

Mr & Mrs GT Lee

Gosberton House 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Gosberton House Care Home is registered to provide accommodation for up to 46 people requiring nursing or personal care. At our last inspection in November 2015 we rated the home as Requires Improvement.

The registered provider also operates a day care support service in the same building as the care home although this type of service is not regulated by the Care Quality Commission (CQC).

We inspected the home on 16 March 2017. The inspection was unannounced. There were 44 people living in the home on the day of our inspection.

The home had a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted a DoLS authorisation for two people living in the home and had submitted a further three applications for consideration by the local authority. Staff had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

Working together to put people at the heart of the service, staff in every department understood what was important to each person and went out of their way to do everything possible to ensure their personal happiness and promote their well-being. Staff were happy in their work and proud of the service they provided.

Staff knew and respected people as individuals and provided extremely responsive, person-centred care. People were provided with food and drink of high quality that met their individual needs and preferences. A varied programme range of activities and events was organised to provide people with mental and physical stimulation.

The registered manager and her team had worked hard to address the areas for improvement identified at our last inspection. The registered manager had a positive and forward-looking approach and was committed to the continuous improvement of the home. The provider had failed to notify us of two incidents involving people living in the home but this was an isolated shortfall and in all other respects the home was well-led, with sound administrative systems in all areas.

People's medicines were managed safely and staff worked alongside local healthcare services to ensure

people had access to any specialist support they required. 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. A wide range of auditing systems was in place to monitor the quality and safety of service provision.

There were sufficient staff to meet people's care needs and staff worked together in a well-coordinated and mutually supportive way. The provider organised a varied programme of training and encouraged staff to study for advanced qualifications. Staff were provided with close supervision and shift handover meetings and other systems were used effectively to ensure staff were aware of any changes in people's needs. The registered manager was respected and admired by her staff and provided strong, supportive leadership to her team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider organised a varied programme of training and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked alongside local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff in every department of the home went out of their way to help people in any way they could.

Staff supported people to have as much choice and control over their lives as possible.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people as individuals and provided flexible, person-centred care to meet their needs and preferences.

A varied programme of activities and events was organised to provide people with physical and mental stimulation.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had failed to notify CQC of two incidents involving people living in the home.

The registered manager provided strong, supportive leadership to her team.

Staff worked together in a friendly and supportive way.

The registered manager had a forward-looking approach and was committed to the continuous improvement of the service.

A range of auditing and monitoring systems was in place to monitor the quality of service provision.

Gosberton House 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 Gosberton House Care Home on 16 March 2017. The inspection team consisted of one inspector, a specialist advisor whose specialism was nursing 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. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also 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.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home, two visiting relatives, the registered manager, the lead nurse, two members of the care staff team, the cook, the leisure and activities organiser and the administrator.

We looked at a range of documents and written records including six people's care records and staff recruitment and training 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

Everyone we spoke with told us they felt safe living in the home and that staff treated them well. For example, one person said, "I do feel safe here." Talking of the staff, another person told us, "They are all great."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority and the CQC. Advice to people and their relatives about how to contact these external agencies was provided in the 'resident's handbook' that was given to people when they first moved into the home.

On our last inspection of the home in November 2015 we found shortfalls in the systems used to assess risks to people's safety and told the provider that improvement was required. On this inspection we were pleased to find the provider had responded to our report and taken action to address this issue. We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skincare and nutrition. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of falling and had arranged a review of the person's medicines to try to reduce the risk. Talking of the support they received, one person said, "The carers come in three times a night to re-position me. So that I don't get pressure sores." Staff reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs. For example, staff had identified one person as at being of risk of malnutrition and their risk assessment had been updated to instruct staff to monitor their weight on a monthly basis.

People told us that the provider employed sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person said, "If I want anything to eat or to go to another room I ring my bell. I don't usually have to wait very long." Commenting on the fact that staff also had time to sit and interact socially with people, one person said, "Everybody is ready to stop and listen to you." Confirming this approach, one member of staff told us, "Time with the residents is important and shouldn't be rushed. It's not just giving care, it's social time. I will [always] make time if they want to chat."

The registered manager said that she kept staffing levels under regular review and had recently introduced a new 'twilight' shift in response to changes in people's needs. Since our last inspection, the provider had also made significant changes to the organisation of the care staffing team. Senior care staff were now allocated permanently to one of the three 'floors' in the home whilst junior care staff worked on rotation across all three areas. Care staff talked very positively of this innovation which they said ensured consistency of leadership whilst giving them a chance to get to know individually everyone who lived in the home.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that

suitable 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.

On our last inspection of the home we identified some concerns with medicines management and told the provider that improvement was required. On this inspection we found action had been taken and that the arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. Medicine administration records (MARs) were well-designed and contained an accurate record of any medicines that people had received together with details of any allergies and the person's preference for taking their medicines. If new medicines had to be handwritten on the MARs pending production of a printed copy, we saw that they had been signed by two people to ensure this had been done accurately. When people were receiving medicines that required monitoring to enable the dose to be adjusted if necessary, or to ensure the medicine could be given safely, we saw that these checks had been undertaken with a clear record of the amount of the medicine administered. One person was receiving oxygen and the level of oxygen in their blood was monitored regularly and a safety checklist was completed. When people were able to take some responsibility for taking their medicines without supervision, risk assessments had been completed to ensure this could be done safely. Commenting on the support they received from staff in this area, one person said, "I've never had any problems with my medication."

We saw that people who had been prescribed 'as required' medicines had been supported by staff to exercise their right to choose whether they wanted to take it or not. However, there were no protocols to provide staff with additional information to ensure these occasional use medicines were given consistently and safely. We raised this issue with the registered manager who agreed to address it as a matter of priority. In response to one of the issues highlighted at our last inspection, the provider had installed an air-conditioning unit in the medicines store room, to help ensure medicines were kept at the correct temperature and were safe to use.

Is the service effective?

Our findings

People told us they felt well-cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "The staff are all first class. They are all very good." Talking positively of the support their loved one had received with their nutrition, one relative told us, "She has put weight on since being here."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and knew how to reflect these in their practice. 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. Staff understood the importance of obtaining consent before providing care or support. For example, one staff member told us, "Even if they can't make legal decisions people still have capacity to make simple decisions such as what to wear or what to eat. And we have to respect that."

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 a DoLS authorisation for two people living in the home and had submitted a further three applications for consideration by the local authority.

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, if someone was no longer able to give formal consent to aspects of their personal care, we saw these decisions were documented in their care record as having been taken by staff as being in the person's best interests. Although we were satisfied that any best interests decisions had been taken correctly in line with the provisions of the MCA, the registered manager agreed to review the recording of such decisions to make it clearer who had been involved in the process.

New members of staff received an extremely comprehensive induction handbook and participated in a structured induction programme before they started to work as a full member of the team. Reflecting on their own induction, one member of staff told us, "We have a month in each [of the three areas of the home] to get to know [the people who live there] thoroughly. My [induction supervisor] was very good. Anything I didn't understand, I just had to ask." Another member of staff member said, "I shadowed [other staff] a lot! [But it meant] I was quite confident after my induction." The provider had embraced the National Care Certificate and all newly recruited staff worked towards this qualification as part of their induction.

The provider maintained a record of each staff member's training requirements and organised an ongoing programme of courses to meet their needs including infection control, safeguarding and food hygiene. The registered manager also organised regular one-off courses which staff could attend if they were interested. Recent courses included practical training in advanced nursing procedures and supervisory skills for senior staff. We saw that upcoming training included a course in 'person-centred training as a team' from an

organisation with a national reputation in this area. Discussing their personal experience of training provision in the home, one member of staff told us, "I went on a 'developing seniors' course [delivered] over six weeks. I really enjoyed it and learned so much." Another staff member said, "We do so many different things. A notice goes up in the staff room. MCA was my most recent one. It was very interesting. And reassuring to know that you are doing it the right way." The provider also encouraged staff to study for nationally recognised qualifications. One member of staff said, "I will be doing my NVQ3. [The registered manager] has helped me sort it out. I would like to have a qualification [and] to progress."

Staff received regular supervision from senior staff and an annual appraisal from the registered manager. Staff told us that they found this helpful to them in their work. For example, one member of staff said, "I get an appraisal with [the registered manager]. That's when I was encouraged to do my qualifications." The lead nurse also undertook bespoke supervision sessions with individual members of staff as required, to address any gaps in their knowledge or shortfalls in their practice. For example, following a recent medicines audit, the lead nurse had conducted an individual supervision with one member of staff to refresh their understanding of the home's medicine disposal procedures. Speaking positively of the practice-based support and supervision they received from the lead nurse, one member of staff told us, "[Name] started last year. She is very, very knowledgeable. I get a good response if I need any help."

As they had done at our last inspection, people told us they enjoyed the food provided in the home. For example, one person said, "The food is brilliant. It's all homemade and freshly cooked." People had a wide range of hot and cold choices for breakfast and also at teatime, including freshly made cakes. For lunch, people had a choice of two main course options although the cook told us that kitchen staff were always happy to make an alternative if necessary. For example, on the day of our inspection one person had requested beans on toast as an alternative to the two main lunch options. Confirming the provider's flexible approach, one person told us, "If there's something I don't like, they will always give me an alternative."

Kitchen staff had a good knowledge of people's preferences and used this to guide them in their menu planning and meal preparation. For example, the cook told us, "One lady told me she really liked lime jelly so I went out and got it." Staff also had a good understanding of people's nutritional requirements, for example people who had allergies or whose food needed to be pureed to prevent the risk of choking.

The provider continued to ensure people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a wide range of professionals. For example, one person who was recovering from a stroke told us, "I'm having exercises from a physiotherapist once a week." Another person said, "I've been to the dentist recently to be fitted for a new denture plate." Staff told us they would never hesitate to obtain specialist advice and support if they had any worries or concerns about a person's health. Confirming this proactive approach, one person told us, "I have a cyst on my neck, it started leaking so the nurse rang for the doctor."

Is the service caring?

Our findings

As they had done on our last inspection, everyone we spoke with told us that the staff who worked in the home were caring and kind. For example, one person said, "I've been surprised. I didn't realise people could be quite so nice." Another person told us, "It's very nice. They're all very helpful and considerate." One person's relative said, "The carers are lovely. [Over time] you really get to know them."

Despite people's continuing satisfaction with the way they were supported, the registered manager told us that she remained committed to the continuous improvement of the service, to ensure it was ever more responsive to people's individual needs and preferences. Reflecting this approach, we found evidence of innovations which had been introduced since our last inspection and the positive impact these had had on people's well-being and happiness. For example, following a recent refurbishment, the main activities noticeboard had been lowered to make it easier for wheelchair users to see the activities programme and plan their day accordingly. The provider had also made changes to the way people's birthdays were celebrated, to further reflect people's individual preferences. In advance of a person's birthday, staff now contacted the person's family to discuss exactly how they would like to celebrate their relative's special day, perhaps with an afternoon tea party for a smaller group or a buffet for a larger family gathering. Reflecting this attention to detail, one person's relative had recently written a note of thanks which stated, 'Please convey our most sincere thanks to the kitchen staff for the first class birthday tea they put on for [name]'s 99th birthday. [Name] was really pleased that you included some Lincolnshire stuffed chine. One of her favourite dishes.' As part of this initiative, the provider had also acquired the type of traditional tea service that many of the older people living in the home would have been familiar with and the cook told us, "[For their birthday] some people like ... finger sandwiches and tiny cakes on [the new] bone china. They've become very popular." Additionally, as described elsewhere in this report, the changes to the way the care teams were organised meant care staff now had the opportunity to form deeper relationships with people and a better understanding of their individual needs and wishes. Talking positively of this new initiative, one staff member said, "I work across all the floors. It means I get to know all the residents [and] build up a really good relationship with them."

When they first moved in, each person received a personalised copy of the 'resident's handbook' which contained a wide range of useful information about life in the home. One section was entitled, 'Care and Respect Every Time' and stated, 'You should receive care from [staff] who are trustworthy, dependable and are there for you when you need them. [And who] show empathy, compassion and kindness.' This philosophy of care was clearly understood by staff at every level, in every department and reflected in all aspects of their practice. As one compelling illustration of this ethos in action, the registered manager told us of a person who lived in the home and whose wife had recently died. At the time of the funeral, the person was in hospital and was, sadly, unable to attend the funeral to say goodbye to their loved one in person. However, determined to do everything possible, including the innovative use of technology, to enable him to participate, the registered manager told us, "We arranged with the crematorium that he could watch the funeral service from hospital on a laptop. His son was with him. They were singing along with the hymns."

Working together to put people at the heart of the service, staff in every department took great care to

engage with people to understand their individual needs and preferences and respond accordingly. For example, talking of a person they supported, one member of the care team told us, "[Name] told me to throw out a pair of her favourite trousers as they had become too baggy. But I've taken them to [name of colleague] in the laundry and she's going to tuck them in. It will be a nice surprise [when I bring them back]!" Talking of another person who was particularly fond of sweet and sour chicken, a member of the catering team said, "[When it's on the lunch menu] I do an extra batch and freeze it up so she can have it more often. I do the same for another lady who likes chilli." Describing the staff team's joined-up approach to providing a truly person-centred service, another member of staff said, "Every department goes above and beyond to make [people] feel happy. For instance, I often see the cleaners doing little jobs for people. Helping them rearrange their room or sorting their flowers." Talking with a twinkle in her eye of the challenge of keeping up with people's individual choices for breakfast, the cook told us, "[We have requests] for poached, fried and scrambled eggs. Sausage, porridge, cereals. It's a nightmare sometimes!" Similarly, when we reviewed the list of choices people had made for tea on the day of our inspection, we saw it had almost as many variants as there were people living in the home. This commitment of staff to work together as a team and 'go the extra mile' for the people in their care, was clearly recognised and appreciated by the people who lived in the home. For example, one person told us, "If I want anything doing, the [staff] will do it." Talking warmly of their relationship with staff, another person told us, "If I need to talk about anything, they're here."

Staff were also committed to helping people to maintain their independence and to retain as much control over their own lives as possible. One staff member told us, "Encouraging someone to retain their independence is as important a part of my job as the caring." Talking of one person they supported, another member of staff told us, "[Name] looks after her own room. The cleaner just does the high dusting." Talking about the provision of communal activities in the home, the registered manager said, "We have managed to give our residents more independence to do things on their own. For instance, [some people] have organised a regular Scrabble club for themselves." Confirming the flexible, personalised approach of staff in this area, one person told us, "I decide what time to go to bed. The carers will pop in to ask if I'm ready. It depends if I'm watching anything interesting on TV." Another person said, "I prefer to have my meals in my own room."

Staff understood the importance of supporting people in ways that maintained their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. For example, one member of staff told us, "I always ensure the curtains are closed and the door is closed. We always knock before we enter someone's room. Nobody ever barges in." 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.

Information on local lay advocacy services was on display on a noticeboard in the reception area of the home. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us she used the local service to obtain a lay advocate whenever someone needed this type of support.

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager told us she would encourage them to visit and have an initial look round. If they remained interested, the lead nurse would then visit them and carry out a pre-admission assessment, to make sure the provider could meet the person's needs. Talking of the importance of getting this decision right for both the person and the home, the registered manager said, "We have turned people down if we can't meet their needs. Even if we have vacancies." Once it was agreed that someone would move in, an admission date was agreed with the person and their family. Describing the need to be responsive to people's individual circumstances, the registered manager told us, "We don't say we can't take people at weekends if that is [easier] for them. We have to do what is best for them." As part of the admission process, senior staff allocated the person a personal key-worker and used the pre-admission assessment to provide staff with initial information on the person's key wishes and requirements. Over time, this was developed into a full individual care plan.

We reviewed people's care plans and saw that they were well-organised and provided staff with the information and guidance they needed to respond effectively to each person's individual needs and preferences. For example, one person's plan detailed in a very precise way just how they liked their hearing aids to be stored when not in use, something that was very important to the person. Another person's plan stated their favourite drink was bitter lemon and that they disliked yoghurt. The care plans were stored electronically and accessed by staff using laptop computers and tablet devices. The plans were updated constantly throughout the day and staff told us that they were an important source of information when providing people with care and support. For example, one member of staff said, "They are very helpful for things like medication changes. If I have missed the weekly GP visit, I can go in and see any changes they have made. And if I am working [with people I haven't cared for recently] I can always look on the care plan for any allergies or mobility issues." Another member of staff told us, "I can always find the information I need [in the care plans]." Staff reviewed the care plans on a regular basis, in discussion with people and their relatives if they had indicated they wanted this level of involvement. Talking of his own care plan, one person told us, "I have a copy of it ... in my room."

Since our last inspection, the provider had expanded the team of people who facilitated communal activities and other events to provide people with physical and mental stimulation. Led by a recently appointed leisure and activities coordinator, the team organised a varied schedule of twice-daily activities, Monday to Friday. We reviewed the programme for March 2017 and saw it that it included a wide range of activities, including keep fit, bingo, scrabble, baking and visits from external entertainers. The activities programme was distributed to everyone living in the home at the beginning of each month and was clearly a source of interest and enjoyment to many. For example one person told us, "I enjoy playing dominoes and darts." Another person said, "I enjoy crafts and baking. We're going to make soda bread next time we bake." Another person told us, "I usually go down to the activities every day except Wednesdays when there's a church service. So I stay in my room then." The leisure and activities coordinator told us that she kept the programme under regular review, to reflect people's preferences and suggestions. She also said that she had just booked a first visit from a company that used virtual reality headsets to enable people to re-live events from their youth or to see places for the first time. The first visit was scheduled for the end of March

and was advertised in the activities programme as a 'virtual cruise', visiting Rome, Venice, Spain, Dubai and the Great Wall of China.

Although many people clearly valued the opportunity to join in the communal activities and other events, others were equally happy to pursue their own individual interests. For example one person said, "I have a newspaper every day. I'm not ... lonely." Another person told us, "I like to keep myself to myself. I'm not bored, I read and watch TV. And when it's nice weather I like to sit outside." On the afternoon of our inspection we saw people pursuing a variety of different hobbies and interests, including one person tackling a jigsaw, two people playing dominoes, three people playing ludo and another person playing noughts and crosses on a tablet computer.

Staff clearly knew and respected people's individual wishes and preferences. For example, one member of staff told us, "You work out who does and who doesn't like hugs. [Name] loves hugs. It's how they say 'thank you'. But other residents wouldn't like it." Talking of the importance of understanding and respecting each person's wishes, another member of staff said, "It's very easy to go in and try to do it your way. You have to stop yourself and follow the way they like to do things." The home had a hairdressing salon and a regular hairdresser but staff told us that if people had their own favourite hairdresser, they were welcome to come in and use the salon as well.

Information on how to raise a concern or complaint was provided in the information booklet people received when they first moved into the home. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to come to her or other senior staff with any issues or concerns, to enable them to be resolved informally. The provider had also developed a system of 'action requests' which staff used to record any verbal concerns raised by people or visitors, for example that a person's room was too cold. These were reviewed by the registered manager to ensure follow up action was taken as required. Although they told us they had no reason to make a formal complaint, people said they wouldn't hesitate to do so if necessary. For example, one person told us, "I wouldn't wrap anything up. I'd say how I feel."

Is the service well-led?

Our findings

The provider maintained a log of any untoward incidents or events within the home which had been notified to CQC or other agencies. However, during our inspection we ascertained that there had been two recent cases involving people living in the home which been considered by the local authority under its adult safeguarding procedures but which the provider had not notified to CQC, as required by law. The registered manager apologised for this oversight and said she would ensure all notifications were submitted as required in future.

This isolated shortfall aside, the home was well-led with effective systems of management and administration in all areas. At our last inspection we had identified the need for improvement in the monitoring of service quality. At this inspection we were pleased to find that the provider now had an extremely comprehensive range of quality monitoring systems, including regular medication, care planning and fire safety audits. These audits were reviewed personally by the registered manager who ensured action was taken in response to any issues identified. Most of the audits were conducted on a monthly basis but for those that were scheduled to take place less frequently, the registered manager had a folder with monthly dividers and blank copies of the audits that were to be conducted in each month of the year. This was a simple but highly effective means of ensuring none of these less frequent audits was overlooked. The owners of the home visited regularly and provided the registered manager with very detailed feedback on any issues they had picked up in their conversations with people, their relatives and staff.

The provider conducted an annual survey of people and their relatives to gain their feedback on the service provided. We reviewed the results of the most recent survey and saw that people's comments were generally very positive. Nevertheless, the owners and registered manager had reviewed the survey returns carefully and prepared a detailed action plan to address any areas that needed improvement. The provider also organised regular meetings for people and their relatives as a further means of seeking their views on the running of the home. We reviewed the minutes of the most recent meeting and saw that there had been a wide-ranging and interactive discussion of a number of issues, including a vote on whether the home's front door should continue to be unlocked during the day. The majority had decided it should remain unlocked, to enable people and their relatives to come and go as they wished.

Everyone we spoke with told us how highly they thought of the home. For example, one person said, "I made the right choice coming here. I don't think you'd get anything any better." Another person told us, "I wouldn't want to go anywhere else." People's satisfaction with the service provided was also reflected in the letters and cards received from family members and friends, which were on display in the reception area. For example, one relative had written to the registered manager to say, "Thank you for all the care my father received. We enjoyed Sunday lunches and a wonderful Xmas with him in his new home. When life became difficult, Dad had the best of care and nursing. Everyone was very kind to us as a family."

Throughout our inspection visit the registered manager demonstrated a positive and forward-looking approach. She and her team had worked hard over the previous 12 months to address the shortfalls that had been highlighted in our last inspection of the home. During this time she had also maintained a clear

focus on the ongoing improvement of the home, for example in the changes made to the care staffing structure and the provision of activities. The registered manager provided strong, supportive leadership which was clearly appreciated by her staff team. For example, one staff member said, "[The registered manager] is lovely. She will help and advise you [in any way she can]. We are looked after here." Another member of staff told us, "She is very understanding and patient. She's very good with the staff." Staff were happy in their work and were proud of the service they provided. For example, one member of staff told us, "I love it. [It's great to be able to do] things for people that makes a difference, that makes them smile." Another staff member said, "I love my job. Every day is different. I love coming to work."

Staff worked together in a well-coordinated and mutually supportive way. One member of staff said, "We have really a good relationship [in the team]. Everyone is really supportive and helpful. It's ... a happy place to work." The owners and registered manager organised regular staff meetings which most staff told us they found beneficial in supporting effective communication within the home. Talking positively of a recent team meeting, one member of staff told us, "It's helpful ... to get everyone together to have a chat. To go over issues and make sure they have been sorted the way they should be." Regular shift handover sessions and a variety of written logs were also used to maintain good communication. In the nurses' office we saw another simple but effective approach to ensuring staff were aware of each other's actions. At the beginning of each month, the names of people who need to their weight checked that month were written on a whiteboard. When this was done, their name was rubbed off which made it very clear which checks remained outstanding.