Tree Residential Care Home Limited

Yew Tree Residential Care Home

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?

Good ●

Summary of findings

Overall summary

Yew Tree Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 18 people, including older people and people living with dementia.

We inspected the service on 30 May and 5 June 2018. The first day of our inspection was unannounced. On the first day of our inspection there were 11 people living in the home.

There was a registered manager in post at the time of our inspection. 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.

In October 2015 we conducted our first comprehensive inspection of the home and rated it as Good. On this inspection we were pleased to find overall service quality had been maintained and in some areas improved. The rating remains as Good.

Staff worked well together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing, although the registered manager agreed to keep staffing levels under careful review if occupancy increased in the future. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. The physical environment and facilities in the home reflected people's requirements. People were provided with physical and mental stimulation appropriate to their needs.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. At the time of our inspection the provider had been granted Deprivation of Liberty Safeguards (DoLS) authorisations for one person living in the care home and was waiting for a further three applications to be assessed by the local authority.

The registered manager was well known to, and respected by, everyone connected to the home. Throughout our inspection she demonstrated an admirably open and reflective approach. A range of audits was in place to monitor the quality and safety of service provision. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of some organisational learning from significant incidents and events. Formal complaints were rare and any informal concerns were handled effectively. She had taken action to address the area for improvement identified at our last inspection.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service was responsive.

Since our last inspection action had been taken to provide people with physical and mental stimulation appropriate to their needs.

People's individual care plans were well-organised and kept under regular review by senior staff.

Staff provided compassionate care for people at the end of their life.

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 remained well-led.

Yew Tree Residential 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 Yew Tree Residential Care Home ('Yew Tree') on 30 May and 5 June 2018. On 30 May our inspection team consisted of an inspector, an assistant 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. On 5 June our inspector returned alone to complete the inspection.

In preparation for our inspection we 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.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the home to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, four visiting relatives, the registered managers, three members of the care team and one of the cooks. We also spoke to a local healthcare professional who visited the home during our inspection.

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

Is the service safe?

Our findings

People told us they felt safe living in the home. For example, one person said, "I like it here. I am quite happy and safe." Another person told us, "I have never been scared of anything here and I have never seen anything that worried me."

Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary. Contact information for these agencies was available to people and their relatives in the entrance hall of the home.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and mobility. When we looked at the risk assessment documentation in people's care records we saw that action had been taken to address any risks that had been identified. For example, one person had been assessed as being at risk of choking. Specialist advice had been sought and a range of measures put in place to address the risk. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of changes in their needs.

The care home was clean and the provider had effective systems of infection prevention and control. Commenting positively on the housekeeping arrangements in the home, one person told us, "I think they keep the place really clean. My room is spotless." Another person said, "They are very strict on hygiene here. I have clean clothes every day. That was my routine at home and I have kept to it here." A member of the care team had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. Soiled laundry was washed separately although, reflecting feedback from our inspector, the registered manager agreed to take action to ensure soiled items were stored separately in the laundry prior to washing. To help ensure standards were maintained, senior staff conducted regular infection control audits.

Almost everyone we spoke with told us that the provider employed sufficient staff to meet their needs. For example, one person said, "There is always someone around to help you." Another person told us, "There seems to be enough staff around to help everyone." Reflecting this feedback, on both days of our inspection we saw that staff had time to sit and engage socially with people and to meet their care and support needs without rushing. Comparing staffing levels at Yew Tree with those of a care home she had worked in previously, one member of the care team told us, "This is absolutely different in a good way. There is no rushing, plenty of time. I have time to sit and chat [and] to have a cup of tea. That's never happened to me before." Another member of staff said, "I am always sat talking. You have time to understand their past, their stories." However, at the time of our inspection there were only 11 people living in the home and staff told us that when occupancy was higher, staffing levels were much tighter. For example, one staff member said, "At the moment it is nice and relaxed. [But] when it's fuller we tend to struggle [and] need another member of

staff [on shift]." We discussed this issue with the registered manager who assured us that as the number of people living the care home increased, she would review and increase care staffing levels to ensure they were sufficient to meet people's needs.

We reviewed staff personnel files and saw that 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.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found these were in line with good practice and national guidance. Expressing satisfaction with the approach of staff in this area, one person told us, "I don't need to worry about getting my tablets on time. They make sure of it and make sure I take them." Staff maintained a record of any medicines they administered including prescription creams. We saw that people who had been prescribed 'as required' medicines for occasional use were able to exercise their right to decline these medicines whenever they wished. Daily checks were made to ensure the medicines storage room and medicines fridge were at the correct temperature. Arrangements were in place to ensure the safe use of any medicines which are subject to special storage requirements.

In the twelve months preceding our inspection there had been three cases concerning people living in the home which had been considered by the local authority under its adult safeguarding procedures. The registered manager had displayed an admirably candid approach in investigating these cases, all of which had been resolved to the satisfaction of the local authority. As part of our inspection we discussed the cases with the registered manager who told us they had been reviewed internally to identify if there were any lessons that could be learned to reduce the risk of something similar happening in the future. Going forward, the registered manager agreed to strengthen and extend this process of organisational learning to all significant incidents and events in the home.

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "The staff seem to know what they are doing." Another person's relative told us, "The staff do such a good job. [Name] has been in and out of hospital and has been at death's door several times in the last month. But as soon as [they] get back here, [they] improve."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their induction one member of the care team told us, "I did shadow shifts for three or four days. They took me to every single resident [to help me find out] what they liked. I met everyone before I started [providing care to people on my own]." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited staff as required.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of the provider's approach to training, one member of staff said, "At [my previous care home] everything was online. It's better here [as] someone comes to [deliver the training face-to-face]. If you have any questions you can ask. In this job I have many questions as everyone is different. It makes [my practice] safer." Staff were also encouraged to study for advanced qualifications. Describing the encouragement she had received from the registered manager, one staff member said, "I have done my NVQ Level 2. [The registered manager] was very helpful. [Since gaining the qualification] my confidence has gone up. Now I am doing my Level 3. I asked [the registered manager] and she said that's fine. It's nice to have qualifications."

Staff received regular supervision from the registered manager and other senior staff. Staff told us that this was a beneficial opportunity to reflect on their practice in a safe and nurturing environment. For example, one staff member said, "I had a supervision not that long ago. [I now] know what I need to work on. It helps my confidence."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures in the home were regularly reviewed and updated in line with the local authority's requirements. The registered manager also attended meetings hosted by the local care providers' association and other networking events which she told us were a further useful source of information and guidance for her and her team.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. Describing their approach in this area, one staff member said, "[The MCA] is there to protect [people]. To ensure their freedom isn't taken away. We can't just [do things] for people. We've got to give them options."

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 been granted DoLS authorisations for one person living in the home and was waiting for a further three applications to be assessed by the local authority.

Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, one person was no longer able to give consent to receiving their prescription medicines from staff. The decision to continue to administer these medicines had been taken by the registered manager as being in the person's best interests and was recorded in the person's care file. Although we were satisfied that that people's rights under the MCA were properly protected, the registered manager agreed to amend the documentation used to record best interests decisions to make it clear exactly what decisions were in place for each person.

People told us they enjoyed the food and drink provided in the home. For example, one person said, "You get some really good meals here and they are always hot, which is good." A relative told us, "[Name] is well fed. Much better than when [they were] living on [their] own." People had a choice of cereal or toast for breakfast with the additional option of a cooked breakfast at weekends. At lunchtime, people had a choice of two main course options although one of the cooks told us "we can accommodate anything" if someone didn't want either of the main options. Commenting positively on the kitchen team's flexible approach towards meeting their needs one person said, "I think the food is really good. I have only got five teeth left so I can't eat everything. But they make sure I get something I like." Homemade cakes were baked every day.

Staff were aware of people's particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "We have some diabetics [and] if I make a sponge I use sweetener so everyone can have the same." A relative said, "They chop [name]'s food up ... so [they] can eat a normal meal." Staff were also aware of the importance of encouraging people to drink regularly, to help prevent urinary tract infections and other complications. Describing the approach of staff in this area, one person said, "They make sure I have plenty of drinks and they make sure I drink it."

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, opticians and therapists. One person told us, "They had a new doctor start [at the local GP practice] and he came round to introduce himself which was nice." Commenting positively on the proactive approach of staff a relative told us, "They will get the doctor out if necessary. The district nurse comes as well."

Staff from the various departments within the home worked well together to ensure the delivery of effective care and support. For example, one member of the care team said, "Everyone is a like a big family – cleaners, kitchen and maintenance. I never thought I'd work somewhere like this." Another staff member told us, "We all work as a team. The cleaners are always there for us [and] if [it gets busy at] breakfast we help the cook. We don't interfere, just help out!"

Since our last inspection, the provider had continued to update and improve the physical environment and equipment in the home to ensure it remained suitable for people's needs. New blood pressure and oxygen monitoring equipment had been purchased. The dining room had been refurbished and some of the

communal corridors had been repainted in contrasting colours to assist people living with dementia to orient themselves within the home. Looking ahead, the registered manager told us she was planning to install another ramp to improve wheelchair access to the extensive, well-maintained gardens which surrounded the home.

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and kind. One person said, "They look after you so well. They will do things for you all the time." Talking with gratitude about the support they had received from staff, one person's relative commented, "I have been in tears so many times ... watching [name] deteriorate. [But] the staff are always there for you. They will talk to me and give me a cuddle and that really helps. They take care of me and it seems we are all part of a family."

Describing her personal philosophy of care, the registered manager told us, "[I tell the staff to] look after the residents the way you want your parents or yourself to be looked after. [It's] going that 110%. People need to have choice and independence. [Just] because you are old, [doesn't mean you can't] still have choices."

This commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. For example, describing how she had built a personal relationship with each person living in the home, one member of the care staff team told us, "Everyone is different [and] it takes time to get to know [them]. [But] you have to take the time. You just need to open your ears. [Name] likes to talk when [they are] walking so we go to the village hall [together]." Describing some of the ways in which staff went 'the extra mile' to meet people's individual needs and wishes, the registered manager told us, "[Name of staff member] was off duty but drove [name of person living in the home] down to Bourne to buy a new pair of shoes. When [another person] was at end of life, [another staff member] went home, saw to her family but then [came back] and sat with [the person] in case [they] went." Telling us about their recent wedding anniversary celebrations one relative said, "The staff found out it was going to be our 40th wedding anniversary. I came in to see [name] and noticed the curtain was over the door of the conservatory which was unusual. When they pulled it back they had set up a table in there for our meal. They had put decorations on the table and we had a wonderful surprise celebration there. How kind and thoughtful ... it brought me to tears." Describing the staff, one person told us, "They are so kind. They will do anything for me." Reflecting this feedback, on the first day of our inspection, one person had received a letter from a relative and we watched a staff member take the time to sit down beside the person to read the letter to them and chat together about the content. The person then rested their head on the staff member's shoulder.

Staff understood the importance of promoting choice and independence and reflected this in the way they delivered people's care and support. For example, one person told us, "I get up at 8.30am and go to bed when I want." Another person said, "You can eat where you like. They don't mind." Describing their approach to supporting people to remain as independent as possible, one member of staff said, "If I know someone can brush their own teeth or dry their face with the towel [I encourage it]. It's very good for people [to still live] a normal life. Not making them feel they are nothing now. If someone wants to go into the garden and water the flowers, let's do it! It gives them something to get up for." One person told us, "I can manage to do things for myself. But they will always help you if you need them."

The staff team also supported people in ways that helped maintain their privacy and dignity. For example, we saw staff knocking on the doors to private areas before entering. The registered manager told us that

people could have a lock fitted to their bedroom door on request and one person confirmed, "I lock my door. I like to keep private." However, another person informed us that there was no lock on the door of one of the communal toilets. We raised this issue with the registered manager who took steps to address it as a priority. The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected. The provider had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

The registered manager was aware of local lay advocacy services. She told us that she had supported some people in the home to make use of them in the past and would not hesitate to do so again if necessary. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

At our last inspection in October 2015 we found shortfalls in the provision of communal activities and other forms of stimulation and told the provider improvement was required. At this inspection, we were pleased to find action had been taken to provide people with more opportunities for physical and mental stimulation. An activities coordinator had been appointed and had consulted with people to devise a programme of regular activities and events including board games, armchair exercise, craft activities and local walks.

Although at the time of our inspection the activities coordinator was on extended leave, in their absence members of the care staff team had been tasked with facilitating some of the activities to ensure the programme was maintained. On the first day of our inspection, we saw one member of the care staff team leading a baking activity which was enjoyed by those who took part. On the second day of our inspection an external professional led a very well-attended armchair music and movement class. Again, this was clearly enjoyed and valued by the participants. Talking positively of the provider's approach in this area, one staff member told us, "It has got better ...now that we have assigned [activities]. Everyone knows what they're doing." Talking of one recent outing, another member of staff said, "I went with two residents to [an event in] the village hall. They had hot dogs and [name] had a pint of lager. They played dominoes and scrabble. The community in the village is absolutely brilliant." A family member commented, "They are really well-organised and do try hard. They put bunting out for the Royal Wedding and made a real fuss. And [my relative] made me a Mothers' Day card. It came through the post which I thought was a lovely touch."

In addition to the provision of communal activities and events staff also supported people to maintain personal interests and retain daily living skills. For example, one person told us, "I often play the piano here. When visitors come they sometimes ask me to play a tune for them or their relative. I don't need asking twice and then we have a sing song!" Another person said, "I don't do too much with the activities. I am an outside person so I like it when the weather is better and I can go out in the garden. It is lovely out there." Another person told us, "I like to be organised and help them out as much as I can. I fold the washing and wash some cups up. It keeps me busy helping to run this place but I love it. I brought up my brothers and sisters so I know what needs doing. I moved these chairs around in here. You can see which ones match each other and they had them in the wrong order!"

If someone was interested in moving into the home, the registered manager said she normally visited them personally to carry out an initial assessment to make sure the provider could meet the person's needs. Talking of the importance of this personal approach the registered manager said, "We used the 'trusted assessor' once (a scheme operated by a local hospital under which people can be admitted to care homes without staff from the care home meeting them first) but I like to go and see the person myself."

If it was agreed that a person would move in, an admission date was agreed with the person and their family. Outlining her approach to managing new admissions, the registered manager said, "I prefer to admit mid-afternoon. After dinner, it's quieter then. [We don't admit people] in the evening." In advance of an admission, care staff familiarised themselves with the person's key care requirements which had been identified as part of the initial assessment. Over time, this information was developed into a full care plan.

We reviewed people's care plans and saw that they were well-organised and provided staff with information on how to respond to each person's individual needs and preferences. For example, one person's plan stated that they liked the radio to be on to help them get to sleep. Another person's plan detailed the level of staffing support they needed to move safely about the home. Staff told us that they found the care plans helpful. One member of staff said, "They are very helpful. They help you get to know the person. For example, one person fractured their left arm [before moving into the home] and we need to be careful [when assisting the person with personal care and support]." Senior staff audited each person's plan on a regular basis to make sure it remained up to date. In addition, people and their relatives had the opportunity to participate in care plan review meetings, if they wished this level of involvement. Talking positively of the provider's approach in this area, one person said, "I am fully involved in Mum's care plan and they always keep me informed if anything has happened or changed."

Staff understood people's individual needs and preferences and reflected this in their practice. For example, talking about some of the people they supported, one member of staff said, "At mealtimes, one person likes to sit on their own in the quiet area or lounge. But most [people] like to be around each other. Some people will help you with their personal care but others like to do it for themselves." Another staff member told us, "[Name] likes yoghurt with no fruit [in it]. [Name of another person] doesn't like fruit in a cake. Tea, coffee, sugar, no sugar. Everyone is different!" Talking about a person who lived in the home, one of the cooks said, "[Name], although I know [them] as [a different name they prefer], has porridge with no sugar." At lunchtime on the first day of our inspection we noted that two people were offered beer as an alternative to a soft drink, reflecting their known preference.

This responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Commenting on the provider's approach to end of life care, one staff member told us, "We keep them comfortable, as happy as possible and pain free. [If they haven't got family] staff sit with them and keep them company." Following the recent death of their relative, a family member had written to the registered manager to say, "Thank you for looking after [name] so well. You were always kind and that means everything. He died peacefully in the end and not in hospital."

The registered manager was aware of the new national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. Staff had received training in communication skills and told us how they reflected this in the way they interacted with people living in the home. For example, one member of staff told us, "[Even if people] can't talk [verbally] they can talk in different ways. With their eyes, squeezing your hand ... [to] tell you what they like." Throughout our inspection we saw staff kneeling down beside people to talk to them, making it easier for people to establish eye contact and assisting those who were softly spoken or hard of hearing.

People we spoke with told us they had no reason to complain but were confident any concerns they did have would be addressed promptly by the provider. For example, one person said, "I would recommend living here. I have no complaints and don't think there is anything to be improved." Another person said, "I would speak to [the registered manager] if I needed anything changing or mentioning. She is a lovely person and so helpful." The registered manager told us that formal complaints were extremely rare as she spent time with people and their relatives and was often able to resolve issues informally. Describing her approach the registered manager said, "My door is always open. They know if they come and say things, if they are unhappy, I will put it right." In confirmation, a relative told us, "[The registered manager] is very good and easy to talk to. She soon sorts things out if you want anything." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Is the service well-led?

Our findings

Everyone we spoke with told us how highly they thought of the home. For example, one person said, "I would happily recommend it to others. You can't beat it. The care is second to none." A relative commented, "I think it is very good here. I can't fault it all." Comparing Yew Tree with other local care homes, a visiting healthcare professional told us, "From what I have seen [the care] is good [and people] seem happy. This is one of the nicer [local care homes]."

The registered manager was clearly well-known to, and respected by, everyone connected to the home. For example, one person said, "[The registered manager] is really nice." Another person told us, "I don't want anything bad said about [the registered manager. She is] marvellous." In similar vein, a staff member said, "[The registered manager] is like a second mum. She takes you under her wing. She's lovely. I have a really good connection with her." Another member of staff commented, "She is a very good woman, a very good manager. She can listen. I am new [and] she asks me if there is anything we can change [based on my experience elsewhere]." Reflecting this feedback, throughout our inspection the registered manager displayed an admirably open and reflective approach. Describing her leadership style she told us, "I try to lead by example. I expect high standards from my staff [and] explain to them how I want [things] done. [I tell them] to treat my residents as you would want your relatives to be treated. That goes a long way."

Under the leadership of the registered manager, staff worked together in a well-organised and mutually supportive way. One member of staff said, "This is the best [home] I have worked in. I feel so appreciated. They look after the staff and if staff are not happy the residents won't be. I am a very happy bunny!" Another staff member told us, "There is a good atmosphere in the staff team. We get on well. We have staff meetings [and] handover at the end of every shift [but] if I am ever not too sure I will always go the senior. Everyone communicates with everyone ... keeping each other up to date." Talking positively of their experience of attending team meetings, one staff member said, "We had one last week. They are helpful to me [in getting] to know the people you work with."

The provider was committed to the ongoing improvement and development of the home and, as described elsewhere in this report, had addressed the shortfalls in activities provision identified at our last inspection. Looking ahead, the registered manager told us that she had just obtained charitable funding to create a sensory garden. This project was due to be completed in July 2018. The registered manager said she was also researching an opportunity to participate in a 'safeguarding ambassador' project. The provider was committed to the ongoing refurbishment of the home and we saw some sample paint pots in the registered manager's office which she said she would be using to engage with people on future colour schemes.

To assist in this process of continuous improvement, the provider conducted an annual survey of people, their relatives and visiting professionals to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were high. For example, seven out of the eight professional respondents had indicated they were 'likely' or 'highly likely' to recommend the home to others. Similarly, all 12 of the staff respondents had stated that they felt valued by management 'always' or 'most of the time'. One person had identified one of the strengths of the service as being the 'helpful and

friendly staff'. Despite this generally very positive feedback, the registered manager told us she had reviewed the survey returns carefully to identify any areas for improvement. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one family had written to the registered manager and her team to say, 'Thank you so much for [the] love and care you have given [name] over the last 18 months. You have restored my faith in residential homes. You are all first class.'

The provider maintained a comprehensive suite of audits to monitor the quality of the care provided, including regular care plan reviews and environmental, infection control and medication audits. The provider was also aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. The rating from our previous inspection was on display in the home, in line with our requirements.