

Quantum Care Limited

Fosse House

Inspection report

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Date of inspection visit:
24 July 2018

Date of publication:
14 August 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 24 July 2018 and was unannounced.

Fosse House 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

Fosse House is a care home without nursing registered to provide accommodation and personal care for up to 81 older people. At the time of this inspection 76 people were accommodated at Fosse House.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service in June 2016 the service was rated as Good. At this inspection we found that standards had been maintained and in one area further improvements had been made to provide outstanding experiences for people who lived at Fosse House. The staff team had worked tirelessly to provide people with excellent opportunities to enjoy personalised activities and outings as well as experience new things that they had only ever dreamt of previously. The registered manager and staff team demonstrated a 'can do' attitude to ensuring people enjoyed opportunities for engagement and stimulation. The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

People felt safe living at Fosse House. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

There was an open and respectful culture in the home and people, their relatives and the staff team were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used 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? The service remained Good.	Good ●
Is the service effective? The service remained Effective.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to outstanding. The service had continued to improve on ensuring people had many and varied opportunities to engage in activities that made their lives more interesting and meaningful. The staff team worked tirelessly, supported by the registered manager to help ensure people benefited from a person-centred approach towards fulfilling their dreams and ambitions.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Fosse House

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 24 July 2018 and was unannounced. The inspection team was formed of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with 11 people who used the service, seven staff members, representatives of the senior management team and the registered manager. We spoke with relatives of four people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

The service continued to be safe. People told us that they felt safe living at Fosse House. One person told us, "I feel safe because everyone is very good to us in here, you can get some people wandering in your rooms, they're harmless really, the staff point them back to their rooms, medication is on time, (staff member) stands to watch you take them, you know just to make sure." Another person said, "I think I'm quite safe here, never felt or seen anything that would make feel otherwise, it's a very secure building, the staff are very good."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff told us that in the event they suspected a person was being abused they would escalate their concerns through the management team but also demonstrated that they knew which external agencies they should contact if they felt the need to. Information and guidance was displayed in the home accessible to staff and visitors alike about how to report concerns, together with relevant contact numbers.

Potential risks to people's health, well-being or safety were assessed and regularly reviewed to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. Staff demonstrated a comprehensive understanding of people's health needs and how to keep them safe. The registered manager advised that a new care planning document was about to be rolled out which would mean that staff would have access to simple and clear information to support all aspects of the care provided including any risks relevant to each individual.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure.

People who had been assessed as requiring bedrails to prevent them falling from bed had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. The registered manager advised that they experienced continued difficulties recruiting appropriate staff and there were currently 350 vacant staff hours per week at

Fosse House. The registered manager said these vacant hours were mainly covered by bank staff and by overtime and gave an example of the previous week where just 48 hours of agency staff had been used to cover these vacancies.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. The arrangements for medicine administration had changed slightly in the home in recent times where medicines that were not time critical had been changed to a mid-morning administration to alleviate pressure from staff at peak times.. Staff advised they had annual medicines training and a knowledge check with a six-month physical observation to confirm their competency to administer medicines safely.

We checked a random sample of boxed medicines and found that stocks agreed with the records maintained. Some people were in receipt of covert medicines, (Covert medicine administration involves disguising medicines by administering in food and drink where people find it difficult to swallow or refuse to take medicines that are important to maintain their health) we saw that this had been agreed by the GP and best interest decisions were in place.

The environment was clean and fresh throughout the home. Staff had received training in infection control practices and we noted that they used personal protective equipment such as gloves and aprons effectively.

There were personal emergency evacuation plan documents in people's care plans. Whilst these documents would benefit from more information about how people should be supported to evacuate the home or to move to a safe zone in the event of a fire, staff were knowledgeable about people's individual needs and were able to tell us what support would be provided. The frequency of fire drills had increased with a minimum of three per year for each staff member. Evacuation slides were positioned at the top of each stairwell and further slides had been ordered to be stored under the beds of each person who was cared for in bed. Evacuation slide training was being provided for the staff team. There were two fire alarms during the course of our inspection, the staff team calmly responded quickly and efficiently and in each case found that this had been a false alarm.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Fosse House was appropriate to meet people's needs. One person said, "The food is okay, they do their best, I'm satisfied, we get hot meals, soup, sandwiches, I can see my doctor whenever I want touch wood I haven't but the staff are good they keep an eye out on us they seem to know if we are feeling off colour. The chiropodist comes every few weeks, and we can get our hair done upstairs. I can wash myself but they help me when I have a bath, they are very respectful, always ask you first if they can do anything, they don't rush you, I have no complaints." A further person told us, "The food is reasonable, I think the choices are good. You can get to see the doctor as and when you need, they have nurses come in regularly, they are respectful towards me, call me by my name and ask me if I'm okay regularly. I do stay in my room quite a bit, but my door is open and they will pop in to see if I need anything."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by staff and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care, wound care, falls prevention, dementia, nutrition and engagement. Management and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service worked within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection a number of applications had been made to the local authority in relation to people who lived at Fosse House and were pending authorisation. The registered manager advised that they maintained regular contact with the local authority in relation to these outstanding applications.

People told us, and our observations confirmed that staff explained what was happening and obtained people's consent before they provided day-to-day care and support. Staff were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted

communication skills. 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that some people opted to eat in the communal dining room, some in communal lounge areas and some chose to eat in their rooms. One person told us, "The food is good, I wouldn't ask for anything other than what they had 'cooked' they have enough on without giving them more work. I like to go to the dining room to eat sometimes, or I might stay in my room, it's up to me, they always ask if you want seconds, let's put it this way you don't go hungry."

Assessments had been undertaken to identify where people were at risk from poor nutrition or hydration. These assessments were kept under review and amended in response to any changes in people's needs. We observed meals served in communal dining rooms and saw that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. Staff interacted with people in a kind and considerate manner and indicated that nothing was too much trouble. Tables were nicely laid with cloths and condiments on the tables which supported people to be independent.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. The registered manager met with the district nursing team on a monthly basis which helped to ensure that they kept themselves up to date with the care needs of the people that used the service. The registered manager had a good rapport with the district nursing team and spoke of a pilot they were to be involved in with whereby some district nurse consultations would take place by facetime. (Facetime is an application for a mobile communication device that enables people to speak with each other whilst simultaneously observing each other on video.) This would enable the district nurses to assess if they needed to physically attend the home or just give advice or guidance to the care staff team.

The communal areas of the home were wide and spacious which enabled people either in wheelchairs or on foot with walking frames to move freely. Throughout the home there was visual stimulation on the walls to provide interest for anyone who may walk around. Equipment and aids were sourced and introduced to assist people and help to keep them safe. For example, the registered manager showed us some toilet nightlights that had an auto-sensor system, and lit up when a person approached the toilet in the dark. The registered manager said it was early days but they hoped these devices would help to reduce the risk of people falling in the night whilst being unobtrusive.

Is the service caring?

Our findings

The service continued to be caring and supportive. People told us they were treated with kindness and respect by the staff team. A person said, "They are very kind to me they will come and have a little chat when they can, they speak very nicely. They never forget to give me a cup of tea, when the trolley comes round, they will say '[name] couldn't find you earlier don't miss your cup of tea.' They ask me if I need help in the mornings, they have asked me about my life and what I did before, they are very caring always have a smile for me."

People's relatives told us they were happy with the staff that provided care for people. A relative told us, "I am 110% happy that [person] is here. They look out for [person]. This gives me such peace of mind I cannot thank them enough." Another relative told us, "We have such peace of mind that [relative] is being well and truly loved and cared for by fantastic you especially at this very sad time for her." A compliment received in December 2017 from a relative of a person who used the service stated, "I spent many hours at Fosse House and would have to say it became a home from home and I felt part of the Fosse family. This would not have been the case if you all saw your work as just a job. You all care and that is what makes you better than the rest."

The registered manager praised the staff team for the way they cared about people and gave examples where staff had gone above and beyond their remit to bring comfort to people. One example was where a person had been admitted to Fosse House in an emergency situation due to the sudden passing of their main carer. The person struggled to come to terms with the situation they found themselves in, a staff member took it upon themselves to arrange for a close relative who lived with complex needs themselves to visit the person at Fosse House once a week. We were told that the joy that this brought to the person and their relative was heart-warming and the staff member's actions helped the person settle into Fosse House and ensured that their relationship with people important to them was maintained.

The staff team at Fosse House were committed to making people's lives brighter. For example 17 Fosse House staff, including the management team, admin staff, housekeepers, care workers, night care workers, casual staff and seven staff from the provider's head office walked in fancy dress 13 miles to another Quantum Care Home. This was a part of the 25th Quantum Care birthday celebrations and the team used this as an opportunity to raise money for the residents' amenity fund which funds the summer garden party and all entertainment for people inside and outside of the home.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. We noted that staff were always courteous and kind towards people they supported and promoted their dignity and privacy by knocking and waiting before entering people's rooms. We observed good communication between staff and the people who used the service and they offered people choices in all aspects of their daily lives.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items such as pieces of furniture they had brought with them and lots of family

photos. Outside people's doors were displays of familiar items that related to the person for example what their job had been, or their hobbies or photographs.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, a person who had recently moved into the home was confused and agitated. The registered manager spend time with the person and gently reassured them.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, we heard staff asking if people had finished with their plates at lunchtime before they took them away, if they would like to have second helpings at lunch, where they would like to sit or what they wished to do.

People's care records were stored in lockable cupboards on each unit of the home in order to maintain people's dignity and confidentiality whilst having the care records accessible for the staff team providing people's care and support. We noted that the cupboards were closed when staff were not present. However, the registered manager's office door was not always closed when they were out of the office. We brought this to their attention and they undertook to have a key pad locked installed to address this.

Is the service responsive?

Our findings

The service continued to provide a strong responsive service and had sustained their previous good rating and practice. Since the last inspection they had improved to outstanding with regards to enhancing people's lives, engagement and stimulation. A person told us, "I can't complain they are all very nice to me. I have my favourites (person laughed). They have asked about my past when chatting, they know I have travelled the world and I speak other languages. I would say they know my likes and dislikes, I like to close my door and read my bible, they are very respectful of that." Another person said, "I feel very much comfortable, my life was a struggle and this is now like a holiday for me."

There were a wealth of opportunities for engagement provided for people who lived at Fosse House. The manager's view about activity and stimulation for people was, "The answer is always yes unless the associated risks are not manageable." An example they gave us was trying to arrange a forthcoming hot air balloon ride for a person as part of the silver wish initiative.

We saw a wide and varied selection of photographs showing people thoroughly enjoying activities both inside the home and outside in the community. People told us, "They will always come and let me know what entertainment is on, we have a good old sing song, they do quizzes, and read to us and we have film shows There is a lot to occupy you if you want it." Another person said, "There is something going on all the time, we have singers come in, we go on trips, we have a lovely garden to sit in when it's nice, it's like a family here nobody is left out."

People told us they enjoyed regular days out in the garden when weather permitted and that trips were arranged to garden centres and parks. One person mentioned they would be going to the sea side at the week-end. Indoor activities were planned for morning and afternoon sessions by three activity workers, these included dancing to music, sing-alongs, bible stories and reading circles. For people who were cared for in bed a member of the activity team visited them and read to them on a one to one basis.

One of the staff team was trained as a holistic therapist. People were able to go into the Namaste room to enjoy foot spa's, head massages, slow hair brushing, and tasting therapy sessions every Wednesday. People told us they really enjoyed this and it had proved to be popular. The registered manager told us that people enjoyed opportunities to learn something new such as using a game console, sometimes even playing the dance games. Outside professional entertainers also visited the home, for example singers and musicians. A member of the activity team had developed a programme where mothers and toddlers would visit and bring their little ones to meet the people who used the service.

The provider had introduced a 'silver wishes' initiative to mark their 25th anniversary. Originally this had been for one nomination of a silver wish from each of the provider's homes. However the registered manager at Fosse House had embraced this initiative and actively worked to grant silver wishes for as many people as possible. For example one person had said they wanted to meet a wolf. The person had the opportunity to stroke a wolf and told staff afterwards, "That was far better than I ever imagined, I can't thank you enough." Subsequent to the visit staff members laminated the photographs taken on the day and they

were on the wall of the person's room so that they could continue to get enjoyment from them. Another person who had been an avid Manchester United football supporter throughout their life had made a wish to go and see their team play one more time. They really enjoyed their day and said to staff, "I never thought I would get to see Manchester United play a live match again." A relative of a person who used the service told us that it had been their family member's wish to go swimming, this had been arranged for them in a hydrotherapy pool.

Relatives of people who used the service praised the way that people's previous interests were respected and supported. For example one relative told us that their parent's wish had been to go square dancing as they used to many years ago and this had been arranged for them. It had not always been possible to grant each person's wish due to their individual health conditions however, efforts had been made to do as much as possible. For example, a life-long supporter of a local football team had wished to go and see them play. Whilst staff acknowledged that the person would find a football match too loud and distressing, they had liaised with the club and secured the person a private tour of the grounds with free merchandise. The person was over the moon with this and had a wonderful time.

The registered manager had worked closely with the local community for the benefit of people who used the service. For example, a local business was undertaking fundraising in order for Fosse House to purchase a minibus to enable people to go on more trips and outings. Another recent initiative that involved local people and businesses was a 'send a postcard' campaign. People sent postcards to Fosse House addressed to a random room number and signed as a neighbour of Fosse House. The postcards were on display in reception and were from various locations such as London, Vienna, Bournemouth and Weston-super-Mare. On the morning of our inspection the post included another selection of 10 postcards from such locations as the Isle of Wight, Guernsey, Eastbourne and South Korea. Messages included such as, "Dear resident, I hope this card finds you well and that you're enjoying the sunshine like my family and I are." It went on to talk about sightseeing in the locality and to say, "I wonder if you have been to any of the places I've mentioned." We were told that receiving the cards bought smiles to people's faces and generated conversation about holidays people had enjoyed in their past lives.

The staff and management at Fosse House thought it would be interesting for people to enjoy watching baby ducklings hatch, so after some fundraising, an incubator was hired and some duck eggs located. A camera was connected to the large television in reception area so there was a live feed running 24 hours a day for people and visitors to watch. We received feedback that people appreciated this experience and the joy that the ducklings brought. The registered manager reported that the ducks had been a talking point for all.

Fosse House had its own resident cat who spent its days around the home interacting with people. Some small kittens had been found in the garden recently, as they appeared to be abandoned the kittens were embraced by Fosse House fed and nurtured. It is reported that people who used the service had lots of cuddles and fun caring for the kittens.

The staff and management team recognised that people from many cultures and faiths made up the community at Fosse House. To celebrate and honour these, various events were held. For example, a Caribbean club where the chef cooked traditional Caribbean food, cocktails were made and traditional music, dancing and films were enjoyed. This was a weekly event and soon became a huge success which attracted many people from the home. The registered manager reported that staff were now thinking of making this a culture day and exploring many areas of the world for all people to share their heritage.

The importance of embracing people's faith and beliefs was understood at Fosse House. For example, staff

had put on an event to celebrate Diwali, the Hindu festival of light. Staff had sourced traditional foods, CDs of traditional music and put on a firework display as well. Relatives had stated that this had been by far the best Diwali that they had experienced and would always be the most memorable. At Easter children went around the home delivering Easter eggs to people together with small handmade gifts. On Christmas day a member of staff wore a Father Christmas suit and spent the day visiting each person giving them a Christmas present. The registered manager said that people really appeared to enjoy this and it contributed to making the day cheery and festive.

Mother's day and Father's day were considered to be special days at Fosse House. For example, on Mother's day a special spread was laid on with beautifully laid tables so that sons and daughters could enjoy something that little bit extra special with their Mums on Mother's day. For Father's day this year a fish and chip van was hired and families treated themselves to fish and chips. Staff waited on the beautifully themed and dressed tables and provided drinks and entertainment afterwards. Relatives praised the staff team for going the extra mile and supporting families to continue to enjoy these special days.

The registered manager had developed a tracking tool to collate information about the activities people did in order to identify people that did not participate in as many activities as others. This was so that the activity workers could make concerted efforts to target those people in order to try and increase their daily well-being and interaction.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. For example a relative told us, "Any staff members or managers are never too busy to deal with anything even so minor as a missing sock." A person who used the service told us, "I do feel I could complain if I had to I wouldn't be afraid." Another person said, "We are advised, and encouraged on how to complain, and told to go to any member of the management team, who are more than willing to listen."

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. For example we reviewed records of a complaint made regarding the lack of festive cheer over the Christmas 2016 period. The registered manager's subsequent investigation had found that the complaint was substantiated and they had written to the complainant acknowledging the shortfalls and apologising.

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

The staff team were very knowledgeable about people's care, how they wished it to be provided and actions were needed to remove or reduce any associated risks. We saw some good information in care plans that showed the approach at the home was person centred. For example, for a person who was cared for in bed the care plan stated, "When [person] is having a bad day and is poorly please pull their bed round so that they can see what is going on." Another example was, "Staff must ensure my glasses are kept clean and in a good state of repair." We met with the person and confirmed that their glasses were clean. Another example stated, "I need assistance to have a bath as I cannot get in without support to operate the chair." The care plan continued to state that the person wished only female staff to support with this. People's care plans were being amended at the time of this inspection to make them more streamlined and informative.

Care plans showed that people were asked to think about their wishes in relation to end of life care and it

was documented if they had any specific wishes or if they had declined to talk about this matter when they moved into the home. A local hospice provided training for the staff team in this very sensitive area and the registered manager reported that they also had support from the Macmillan nurses as needed. One recently bereaved family had praised the staff team for the care provided for a relative and the whole family during an emotional time and wrote, "We just want to thank every single one of you from the bottom of our hearts for the love care and attention you gave to our [relative] over the past year. You all went that extra mile! Also for your love and support to all of us at this difficult time." They went on to say, "Thank you for being part of our family, your continuing loving care for [Another relative] and for always being there."

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Fosse House. A person told us, "I go to the meetings, people do mention mostly about the food, but other things have been mentioned in the past and they have obliged. I can't remember what they were, I have not personally complained about anything but they always encourage people to do so." This showed that people were able to positively influence the service they received.

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. One person told us, "I know her, she is called [name] she is always available, she walks round a lot."

People and their relatives told us they felt that the home was managed well. For example, a relative told us, "We have wracked our brains, to find something wrong with this place and we can't. My [relative] is always nice and clean, they have their hair and feet done. I come here every day to see my [relative], if they weren't happy they would say so. I have never seen anything untoward here and the staff are very good."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. The registered manager told us, "Sometime ago we stopped holding full general staff meetings as they were not productive in that not everybody had the chance to speak and they went on for too long. A decision was made to continue with the bimonthly individual unit meetings and either the deputy, registered manager or both would attend every one of these. Thus the staff are able to talk more freely, valid points are made and taken on board and everyone gets the chance to speak and feel listened to and valued. Its proven to be a fair more effective means of communicating." This showed that staff opinions and views were valued.

There were a range of checks undertaken routinely which helped ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the registered manager and provider were committed to providing a safe service.

There were management meetings held frequently between the registered manager and the regional manager to discuss such issues as recruitment, the performance of the service and any matters arising. We saw a record of a quality assurance inspection undertaken by members of the provider's quality team in June 2018. The inspection was shaped around CQC inspection areas of safe, effective, caring, responsive and well-led. Where issues had been identified these were clearly documented for action along with positive feedback where staff had achieved a good outcome for people.

The registered manager was committed to continuous improvement. For example, we found that the quality of the information included in people's care plans varied considerably. The registered manager was aware

of this and had undertaken a project to develop user-friendly care plans in a clear and legible format that provided information that the staff team needed to care for people safely. The proposed new care plans had been submitted to the provider for approval and the registered manager hoped they would be in use within a matter of weeks. Daily records were not always informative and did not always provide assurances that people had received their personal care and support as they wished. The registered manager said that this would be addressed by the more succinct care planning and give the staff ownership of care planning in the home.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.