

North Warren Care Limited

Fotherby House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Fotherby House is a residential care home providing personal and nursing care for up to 20 older people. At the time of our inspection there were 18 people living at the home.

People's experience of using this service and what we found

People were happy and content and we received a wide range of positive comments about people's experience of living at the home. People were supported by very kind, caring and compassionate staff who often went the extra mile to provide people with good, high quality care. This high standard of care enhanced people's quality of life and wellbeing.

People were treated with dignity and respect in a way that truly valued them as individuals. The staff and the management team were passionate about providing people with support that was based on their individual needs and wishes. As a result, their care was tailored to meet their exact needs. The registered manager and all staff, whatever their position, were always prepared to go over and above their roles to ensure people received the care they needed and to live full and meaningful lives.

The registered manager and staff strived for excellence and it was clear from the feedback we received from people and their relatives and our observations, that staff worked tirelessly as a team to ensure people were cared for on both a physical and emotional level.

The registered provider, registered manager and staff put people at the centre of everything they did. People were encouraged to be involved in the running of the home and to voice their opinions on the way their care was being delivered to them.

People were supported to make decisions for themselves about how they spent their time and were offered choices about the range of food and drinks provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where people were unable to make a decision about whether they wished to live at the home their rights had been protected under the Mental Capacity Act 2005.

People were supported by staff who were recruited safely and who received the training and support necessary to provide safe care. Staff knew about the actions they would need to take in order to keep people safe from abuse. This included how to appropriately escalate and report concerns for people's safety. There were enough staff to ensure people received their care in a timely manner.

Risks to people had been identified and care plans contained all the information staff would need to provide safe individualised care to people. Care plans have been reviewed and updated when people's needs had altered.

The environment had been set out to support the independence of all of the people who lived at the home, including those living with dementia. The home was well maintained and supported people's well-being.

The provider's policies and procedures reflected best practice guidance and staff knew about and worked in line with the policies. Medicines were safely managed and effective infection control processes were in place.

The registered provider and registered manager had clear systems in place to monitor the quality of care provided. They had built strong ties with the local community. The home was consistently well managed by a registered provider and registered manager who worked closely together with staff as 'one team' and demonstrated strong values, leading by example and maintaining an open, inclusive and caring culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fotherby House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Fotherby 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We also sought feedback from the local authority who commissioned with the home and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home in person and five relatives about their experience of the care provided by telephone whilst we were at the home. We spoke with five members of the care staff team, the cook and the registered manager. We also spoke with the registered provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf

of the provider.

We also spent time observing how people and staff interacted and how care plans were being implemented. 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 looked at how the environment was set out and being maintained, observed how people were being supported with their medicines, meals and how they were helped to access drinks. We also reviewed a range of records. These included specific parts of three people's care records and medicine records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including the registered provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse. Up to date safeguarding procedures and information were available to support and guide staff.
- People looked relaxed and happy around staff and their relatives told us they felt their family members were safe in the home.
- The registered manager understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the CQC as required.
- Following our last inspection, where people had asked for help to keep their day to day money safe for them, the registered provider and manager had taken action to further strengthen the arrangements in place to support this. The actions included ensuring keeping receipts for all transactions so they had these for reference at any time if needed.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage any identified risks. For example, people at risk of falls had plans in place to mitigate the risk.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event they needed to leave the home quickly in an emergency.

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work at Fotherby House.
- There were enough staff to provide consistent safe care and support to meet people's needs.

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Designated staff had received training to administer medicines and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly. The registered provider had used an external pharmacy agency to assist with their medicine audits and showed they had taken action to address any areas identified for improvement.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- People who required a hoist to assist them move had their own sling which reduced the risk of cross infection.
- The home was clean and tidy, and the registered manager ensured cleanliness was maintained.

Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends and referrals to the local doctor were made to seek guidance on any other action that may need to be taken to further reduce risk.
- The registered manager welcomed feedback on how they could keep developing the service. Not just from people, their relatives and staff but also from external professionals. For example, following feedback from the local authority we saw the registered manager had undertaken a full review of processes and procedures together with the registered provider. This led to further improvements in the way staff were deployed and the registered provider's care planning and documentation.
- In addition, we saw that the registered provider had taken action following feedback from our last inspection to fit window restrictors on windows to help support people to be safe when they had chosen to open them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their choices about how they wished their care to be delivered were discussed prior to coming to live at Fotherby House. The assessment included understanding people's backgrounds, histories and what was important to them.
- Assessments were also completed to make sure people's needs could be fully met and that people were happy with the support that was available.
- Care plans detailed people's care needs, their preferences, likes, dislikes and communication needs.
- Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences. For example, a person was supported to talk about their faith as a Jehovah's witness. They told a member of staff about their faith and what it meant to them and staff recognised the significance of the person's faith. The person felt valued and that their opinion was important. This made them confident to maintain, develop and share their experiences of following their faith, in particular during their one to one time with staff.

Staff support: induction, training, skills and experience

- People were cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. Staff gave verbal prompts and encouragement to support people to move safely and independently.
- All new staff undertook a thorough induction and staff refreshed their training regularly which ensured they remained up to date with best practice.
- Staff were supported through regular supervisions and yearly appraisals. The registered provider and registered manager worked alongside staff when needed, which ensured they had a good knowledge and understanding of people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us how much they liked the food and choice available.
- We saw that there was a choice of meals each day, and drinks and snacks were available throughout the day.
- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
 - Staff supported and encouraged people to eat, and food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various health and social care professionals when it had been identified as needed, such as doctors, district nurses, chiropodists and dietitians.
- Staff had received training in oral healthcare and oral healthcare assessments were in place for people. Local arrangements were in place for people to access a dentist when this was needed.
- Records confirmed when health professionals had visited and the guidance they had given which staff had followed.

Adapting service, design, decoration to meet people's needs

- People could access all areas of the home and garden. Signage was used to help guide people around the home and ramped access had been installed from the communal dining area to other parts of the home. People told us this helped promote their independence and ease of access to other areas of the home and their rooms. A stair lift was also in place to help support people who lived on the upper floor of the home access the rest of the home independently.
- People told us and we saw they had been encouraged to personalise their rooms and there were various ornaments, furniture and memorabilia in each person's room and around the home which formed topics of conversation. One person had been supported to have their pet bird in their room and told us how much comfort this gave them to know it was with them.
- The registered provider maintained a rolling record and up to date maintenance plan for all areas of the home. We saw updated decoration for the homes communal hallways was planned to be completed soon and that new carpets had been ordered to be fitted in December 2019.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw they were.

- Staff sought people's consent and understood the principles of the MCA.
- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisations and DoLS were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected. There were no conditions on active those authorisations in place.
- Records showed that staff had received training about the MCA and DoLS and they applied MCA principles when supporting people. We saw examples of people being supported to make decisions about what to eat or where to spend their time. Staff used ways of communicating people understood so wherever possible they could make an informed decision.

- Capacity assessments had been completed and where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people and visiting relatives told us the registered provider, manager and staff were extremely caring, compassionate, attentive and dedicated in their approach.
- A person who enjoyed shopping liked to express themselves through the clothes they wore. Staff ensured they always included the person in any plans to go to the local town in the home's own mini bus. This provided the person with much pleasure and enjoyment. They liked choosing their own clothes, particularly the brightly coloured trousers the person had recently treated themselves to. The registered manager described how this activity was not just about having fun, but also about, "Promoting choice and freedom to buy whatever [name of person] fancies."
- One person had written poetry for many years and kept their work in a book. As part of discussions the person had with staff about their poems the person made a decision to have one of her poems published in the home's regular newsletter and it was read and enjoyed by all of those who had a copy of the newsletter. The person received very positive feedback from people on how wonderful the poem was.
- The registered manager described how a person had recently enjoyed celebrating a special birthday with their close family. The staff set up a decorated table in the conservatory area of the home, which was closed off so they had privacy and exclusive use. The event helped the person feel loved and special. Photographs were taken of the person all together with their family which the person had copies of so they could be looked at any time, prompting happy memories. Maintaining relationships with family was important for the person and also for their family. The event helped the person to feel valued as the matriarch of her family.
- One person described how the staff supported them to be as independent as possible saying, "I have the option to go home. I had a stroke and I have been here for rehab. An excellent service here. I feel motivated."
- A relative told us, "[Name of person] has a phone in their room. We talk a lot. We love Fotherby House. The staff are good in communication. I can't fault the services provided in any way. The person-centred approach is evident in the way staff listen, care, understand and go the extra mile to make sure we are all happy – if there are any issues the action is swift."
- People had access to their own key workers who maintained a focus on getting to know the people they cared for very well, ensuring care was given in the ways each person wanted.
- We saw there were pictures of people's keyworkers outside people's rooms so people and relatives could identify them easily.
- People were relaxed with staff and interactions were very positive. Irrespective of their position, staff spent meaningful time with people and it was clear from their interactions they had built up very caring relationships that mattered to people. During our inspection visit the home owners visited. We saw how well they knew each person and how conversations were open and relaxed. A relative commented, "It is the best

service we have ever come across. It's just excellent. We have never seen [name of person] thrive so much. Staff are never grumpy."

- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks served and where they liked to spend their time. Reviews undertaken were focused on the needs of people and their relatives, providing them with an opportunity to discuss and make decisions about their care.
- Staff respected and understood people's diverse needs. Equality and diversity were promoted, and information was available to assist staff to support people with different cultural needs. We saw and discussed a range of examples related to how staff supported people to be themselves.

Supporting people to express their views and be involved in making decisions about their care

- There was a relaxed atmosphere around the home and people told us they were free to choose where they wished to spend their time and when they wished to get up and go to bed.
- The registered manager was aware of the need to involve lay advocacy services. They gave us examples of how advocacy services had been used to support one person to convey their views and wishes about how they wanted their finances to be managed. A lay advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. There was no one at the time of the inspection being supported by a lay advocate.

Respecting and promoting people's privacy, dignity and independence

- People were free to come and go as they pleased and those with restrictions in place were supported to access the community with any additional support identified as needed if they wished.
- We observed how staff spoke with people politely and always referred to people by their chosen name. Staff were very mindful of the need for people to have private space and time when care was being delivered. This was undertaken sensitively with doors closed when personal care was given in rooms and at a pace and time to suit each person.
- The registered manager and staff worked in ways which enabled people to have control over the things they wanted to do and the choices they made. One person regularly participated in an initiative the home had developed which was used to enable people to be fully involved in making their own sandwiches every week. There were a variety of options available to choose from and it often involved cutting a thick piece of bread from a freshly baked loaf. The persons individual preferences for fillings were often different and more diverse than those on the menu. This approach enabled the person to retain a level of independence and to make their own decisions about the foods and sandwich fillings they had chosen.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding: This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in processes related to the running of the home and activities both individually and as a group. People told us how this helped them build and retain meaningful relationships, not just with each other but also with staff. One person commented, "It's just great here. I like it. I have been involved in interviewing staff. The staff are good. They can take a joke and I am a bit cheeky toward them. I feel safe very safe here. Good team who care for us. The activities are good and we make the most of being a family here. I wouldn't want to be anywhere else." Manager is brilliant." We go out in the village. They have a van here. We go to the local pop in centre at the church in the village. I would say they are the best care staff ever."
- We spoke with one person who told us they liked to spend time on their own but that they also had access to a range of activities of their choice. Staff told us how they had worked with the person to understand their life history to plan activities that they would be interested in participating in. A recent activity had included a visit to a local airfield museum. The person attended a 1940's Lincolnshire world war two re-enactment and watched a screening of 'The Dambusters'. The person had previous military experience and staff told us how the benefit of reminiscing about their time in the forces really made the person happy and that this approach had helped to improve their psychological wellbeing.
- Another person was a former station chef at local Fire Station. When a new fire station was opened the person was invited to the open day and toured the building meeting former colleagues. The person's life history was acknowledged and valued by staff and this encouraged conversations to take place about the person's work life. This encouraged social contact and companionship. Meeting former colleagues had given the person a sense of wellbeing.
- During our inspection we observed staff undertake an activity they and people called 'stop the clock.' This involved staff supporting people undertake a ball memory game with questions based on personal views - favourite foods and favourite colours. It was clear people knew each other well as the game generated discussions between people showing they knew about each other's preferences and were friends. One person made the choice not to take part and was fully supported in their decision to 'opt out' staff listened, responded and were caring.
- We saw visitors were greeted warmly by staff and that people's relationships with their relatives were also encouraged and promoted. One person's friend brought fish and chips every Friday which they ate together in their room. The registered manager told us how staff were always ready with warm plates and condiments so the person and their friend could enjoy them. It was important for the person and their friend to carry on doing what they had always done and enjoyed and how carrying on familiar routines helped this resident adjust to the transition from home to care.
- People were also supported to maintain and develop any cultural and religious beliefs or needs they had.

Some people attended the local church and religious services were arranged through visits to the home by members of the local religious community. Where people had chosen not to take part in any religious services this was fully respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager described how a staff member had tapped into a person's love for music through knowing they used to sing in a male voice choir. Whilst playing music in the home's lounge, the staff member encouraged the person to join a sing-a-long. Everyone stopped singing and listened to the person's voice. People and staff acknowledged the person had a beautiful voice. The singing sessions helped the person to maintain their identity and to feel very proud. The support worker continued to spend time sitting with the person and singing songs together. This also helped further promote the person's mental health and wellbeing.
- People's communication needs were identified when they moved into the home. This enabled staff to identify when information about the service needed to be provided in a way all people could understand.
- One of the staff team was the home's dementia lead. They had worked with people and staff to keep learning and developing the staff team strategy for communication. This had involved the use of picture, objects and non-verbal communication to engage with people and to learn about their life histories and individual needs. Staff also used touch and smell as a form of communication, describing one person's love of the smell of lavender.
- The registered manager confirmed all of the information about service provision could be provided in a range of formats, for example, large print and in pictorial form to assist people to express their choices when English was not their first language.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people wanted and that had been assessed and required; this ensured that staff had the information they needed to provide consistent support for people. A relative commented, "Can't praise them [staff] enough. The staff are meticulous."
- People were treated as individuals and staff knew people well. One person described how they were supported to be in control of the way they took their medicines saying, "I Feel much better being here. We Look at medication together with staff. I feel this really helps me be in control. I've never looked back since moving in. I used to be a nurse and know a thing or two about how medicines should be managed. The staff have things all in order. My plans are kept reviewed and they speak to me about any changes before anyone else. I think the staff really respect privacy. The medication system is excellent."

Improving care quality in response to complaints or concerns

- People knew who to complain to if they were unhappy. The registered manager spent time each day with people and from our observations people were at ease talking with her.
- There was a complaints procedure in place and people had access to information about making a complaint. The provider looked for any trends in complaints and took the appropriate action to address any concerns raised. There had been no formal complaints raised in the last twelve months.

End of life care and support

- Where people had chosen to give the information, people's care plans included information about how

they wanted to be supported towards the end of their lives. Appropriate arrangements were in place to support people's specific wishes.

- The registered manager described how one person liked to be alone as the noise of people coming and going sometimes distressed them. Towards the end of the person's life they were supported to spend time in the garden when it was warm and sunny. Staff described how the person loved peace and quiet and the birdsong. The home's dementia support worker would sit with the person and describe the birds. Care was tailored to the person's needs and they enjoyed the warmth of the sun on their face. Talking about the birds helped the person feel knowledgeable and valued. This helped ensure the last few weeks of life were enjoyable and relaxing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us how homely Fotherby House was and how friendly the registered manager was always around to speak to. One relative said, "I would say of the homes we have come across we are unanimous in saying the home is family orientated. I speak to the boss whenever I need to and she has a very positive attitude." Another relative added, "I can't praise them enough. The staff are meticulous. It is family focused. Any concerns the manager and staff respond quickly. Food is excellent and you can stay for a meal whenever you want to. I would say it's an outstanding home. The staff respect our families and us – the key? They listen and keep learning about us and [name of person]."
- The registered provider and registered manager described how they had developed a culture based on a 'whole team approach' to caring for people. This was based on all of the staff team and the registered provider having designated lead roles in contributing to the running of and on-going development of the home.
- Staff said they felt well supported and were focussed on providing people with the individual support they needed.
- It was clear though our observations and speaking with people and relatives that the registered manager knew all the people using the service well and was involved in supporting them. We saw they worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The registered manager maintained a record of achievements they and the staff team had identified during the year. These were recorded on a 'success board.' Staff said the information helped motivate them and recognise what they had achieved during the year.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon and told us they would not hesitate to do so if they felt this was needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- Following our last inspection, the registered manager was supported to go on a work place manager course and her development as a new manager was supported by the registered provider. The registered manager told us how beneficial this experience had been with the positive impact of the application of coaching techniques to help staff develop their skills and confidence. The registered manager told us, "Rather than just directing staff I ask them what you would do. It helps staff to take responsibility but more importantly to develop their skill base."
- The registered manager and provider had effective systems in place to monitor the quality of the service. Regular audits were undertaken, and any shortfalls found were quickly addressed.
- The registered manager undertook a regular falls analysis based on monitored responsiveness to trends in timings and reviewing staffing ratios and or care provided, including medication at the time of any recorded fall. They told us this helped them quickly identify any unmet need and action they had taken to reduce or eliminate any future risk.
- As part of the audit processes in place the registered manager told us they were in the process of making contact with the fire service to review and provide assurance and any additional guidance on maintaining or improving the fire safety systems they had in place.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The registered manager continued to complete random spot checks to ensure staff were working consistently and in line with expectations, as part of this process, the registered manager asked people's consent to observe the care they received so that individual needs could be identified and competencies of staff assessed to ensure staff continued to work in line with national care standards and the homes policies and procedures. The registered manager told us how this also ensured the home continued to adhere to people's choices and wishes.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the previous rating as required.
- Copies of our inspection reports were displayed and accessible to people and visitors to read at any time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked for their feedback on a day to day basis and through surveys the registered provider completed. Relatives told us they had been asked for their views about the home and that they felt as involved as they wished to be.
- People were also involved in regular meetings to enable them to discuss the running of the home and to make any contributions they wanted to make. The registered provider told us how they had continued to support the involvement of a 'residents' representative' in the meetings. This was someone who lived in the home and who made sure that everyone could have their say if they wanted to make a contribution. We noted that this commitment to consulting with people was an example of the registered persons' on-going commitment to its Human Rights Strategy. This document emphasised the importance of enabling people to voice their opinions and wishes. In addition, we saw that relatives had been asked to complete quality assurance questionnaires.
- Records showed and staff told us they had staff meetings where they could discuss what was happening in the home and learn from any incidents. The registered manager kept staff updated with any changes, involved them in contributing to the development of services and was proactive in resolving any issues staff had.
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improve the quality of care people received.

- An example of this was how the registered manager responded positively, when a relative asked if they could review the processes in place for communicating with them.
- The registered provider and registered manager had ensured they and staff kept themselves updated with current guidance related to the needs of people living in care homes through their use of the internet and registering with professional health and social care websites. This helped them to take a proactive approach in researching training, prioritising training needs and ensuring the practice within the home continued to develop in the right way.

Working in partnership with others

- The registered manager and staff worked to integrate the home through its activities and presence in the local community. Events were organised, and the local community were invited.
- The registered manager referred people to specialist services either directly or via their doctor. Records confirmed the service had worked closely with a range of external health and social care professionals including, social workers, district nurses and people's doctors.
- The registered provider and registered manager regularly attended and made contributions to a local adult social care network meeting which kept them up to date with good practice and service development and helped them to share good practice examples with other registered providers.
- In addition, information we received and discussions with the registered provider confirmed the registered provider had continued to communicate and work effectively with the local authority commissioners to ensure the home developed in ways which were centred around the people who lived there and so that people remained safe.