

# Quantum Care Limited

# Fosse House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 23 June 2016 and was unannounced. At our last inspection on 18 June 2015 we found that the service was not meeting the required standards in some of the areas we looked at. There were not always sufficient numbers of staff to meet people's needs, risks to people's health were not mitigated effectively, people were not supported to take their medicines safely, consent was not always obtained in accordance with the Mental Capacity Act 2005 (MCA) and the systems used to monitor risks and quality assure services were not effective. At this inspection we found that the improvements required had been made and that the service was meeting the fundamental standards.

Fosse House is a purpose built residential care home. It provides accommodation and personal care for up to 81 older people, some of whom live with dementia. The home is comprised of residential, dementia care and enablement units spread over two floors where staff provide care and support for people with varying needs and levels of dependency. At the time of our inspection there were 78 people living at the home.

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

Robust and effective recruitment processes were used to ensure that all staff employed at the service were of good character and had the skills, abilities and experience necessary to do their jobs.

There were sufficient numbers of staff available who were deployed in a consistent and effective way across the home. Staffing arrangements reflected and took account of people's individual needs and levels of dependency which meant that care and support was provided in a calm and patient way.

People told us they felt safe at the home. Staff received training in how to safeguard people against the risks of abuse and knew how to report any concerns they had, both internally and externally if the need arose.

Appropriate steps were taken to ensure that identified risks to people's health, safety and well-being were mitigated in a safe and effective way that promoted their independence. Accidents, falls and injuries were recorded and investigated thoroughly to identify emerging risks, patterns and trends.

Medicines were stored, administered and managed safely. People were supported by trained staff to take their medicines on time and in accordance with prescriber's instructions.

Plans and guidance were in place to help staff deal with unforeseen events and emergencies. Fire and other safety equipment was checked and tested regularly to keep people safe. Personal evacuation plans, tailored to people's individual health and mobility needs, were in place for everybody who lived at the home.

Staff obtained people's consent before providing the day- to- day care and support they required.

The service acted in accordance with the requirements of the MCA 2005 where appropriate and people were fully involved in 'do not attempt cardio pulmonary resuscitation' (DNACPR) decisions. However, people's consent and agreement to their care and support was not always accurately reflected in their plans of care.

People, relatives and health care professionals were positive about the skills, experience and abilities of permanent care staff who received the training, supervision and support they needed to perform their roles effectively.

People were supported to eat a healthy balanced diet that met their individual needs and dietary requirements. Menu choices and alternatives were available at mealtimes and people were given appropriate levels of support by staff who were familiar with their personal preferences.

Staff met people's day-to-day health and welfare needs in a safe and effective way and they were supported to attend appointments and to access specialist health and social care services where necessary and appropriate.

People were cared for and supported in a kind and compassionate way by staff who clearly knew them well and respected their privacy and dignity. Information about people's medical histories was held securely and in a way that maintained confidentiality. People and relatives were involved in the planning and reviews of the care received. However, this was not always accurately reflected in their individual plans of care.

People received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. However, individual plans of care did not always contain sufficient information about people's backgrounds and life histories. Opportunities were provided for people to take part in a wide range of activities relevant to their needs and interests.

Complaints, concerns and issues raised by people who lived at the home and their relatives were responded to in a prompt and positive way. People knew how to complain and told us their views about the service and how it operated were taken into account.

People who received a service, relatives, staff and health care professionals were positive about the new manager and leadership arrangements at the home. Staff were clear about their roles and responsibilities and told us they felt valued and well supported.

Although effective systems were used to monitor risks and quality assure the services provided, people's individual plans of care were not always as complete or up to date as they should have been. The manager is aware of this and has taken steps to make the improvements required in this area.

## 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.

There were sufficient numbers of suitable staff available to meet people's needs at all times.

People were supported to take their medicines safely and in an appropriate way by trained staff.

People told us they felt safe at the home and staff knew how to recognise and report potential abuse.

Potential risks to people's health were identified and effective steps taken to reduce them.

Safe and effective recruitment practices were followed.

### Is the service effective?

Good ●

The service was effective.

People's day to day health needs were met in a safe and effective way.

People's consent was obtained before care and support was provided. Requirements of the Mental Capacity Act (MCA) 2005 were followed.

People were supported to eat a healthy balanced diet that met their needs..

Staff felt supported and received regular supervision and training.

### Is the service caring?

Good ●

The service was caring.

Care and support was provided in a respectful way that promoted people's dignity.

The confidentiality of people's medical histories and personal

information was maintained.

People were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning, reviews and delivery of care.

### Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care that met their needs and took account of their preferences.

People expressed mixed views about the opportunities provided to pursue their hobbies and social interests.

People were confident to raise concerns and were given the opportunity to provide feedback about how service operated.

### Is the service well-led?

Good ●

The service was well led.

Effective systems were used to quality assure services, manage risks and drive improvement. However, people's plans of care were not always as complete and up to date as they should have been.

People, their relatives and staff were positive about the management of the home

Staff told us they understood their roles and responsibilities and were well supported by the manager.

# Fosse House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 23 June 2016 and was unannounced. The inspection team consisted of one Inspector, an expert by experience and a specialist professional nursing advisor. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 19 people who lived at the home, six relatives, 10 staff members and the manager and deputy manager. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at care plans relating to 11 people who lived at the home, together with five 'do not attempt cardio pulmonary resuscitation' records and three staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

At our last inspection we found that there was not always sufficient numbers of staff available to meet people's needs in all areas of the home, particularly where those needs were higher and more complex; for example in relation to dementia care. At this inspection we found that there were sufficient numbers of suitable staff deployed in a consistent and effective way that reflected people's individual needs across the whole service.

We saw that people received care and support in a calm, patient and relaxed manner from staff who were unhurried and able to spend time and interact with them in a positive way. Call bells were answered promptly and people were not kept waiting when they asked for assistance or support with personal care. One person told us, "The staff are always available to assist us. It's not a problem if we need to call for assistance; we are encouraged to ask for help." A staff member commented, "We do not rush people, and we always have the time to go at their own pace."

Staff told us that, although occasionally stretched and busy due to shortages, there was normally enough of them on duty to meet people's individual care and support needs in all areas of the home. One staff member said, "There are times when we are short staffed and busy but normally we are OK. We use agency [staff] but they are regular; they know the home and the residents. Staff morale is very good here." A colleague of theirs commented, "We are busy but there are enough of us most of the time."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the home. The manager explained that the service had experienced some difficulties relating to the recruitment and retention of permanent care staff. They told us that a comprehensive recruitment campaign was underway and new systems put in place to manage sickness and other unforeseen absences in a more robust and effective way. A relative of one person who lived at the home said, "Extra staff in the dementia care unit has made a big difference." Another person's relative commented, "There are more staff now."

At our last inspection we found that people were not always supported to take their medicines in a safe or timely way. At this inspection we found that the improvements required had been made and that medicines were managed safely and in accordance with prescriber's instructions. We observed staff carry out medicine rounds at different times and in different areas of the home. We saw that they took time to check the guidance provided and make sure that the correct medicine was given to the right person in a way that reflected their needs and circumstances. They reminded people what each medicine was for and supported them in a calm and patient way at a pace that best suited them.

At our last inspection we found that identified risks to people's health and well-being were not always mitigated or managed in a safe and effective way. At this inspection we found that the improvements required had been made. Both the manager and deputy manager personally oversaw and monitored the care provided to people identified as being at high risk, for example in the context of dependency levels, skin breakdown and pressure ulcers, specific health conditions such as diabetes and dehydration. A relative of

one person told us, "Staff are very good at reducing the risks, for example with pressure [relieving] mattresses and so on."

Each person's individual plan of care contained detailed assessments of risks in a wide range of areas relevant to their needs, including; nutrition, mental health, challenging behaviour, tissue viability and mobility. Assessments were also drawn up in relation to risks associated with specific health conditions that people lived with, for example choking and possible malnutrition as a result of difficulties experienced with swallowing. These were regularly reviewed and updated to take account of people's changing needs and circumstances.

Appropriate steps were taken to mitigate and reduce identified risks. For example we saw that people identified as being at risk of dehydration and malnutrition were frequently encouraged to eat and drink. People at risk of falling over and hurting themselves were provided with mobility aides appropriate to their individual needs which helped them move around the home safely in a way that promoted their independence.

People who lived at the home told us they felt safe and secure. One person said, "There is nothing to worry about here; [it is as] safe as it possibly can be." Another person commented, "I feel very safe here." Staff were trained in how to safeguard people from harm and were knowledgeable about the risks of abuse. At our last inspection some members of staff were unsure how to raise concerns externally by whistle blowing. At this inspection we found that staff knew how to raise concerns outside of the organisation and who to contact.

One staff member told us, "I feel well trained in recognising potential abuse and I know what to do in the event I suspected abuse was taking place." A colleague of theirs said, "I know what our policy on safeguarding is and I would go straight to the council if I needed to." A relative of one person who lived at the home commented, "I am happy that [family member] is very safe, there is nothing I am not happy with."

Plans and guidance were in place to help staff deal with unforeseen events and emergencies. Fire and other safety equipment was checked and tested regularly to keep people safe. Personal emergency evacuation plans had been prepared for each person which detailed the support each person would require if they needed to be evacuated from the building. Staff were familiar with the plans so they could assist people to leave the building safely and quickly in an emergency.



# Is the service effective?

## Our findings

At our last inspection we found that the service had not always followed the principals of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). At this inspection we found that the required improvements had been made to ensure that these provisions were adhered to at all times.

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 had received training in both the MCA and DoLS and were knowledgeable about how the principals worked in practice.

The service operated a key pad security system that restricted access to the home and the various units within it. Some people who lacked capacity to make their own decisions were unable to use the system and move freely around the home without the support of staff or relatives. In those cases the manager had made appropriate DoLS applications to the local authority on the basis that the restrictions were necessary to keep people safe from harm.

We looked at 'do not attempt cardio pulmonary resuscitation' (DNACPR's) decision records relating to five people who lived at the home. These showed that the people concerned, and where they lacked capacity their legal representatives, had provided consent and were fully involved in the decision making process.

Guidance contained in people's individual plans of care reiterated the importance of involving them in day-to-day decisions about their personal care. For example, an entry in plans for one person stated, "Please do not take over decision making during personal care delivery." An entry relating to another person noted, "It is very important to [Name] that they are able to decide when they want assistance with personal care delivery." A staff member told us, "Choices give a person some control and this is so important." However, some plans of care did not accurately reflect people's consent and agreement which the manager acknowledged was an area for further improvement. They told us that team leaders in each unit had been given protected time to check that plans of care were complete and up to date.

Throughout our inspection, and in all areas of the home, we saw that staff asked people for their consent and agreement before providing them with any personal care or support. For example, we saw that one staff member encouraged a person to make decisions about where they wanted to sit at breakfast and what they wanted to eat. This person told us, "Yes, they [staff] always ask permission first and don't just assume." The staff member said, "I try to get people to make decisions and choices, no matter how small they may seem." A colleague of theirs commented, "I believe choice can be offered with any situation."

People were positive and complimentary about the staff who worked at the home. One person told us, "The staff here are top notch." Another person said, "What a talented group of staff." Staff received training in a wide range of areas which helped them develop the skills and abilities necessary to perform their roles

effectively. This included moving and handling, infection control, safeguarding, medicines and dementia awareness.

New staff members were required to complete a structured induction programme and have their competency assessed in practice before being allowed to work unsupervised. A staff member commented, "Training is very good and so was the induction. I am up to date with everything."

Care Team Managers told us they had received intensive training to help them gain the knowledge and expertise necessary to act as 'champions' in key areas such as dementia, nutrition, falls prevention, wound care and physical health and well-being. The manager used staff profiles to match skills, abilities and background information to identify the key workers best equipped to meet people's individual needs effectively.

Staff had regular supervisions with senior colleagues to discuss and review their performance and professional development. They also had the opportunity to attend regular team meetings where they were encouraged to raise and discuss issues about how the home operated. Staff told us that managers were approachable, gave them clear direction and that morale at the home was high because they felt well supported. One staff member said, "I have regular supervisions and they are very useful. I feel very well supported and valued." Another staff member commented, "I feel more comprehensively supported across the board, we are encouraged to give ideas."

At our last inspection we found that people's health needs were not always met in a safe and effective way. At this inspection we found that the required improvements had been made to ensure that the care and support people received helped them to maintain good physical and mental health. People's identified needs were assessed, documented and reviewed to reflect any changes in their health, well-being and personal circumstances. This included in areas such as nutrition, mobility, continence, pressure care and specific health conditions that some people lived with. One person told us, "I have never felt so well, which is saying something at my age." Another person commented, "I feel very well cared for." A relative said, "Staff know [family member] really well and I am happy that all of their health needs are met."

People were supported to attend appointments and access health care professionals and specialists relevant to their individual needs such as chiropodists, GP's, opticians, dentists, physiotherapists and speech and language therapists (SALT). Staff were quick to report any concerns or changes to people's health and the manager held multi-disciplinary meetings with health care professionals to ensure that people received safe and effective care. One person told us, "If I want to see a doctor I just ask. I don't know how the staff manage to respond so quickly." A relative of another person said, "Staff are good at informing me of any changes or if [family member] needs to see a doctor."

We saw that where people were at risk of developing pressure ulcers staff trained as wound champions worked closely with GP's and district nurses to develop and implement plans of care appropriate to their individual needs. One person who arrived at the home with a pressure ulcer told us, "I came here with some nasty leg wounds but the staff have sorted this out so well." A healthcare professional with experience of the home told us, "The staff are very caring and responsive to any advice I give. I have seen good improvements in the delivery of physical health care."

People were provided with appropriate levels of support to eat a healthy balanced diet that met their individual needs. It was a warm day when we visited and staff made sure that there was plenty of water and juice available and encouraged people to drink, both in communal areas and in their bedrooms. People could choose what they wanted at breakfast and lunchtime from menus but alternatives were also made available. For example, one person who normally enjoyed cornflakes didn't want cereal that morning and

chose to have a fried egg sandwich instead which was made for them by a staff member, much to their obvious delight and enjoyment.

We saw that people enjoyed their meals in pleasant surroundings helped by staff who served and supported them in a calm, unhurried and good humoured way. One person told us, "The food here is very good." A relative of another person commented, "[Family member] is on a soft food diet but it is made to look appetising." A staff member said, "We learn what people like [to eat and drink] which is important." This meant that people were supported to eat and drink in sufficient quantities and to maintain a balanced diet that met their dietary needs and took account of their preferences.

## Is the service caring?

### Our findings

At our last inspection we found that people were not always treated with appropriate levels of respect and dignity in all areas of the home. At this inspection we found that the required improvements had been made and that staff supported people in a considerate and caring way that promoted their dignity at all times. The home had a warm, positive and happy atmosphere and staff laughed and joked with people as they went about their duties. A relative of one person who lived at the home commented, "The staff are very helpful, cheerful and respectful. [Family member] is very happy too. It's very good here; I cant as yet find any faults."

People who lived at the home told us that staff were kind, caring and compassionate. One person said, "I really like it here; staff are really kind. I am well looked after here. They [staff] are really kind and understanding." Another person commented, "They [staff] are angels, each and every one of them." A family member told us, "Staff are very kind." A staff member told us, "I love the residents, it's so enjoyable here. I treat them all with love and affection, that's what they need; like families."

We saw that staff had developed positive and caring relationships with people they clearly knew well. For example, we saw that when one person became upset and anxious a staff member immediately offered them comfort with a hug and kind words of reassurance. They accompanied the person on a walk around the unit to take their mind off what had troubled them which they obviously both appreciated and enjoyed. A relative of another person who was unable to communicate verbally told us, "Staff know [family member] really well, they cant communicate but they [staff] know their moods."

It was a warm day when we visited and staff frequently checked that people were comfortable. When people in one communal lounge complained of being "hot and stuffy" staff quickly responded by opening windows and using a fan to improve ventilation. One person said, "The staff here are so kind; lovely and so good to me." A relative told us, "It's really nice here, a nice feel. Staff are kind and caring; very friendly and they talk with you."

We saw that staff took time to get to know people who had not been at the home for long and sat with them to talk and find out about their backgrounds, families, routines and care preferences. A relative of one person who was busy telling a staff member about their life history commented, "They [staff] are making every effort to get to know [family member] and how they want to be looked after. We are made to feel very welcome."

People and their relatives told us they were fully involved in the planning and reviews of the care and support provided. One person said, "I make all of my own decisions and staff support me well." A relative commented, "Yes, I am very involved.; communication is superb." A family member of another person told us, "I am fully involved in [relative's] care." However, we found that some individual plans of care did not accurately reflect people's involvement in planning and reviews. The manager acknowledged that this was an area that required further improvement and told us that team leaders in each unit had been given protected time to check that plans of care were complete and up to date.

Staff were respectful of people's privacy and provided care and support in a way that promoted their independence and dignity. We saw that staff knocked on bedroom doors before entering and asked people if it was a suitable time for them to provide personal care.

For example, one staff member was invited into a bedroom to support a person with their medicines. The room was dark and so they asked permission to turn on a light or open the curtains slightly so they could check and administer the medicines safely. The person concerned said they appreciated this approach and thanked the staff member for being considerate because sudden bright lights often hurt their eyes. Another person asked if they could have breakfast in bed before taking their medicines. The staff member responded in a warm and supportive way, arranged for a colleague to bring their choice of breakfast to the person's bedroom and arranged to return with the medicines when they had finished.

Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. Information held in records about people's medical and personal histories was kept securely. Confidentiality was sufficiently maintained across all areas of the home in a way that preserved and maintained people's privacy.

## Is the service responsive?

### Our findings

At our last inspection we found that people did not have sufficient opportunities to engage in activities relevant to their needs. At this inspection we found that people were supported pursue their interests and take part in group and individual activities that interested them. For example, we saw that one person was helped to sit in what staff described as their "favourite chair" in a communal lounge so they could read their choice of daily newspaper. They were given a copy of that day's paper, a pen to help them complete the crossword and their reading glasses. The person thanked the staff member concerned, smiled and told us, "I like reading today's newspaper."

Two activity coordinators, one of whom was a trained holistic therapist, were employed at the home to develop and provide a range of engagement and activity opportunities each day, including weekends. These included daily coffee mornings and different quizzes in a communal lounge where people were encouraged to meet and socialise; weekly pub themed evenings with bar staff, drinks and pub related activities; singing and musical entertainment provided by people from the local community and a range of art and craft activities. We saw that activity coordinators visited each unit at various times to help care staff provide activities and to encourage people to take part in what had been arranged. We observed part of the coffee morning and quiz during our visit and saw that people were keen to take part and clearly enjoyed themselves.

Activity coordinators have also developed a 'Namaste' care programme which involves one to one sensory activities in room designed for that purpose and use of a bespoke sensory garden. Staff from the different units at the home are encouraged and supported to plan and arrange their own themed events. These have included a 'Caribbean day' where staff wore traditional costumes and served Caribbean food they had prepared. We saw that staff from one unit were in the process of planning a 'Joseph and his amazing technicolor dream coat' themed sing-a-long event while others were involved in a woodland garden project. People who wanted to, and had capacity to make their own decisions, were also supported to attend a nearby polling station and take part in the European referendum.

One staff member told us how they and colleagues often gave up their own free time to arrange and take part in events, such as a midnight charity sponsored walk to raise funds; "The manager is really into engagement and really recognises the value, the home is much calmer now." A relative said, "Activities have improved, for example themed events and singers." A relative of another person commented, "One day I came in and saw the residents and staff in the big lounge singing together. I think it was the Queen's birthday celebration. I saw my uncle looking happy and throwing his legs and arms [around]. It was so lovely." The manager told us, "Moving forward I will say that I am particularly passionate about [engagement] and whilst I am leading the team at Fosse House this is something that will continue to be spoken about and encouraged on a daily basis."

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. Staff told us they attended 'rhythm of life' training which underpinned the

importance of person centred care and offering people choices about how they lived their lives. One staff member told us that a particular person they supported liked to look and dress smartly because of the position they held in a professional career; "[Name] likes to dress smart. ...I learned how to tie a tie to help them be smart."

Individual plans of care contained information about how people wanted to be supported with personal care. For example, entries in some plans of care included; "I prefer to have a warm bubbly bath. I like to be offered the choice of the clothes that I wear; I like to look smart. I like to keep my beard tidy; I would like it trimmed every six weeks"; "[Name] likes their door closed at night. They prefer a wet shave, do not wear any jewellery and combs their own hair."; "I like to shave every day, please assist me to do this. I have a moustache; leave it alone." The guidance also included people's preferences about the gender of staff who provided support and whether they liked their bedroom doors open or closed at night.

However, we found that in some plans of care the sections used to capture information about people's life and background histories were either blank or incomplete. One of the activity coordinators told us they had started compiling life histories but had only completed them for about a third of the people who lived at the home. The manager acknowledged this as an area that required further improvement and told us that it had been made a priority for unit staff and team leaders. One staff member explained, "[Manager] is getting all staff to do life histories with people with prizes for the best ones."

People received care and support that was responsive to their individual needs and personal circumstances. For example, one person at risk of skin breakdown could not be weighed safely which meant that the standard air flow mattresses used at the home, which relied on manually operated weight settings, were ineffective. A self-regulating pressure relieving mattress was provided instead which automatically adjusted its settings according to the person's weight which, in turn, ensured that the risks were reduced and they received safe and effective care responsive to their particular needs.

People and their relatives told us that staff listened to them and took full account of their views and any concerns they had. During our inspection we saw that staff talked with relatives, who they clearly knew well, and updated them about any changes or developments regarding their family member's care and support needs. One person said, "The staff are so interested in me." A relative commented, "The staff listen to us, for example when I explained the importance of keeping [family member] hydrated they started a fluid intake chart straight away. They are good at keeping us updated." A relative of another person explained that their family member had been using a wheelchair that was both uncomfortable and unsuitable for quite some time; "Nothing was ever done before but within a week of arriving [the new manager] had got them a brand new chair."

People and their relatives told us they knew how to make a complaint and raise any concerns they had with staff and the manager. Information and guidance about how to make a complaint or provide feedback was displayed in the main reception foyer and in some communal areas. People were confident that any issues raised would receive a swift and positive response. A relative of one person commented, "Any concerns we've had have been addressed."

## Is the service well-led?

### Our findings

At our last inspection we found that the systems used to quality assure the services provided and reduce identified risks were not always as effective as they should have been. At this inspection we found that the required improvements had been made and that the manager, deputy manager and unit team leaders carried out regular audits in a wide range of areas to monitor services and keep people safe. These included checks and reviews in terms of care planning and delivery, health and safety, resources and training, medicines, complaints, safeguarding, accidents and adverse incidents. Senior representatives of the provider also attended the home on a regular basis to review performance and check that it was operated run in a safe and effective way.

However, during our inspection we found that some individual plans of care were not as complete as they should have been in terms of people's consent to the care and support they received or their life history and background information. The manager acknowledged that this was an area that required further improvement and prior to our visit had put measures in place to improve the effectiveness of auditing processes. For example, team leaders and managers were given protected time to carry out care plan reviews and the completion of life histories had been made a priority for all staff. One team leader told us, "Things are so much better now. There is much more leadership now and on the floor in each unit. I love coming to work."

People who lived at the home, family members, staff and healthcare professionals were positive about the home and how it operated and were complimentary about the manager in particular. One person said, "Super new manager here." A family member told us, "It's much better here now; calmer with more staff and activities. The new manager is excellent and has made a real change." A staff member commented, "It's a far better place than before. Staff are happier and the residents are settled and happy; we all feel that. The management is much more effective now, it's a great place to work." A colleague of theirs said, "Happy staff and happy residents; that's how we feel now."

Staff members felt they were well supported and valued by the manager and deputy manager. One staff member said, "The managers are very friendly and approachable, we get lots of support." A colleague of theirs told us, "I really want to be here now; we all want to make a difference and improve." Another member of staff commented, "I really want to be here now; we all want to make a difference and improve." A relative of one person who lived at the home told us, "Since [manager] came the home has been much more relaxed. The staff are more upbeat and relaxed."

Staff were clear about their roles and responsibilities and that communication across the home and from the management team had improved since our last inspection. One staff member told us, "Communication has really improved with the staff and managers; very important. Communication has improved on the floor. I feel really well supported and happy now. We get listened to now, I feel valued." Another member of staff commented, "I get so much pride and satisfaction, I am proud to work here." A family member said, "I can't say a bad word about the place."



The manager told us they had introduced monthly team leader and management meetings where senior staff could spend quality time discussing how the service operated and issues that were important to them. Management cover was arranged so that the time was protected to maximise the team building and performance improvement opportunities available. One staff member told us, "The team manager meetings make us feel really valued and they [registered manager] take our idea on board." Another member of staff said, "We are encouraged to make suggestions for improvements".

Staff told us, and our observations confirmed, that the manager provided strong, consistent and visible leadership across the home. We saw that they spent time talking with people who lived at the home together with family members, visiting professionals and staff. One member of staff told us, "[Manager] is available twenty four seven at the end of a phone if we need them. They want to know everything that goes on." Another staff member commented, "The manager is always on the floor; getting to know staff and the residents."

The manager was clear about their vision for the home and the values they expected staff to embrace; "I would like to see Fosse House become a flag ship home, with an outstanding reputation....a home to these residents that is vibrant, lively and friendly....with permanent staff who truly care, take pride and have a passion in providing a high standard quality of care. I would like to see the home offering a wide range of activities for the residents." A relative told us, "It's much better here now with the new manager; more activities, more going on." Another family member commented, "The home is now very homely, very welcoming. Staff know me and offer me cups of tea." A staff member explained, "Change is a good thing and we are seeing some very good changes being brought in."