

Christopher Anthony Lutton







The Forbury

Inspection report

Church Street
Leominster
HR6 8NQ
Tel: 01568 613877

Date of inspection visit: 23 July 2015
Date of publication: 01/10/2015

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	

Overall summary

The Forbury provides personal care to up to 40 people. The service specialises in providing care for people with dementia. On the day of our inspection there were 38 people living at the home.

The inspection took place on the 23 July 2015 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said they had no concerns about the care their family member received. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with support from staff. Staff we spoke with demonstrated an awareness and recognition of abuse and systems were in place to guide them in reporting these.

Summary of findings

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had attended specific training in dementia to support the care they delivered. This gave staff the skills to use different ways to ensure people understood what was happening around them.

The provider had consistently assessed people's ability to make specific decisions about their daily life. For example, if people were able to go outside on their own. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

We saw people had food and drink they enjoyed. People and their relatives said they had choices available to them, to maintain a healthy diet. People were supported to eat and drink well in a discreet and dignified way. Staff knew people's needs and supported them to manage their risks.

People and their relatives told us they had access to health professionals as soon as they were needed. Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. People and their relatives said that staff went the extra mile to welcome them when they had visitors, provided outings and events at the home that involved people, families and friends and staff.

People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager and staff were passionate about enabling people who lived at the home to have a reason to get out of bed in the morning. Staff knew about people's histories and involved people in pastimes that were centred on the person. There were strong links with the community and people were supported to take part in projects that were happening within the community and at the home. An example of this was the involvement with local flower competition.

The registered manager promoted a proactive approach to include people's views about their care and service development. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager and the provider used these views and concerns to improve how they provided a service for people living at the home. The provider and registered manager had effective systems in place to monitor how the service was provided, to ensure people received quality care.

Summary of findings

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 is safe

People were supported by staff who understood how to provide and meet their individual care needs safely. People and their relatives were happy with the support available to their family members. People benefitted from enough staff to meet their care and social needs.

Good



Is the service effective?

The service is effective

People's needs and preferences were met by staff, because they received the training they needed to support people effectively. People enjoyed meals and were supported to maintain a healthy, balanced diet which offered them choice and variety. People were confident staff had contacted health care professionals when they were needed to meet people's needs.

Good



Is the service caring?

The service is caring

People were involved in all aspects of how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. Staff treated people with kindness, compassion and promoted their independence in all areas of their daily life. People benefitted from strong links with the community, enabling them to maintain important relationships.

Good



Is the service responsive?

The service is responsive

People who lived at the home and relatives felt listened to. They were able to raise any concerns or comments with staff, the management team and the provider, and these would be resolved satisfactorily. People were supported to make everyday choices and engage in past times they enjoyed. People had access to many community projects they enjoyed including links to a local school.

Good



Is the service well-led?

The service is well-led

People were able to approach the registered manager at any time. People benefitted from the registered manager and staff's approach of celebrating people's achievements. People and their families benefitted from staff that felt well supported by their management team. People were benefitted from staff who were supported by the management team to ensure quality care.

Good



The Forbury

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 23 July 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of knowledge and experience was with people with dementia.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform

us about incidents that have happened at the service, such as an accident or a serious injury. 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.

We spoke with ten people who lived at the home, and five relatives. We looked at how staff supported people throughout the day. As part of our observations we 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 spoke with the registered manager, deputy manager and five staff. We also spoke to a community psychiatric nurse. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the manager and provider completed.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, “There’s always someone there to help you.” Another person said, “They (staff) know what they’re doing and they help all of us.” Some people we spoke with were not able to communicate verbally and were not able to tell us if they felt safe. We saw through people’s communication with staff and relatives that people were confident and secure. For example we saw people had relaxed facial expressions and smiled a lot when staff communicated with them.

Relatives we spoke with said they felt their family member was safe. One relative told us, “It wouldn’t be like this if people didn’t feel safe here,” referring to their family member and a staff member sharing a joke together. Another said, “They always know who I’m coming to see and where they are.” A further relative told us, they visited at different times and “the care is always the same in here and it’s always good.”

A community psychiatric nurse (CPN) that has regular involvement with people at the home told us the home was recognised locally as a “safe” place where there were good staffing levels to support people. The CPN told us that the registered manager regularly sought advice about people living at the home. They worked together so that people’s needs could be met, risks identified and plans put in place to support people’s safety.

Staff said they were able to contribute to the safe care of people by sharing information with their colleagues at handovers. They would discuss each person’s health and wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. They said immediate concerns would be discussed with the shift lead and they would take action straight away. Staff had access to a computerised system which they updated daily with information about each person’s health and wellbeing. One member of staff told us the computerised system saved time which enabled them to spend more time with the people living at the home. Staff said people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff ensuring people used their mobility aids when walking. They knew who used which piece of equipment and who needed any extra support.

We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member told us, “We find here that we have time to sit and chat to people, it’s an important part of the day.” We saw people and staff chatting and sitting together in groups. For example, we saw a member of staff was using a flower to promote conversation with a small group of people. We also saw staff responded to people’s needs without delay. For example, we saw a staff member remind a person about the heat of a drink because they were aware sometimes the person would forget the drink was hot, the person told us, “[The member of staff] knows me.” One person told us how they felt about the staff, “We have a laugh, we talk together, it’s lovely here.” For example, we saw a staff member remind a person about the heat of a drink because they were aware sometimes the person would forget the drink was hot, the person told us, “[The member of staff] knows me.” Relatives told us that there were always staff available when they visited. One relative said, “If there’s a problem, the carers are there in an instant.” The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. They had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. This was to ensure people had time to get to know them and for them to know about the needs of people living at the home. The staff told us the appropriate pre-employment checks had been completed. The provider said these checks helped make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported when they needed help to take to take their medication. One person said, “It’s easier to have help with my tablets, because I forget them.” A relative said, “It’s so much better now [family member] has their tablets when they should do, they work properly (the medicines).” All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines and found people received their medicines as

Is the service safe?

prescribed to meet their needs. Staff were trained and assessed to be able to administer medicines and were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines in a locked trolley. There were suitable disposal arrangements for medicines in place.

Staff told us they would know if a person was in pain or discomfort by their facial expression and their body language, if the person was unable to communicate their concern verbally. There was clear guidance in people's care records if they were prescribed any medicines on an 'as and when required' basis from their GP. Staff told us the guidance supported staff to know when to administer the medicine.

Staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. Staff we spoke to were aware of the whistle blowing policy and said they would be confident to use it if they needed to. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or were worried in any way. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Is the service effective?

Our findings

People told us staff were trained to meet their needs. One person told us, "They (staff) know what they are doing and they help all of us." Relatives we spoke with said staff knew how to care for their family member. We saw people were supported by staff that had training and experience in caring for older people with dementia. The staff we spoke with were able to tell us how they learned to support each person as an individual and used the training they received to understand people's individual needs. For example, staff felt more able to understand those people who were unable to communicate verbally so they could effectively support them. The newly recruited staff we spoke with had previous experience and were refreshing their learning to ensure they had the up to date skills to meet people's needs. Staff told us their working practices were assessed to ensure people's safety and provide effective care. Staff said they were supported to achieve their job related qualifications and they valued this opportunity.

One member of staff we spoke with said the registered manager was passionate about their training. She always ensured their mandatory training was up to date so they had the skills to effectively support people who lived at the home. They explained how they could request additional training to further their skills and the registered manager would support them. Training was provided at different venues. Staff told us this gave them the opportunity to meet other care staff from other homes. One member of staff said, "I feel very lucky to work here when I talk to other people."

Staff explained they understood the importance of ensuring people agreed to the support they provided. All staff had an understanding of the Mental Capacity Act 2005 (MCA) and how important it was for people to give their consent. They said they would pass on any concerns about people's ability to make decisions to the registered manager. We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this assessment of people's needs when it was needed. For example, we saw one person occasionally wished to leave the home in an unsafe way. The registered manager assessed this person's

capacity to make this specific decision so that this person was not deprived of their liberty unlawfully, and that decisions were made in the person's best interest following the MCA.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with understood about the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted DoLS applications and was waiting for further confirmation from the local authority. They understood the process and was aware of how to access any further support.

The registered manager told us one of the cooks had recently left and they had not been able to replace them with the right person. In the meantime, they had put in place a system of reheated meals which they were trialling for a period of time. People told us they were getting used to the reheated meals; they said they would let the registered manager know if they were not happy with the meals at any time. People we spoke with made comments about the meals being generally, "alright," or "very nice." Relatives we spoke with said the food was good and people were offered choice. One relative said the food was, "Tremendous," and showed us an extensive breakfast menu.

People said they had choice about the food they ate. We saw staff asked people what they would like to eat shortly before the meal; they took time to explain the choices and describe the meals available. We saw staff supporting communications between people through their meal, offering discreet support when it was needed, and promoting people's independence as much as possible without feeling rushed. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

We saw people were supported to maintain their food and drink levels. We looked at four care records; they showed clear guidance for people requiring extra support with food and drink. People were monitored regularly to ensure they were maintaining a healthy diet with both food and drink.

Is the service effective?

Staff knew who needed extra support. For example we saw one person needed to be encouraged to drink enough fluids. Staff were aware and there were daily records of how much fluids were taken.

People told us they had access to their GP, and their dentist and optician visited them at the home when needed. One person told us staff had been quick to call in the GP when their “back collapsed” and staff had “upped” the level of care provided until they had recovered. Relatives we spoke with said their family members received support with their

health care when they needed it. Staff we spoke with told us the importance they placed on monitoring the health of each person as some were unable to communicate verbally if they felt unwell. They said how they used observations and discussion with their peers and senior team to communicate and record any concerns about people’s wellbeing. The community psychiatric nurse we spoke with told us staff at the home made appropriate referrals to health teams, and always followed advice.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, “They’re very nice, they’ll talk to you, we have a laugh”. Another person said, “The girls are all lovely, they’re amazing. They’ll all help you, they help me. Everybody’s friends.” A further person said about one staff member, “This young person is kindness itself.” We saw caring interactions between staff and people living at the home

Relatives told us they were happy with their family members care. One relative said, “[My family member] is very happy. It took several weeks for them to settle in but now it’s absolutely brilliant and the more contented they are here, the more contented I am. The care is always the same in here and it’s always good.” Another relative said, “I’m delighted that my [family member] has found somewhere they are happy with.”

Throughout our inspection, we noticed that all staff continually engaged with people in a friendly and understanding manner. For example, we saw that a member of the kitchen staff knelt down beside a person before talking to them about the choice of menu. The staff member referred to the person’s diabetes demonstrating that they were aware of their dietary restrictions but the warmth of the conversation made the everyday task a shared and enjoyable experience. We saw staff reached out to people when they passed them, either by a friendly word, for example, “How are you getting on with the crossword today?” Or by a reassuring gesture for example a quick gentle touch of the hand.

Staff were patient and caring, treating each person as an individual and maintaining their dignity. For example we saw a member of staff supported one person to eat. The member of staff did this gently, asking, “Would you like some more?” They waited for a response before continuing with supporting the person to eat. The person’s body language showed they felt very comfortable with the member of staff, and we saw a lot of reassuring eye contact between them.

We saw staff respond to the needs of each person as they arose with effective knowledge of that person and in a caring way. We heard staff calling people by their preferred names. Staff said they took time while supporting people to dress to ensure they gave them a choice in what they wanted to wear. One person said about their appearance, “My [family member] always liked me to look nice so I keep it going just for him”. People told us they were supported with their choices in how they looked. For example people told us they had their nails done regularly because they wanted to. We saw that people’s rooms were personalised and people had a choice of different rooms to spend time in.

People and their relatives told us they were treated with dignity and respect. Staff said ensuring people maintained their dignity was very important to them. One member of staff said when providing personal care, they would always ensure the person’s “Door was closed and they were covered where possible” to keep their dignity. Another member of staff said they would encourage a person that was still in their night clothes to come back to their room to get dressed to maintain their dignity.

Staff we spoke with said they were ‘key workers’ for people who lived at the home. Each staff member was a key worker for a small group of people. They said as ‘key workers’, they looked after people’s personal needs and liaised with their families to keep them up to date and pass on appropriate information. They said they acted as an advocate for each person building a trusting relationship so they would know if they were not happy or unwell. Relatives told us they were always kept up to date by staff, and felt they were aware of what was happening to their family member.

Relatives told us they were welcome to visit at any time. They told us they felt involved and included in the care for their family member and felt welcome to visit the home at any time. This helped people who lived at the home to maintain important relationships.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care planning. One person said they had read their care plan, “The Manager has been through it with me.” Relatives told us they were included in their family members care and involved in their reviews. We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. This involved people and their families from the very beginning of them moving to the home. Staff told us they added to this information so they knew as much as possible about the person and their history.

We saw staff were familiar with people’s likes and dislikes. For example, we saw a member of staff offered a person a book and said “you like your mysteries.” We saw staff knew how to engage people of varying levels of ability. For example, we heard a staff member at lunchtime ask one person how they were getting on with the daily crossword in the newspaper, and asked another how they were getting on with the meal.

One person told us, “I can get up and go to bed when I want.” Another person said they liked to go to their room after tea to relax, but did not get into bed for several hours. People said they could choose to spend their day in their room, the shared areas, or go out. One person said they always woke up early and, “I have (breakfast) in bed.”

We saw people chose whether they engaged in organised social events or not. People told us these included arts and craft work, cooking, gardening, and flower arranging and to outings, for example, to a local garden centre or into town. The community psychiatric nurse told us she would often see people from the home at community events in the local town. People told us about the links with the local places of worship and primary school and how important they were to them. One person told us they liked to go to a place of worship on a Sunday and said, “There’s always a carer available to take me if needed”. Another person said, “I don’t get lonely at all, I have my computer in my room and I can e-mail and phone people.” They also told us they go into town when they want. A further person said they also went out a lot to see friends as they wanted to, and the staff supported them to do this.

We saw there were two members of staff that were dedicated to providing activities for people who lived at the

home. The activities organiser told us how they worked with each individual to find out the activities they enjoyed to stimulate their memories and promote their abilities. We saw and staff told us they were involved in activities and past times too. For example, one staff member said “(People) wanted to go shopping so I’ve organised a shopping trip to (a local store), and we’ll have coffee and cake. We’re really looking forward to that”. The staff member said a similar trip would be arranged for other people who live at the home if they wanted to go. One person told us they were looking forward to the trip and what they were hoping to buy.

Relatives told us their family member had interesting things to do. One relative said, “My [family member] does different things here as well as the things they liked doing at home.” Another relative said, “There’s always something going on here. My [family member] has never painted before but is thoroughly enjoying it. I’ve arrived sometimes in the afternoon and they have been so busy doing something that I’ve gone away”. One relative told us of a time when staff had asked if they would be visiting the following day. When they arrived on that day, which was a wedding anniversary, staff told the relative they had “prepared a little celebration for you,” in the “Cafe de Paris”. This was an area at the home that people could use to entertain visitors. Staff had arranged a party for them. Relatives also told us about before Christmas, people who lived at the home and family and/or friends and staff had a joint evening out at a local eatery, and how much their family member benefitted from this. People told us about the evenings when people who live at the home can invite family and friends to the home for a meal, served by waiters. People and their relatives told us they really enjoyed these evenings, and nothing was too much trouble for the staff.

We saw there was an area designated for people and their visitors to spend time if they wanted to named the “Café de Paris.” There was equipment in that area to support people’s independence with drink making and food preparation. Staff told us people were assessed and a plan was in place for each person to be able to cook, prepare food or make drinks if they wanted to with support when needed. People told us they enjoyed the area when they had family visiting and when they wanted to do some cooking.

Is the service responsive?

We saw people's artwork was displayed throughout the home. For example we saw a mural that people told us they had helped to paint, painted plates in the "Cafe de Paris", and flower paintings used to make a bunting for the garden. We saw that the registered manager had forged links with the community. For example there were new flower boxes that people and staff told us they were involved with for the local flower completion. The registered manager told us she had applied and won a grant from the arts council for a special project with the community. This involved children from a local school and people who lived at the home. People told us about their involvement and how much they enjoyed working with the children to provide an exhibition of artwork now on display in the local community.

The registered manager told us about the use of technology which they had used for the last four years. Staff told us they used this technology to communicate and encourage people to remember their past lives. For example a staff member told us about one person that lived at the home using the technology to draw pictures from their past as they were unable to do this with pens and paper.

We saw and staff said people living at the home were not always able to understand information. We saw staff spent time with people so they could understand what was being said or asked of them. We saw staff using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs. Staff told us about how they used the "pet therapy" service and how much people enjoyed seeing the different animals and how it supported people to talk about their past.

Relatives and staff were involved in completing an internet page which shared people's experiences and life histories,

celebrating their past and their present. People and their relatives told us that the page was really useful and kept everyone up to date and shared experiences. This supported the shared knowledge about people living at the home and developed their links with important people in their lives.

People said they would speak to staff about any concerns. One person said, "I don't think there'd be anything, you can talk to anyone." Another person said they would speak to the registered manager, "She's very approachable". One person said there were regular meetings with staff to get ideas and hear people's views. Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said they would talk to the provider or the registered manager and "The staff here are always interested in comments." Another relative said they would talk to a staff member or the registered manager. A relative told us about how they had raised an issue and it had been resolved quickly and satisfactorily. The community psychiatric nurse told us that staff are always open for new suggestions and willing to learn. We saw there were complaints procedures available in accessible formats for people and their relatives. People and their relatives said they felt listened to and happy to discuss any concerns with the staff team at the home.

The registered manager told us they talked to each person individually and had regular meetings which kept people up to date with activities and developments going on at the home. People told us about how their suggestions were listened to and acted upon. For example one person had asked for French lessons and the provider was looking into providing these for that person and any other people interested.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and enjoyed talking to them; they said they saw the manager regularly. One person said, "It's a home and it's not an institution, the atmosphere here's so good and the give and take is great. I am very fortunate." Relatives told us they were comfortable with the registered manager and staff at the home. One relative said, "We're really happy, an absolutely brilliant place. A real homely feel, can't fault it".

We observed during our inspection the registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with the deputy manager and they were also very knowledgeable about the people and the staff team they supported. The provider and the registered manager told us how important they felt it was to celebrate people's ability rather than emphasising their limitations. The registered manager told us, "People may not remember exactly what's happening but wake up knowing something will be going on. It's important for everyone to have a reason to get up in the morning." We saw that this was an ethos that was shown through all levels of the staff at the home. This was from what people shared with us and what the staff told us. For example, the many art work projects and the strong links within the community.

Staff told us the registered manager, and senior team were always available when they needed to speak to them. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff told us they would raise any concerns with the registered manager or the deputy manager. They also said they were happy to speak directly to staff members if their concern was about a particular staff member because they felt confident with their relationships within the team. One member of staff told us, "Staff are really committed; this is the only place that I've worked in where staff are committed to the residents."

Staff told us there were regular staff meetings. They said the registered manager passed on information to the staff team about changes in the running of the home. Staff told us they were asked their opinions and these were accepted. The staff was also asked for their ideas. Staff told us that their ideas had been acted on in the past when shared at these meetings. Staff were asked about any concerns and they were able to voice these and guidance

was given as to how to address these effectively. Staff told us they felt these meetings were useful and they felt supported. One staff member told us "I take my hat off to [the registered manager] she gives over 100%, and encourages staff input."

All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development and they could share concerns or ideas and they would be listened to. Staff told us they were completing vocational training and this was supported by the registered manager and the provider. The registered manager had good links with the local mental health team. The community psychiatric nurse told us she provided specialist training around supporting people with dementia. They told us that all staff had attended, including domestic and auxiliary staff. The provider and the registered manager told us they were developing new posts to support staff development. The new posts would breach the link between care staff and the senior team to support staff to develop.

The staff we spoke with said they did feel their work was valued by the provider and the registered manager. One member of staff we spoke with said, "I feel very lucky to work here when I talk to other people, we're a good bunch. Very rarely do we have changeovers in staff." They told us how the manager and the provider regularly thanked them, for example at team meetings.

Staff told us the provider and the registered manager were very responsive if they asked for specialist items to support a person living at the home it was provided in a timely way. For example, one member of staff said they had asked for a special book for a person and this was sourced and acquired to support the person.

The registered manager and management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that trends were spotted and investigated. The registered manager also used satisfaction survey's to gain feedback from relatives and people who lived at the home. These surveys were analysed and used to inform service provision. For example last year's survey had highlighted that tea time could sometimes be chaotic. The registered manager had changed how this meal was managed creating a more relaxed atmosphere. People told us and we saw that mealtimes were very relaxed. There were comments

Is the service well-led?

recorded on the survey, for example, “The staff are without doubt the strength of The Forbury. They always appear friendly and caring towards residents.” Another comment was, “Always plenty to do and staff are very welcoming.”

The provider regularly visited and monitored how care was provided and how people’s safety was protected. For

example, the provider regularly invited feedback from people and their families. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area’s identified for improvement had been acted on and was subject to on going monitoring.