Farrington Care Homes Limited

Field 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?	Requires Improvement

Summary of findings

Overall summary

Field House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 28 people, including older people and people living with dementia.

We inspected the service on 10 and 17 July 2018. The first day of our inspection was unannounced. On the first day of our inspection there were 24 people living in the home.

There was a registered manager in post at the time of our inspection. 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.

At our last inspection we found continuing shortfalls in the provision of communal activities and other forms of stimulation. As a result, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the overall rating of the home was Requires Improvement.

On this inspection we were pleased to find the breach of regulations had been addressed and people were provided with physical and mental stimulation appropriate to their needs. Two administrative errors aside, service quality in all other areas had been maintained and the overall rating is now Good.

Staff worked well together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. There were sufficient staff to meet people's care and support needs without rushing. Staff provided end of life care in a sensitive and person-centred way.

Staff were kind and attentive in their approach. People were provided with food and drink of good quality that met their individual needs and preferences. The physical environment and facilities in the home reflected people's requirements.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

The registered manager had the trust and confidence of her team. Throughout our inspection she demonstrated a commendably open and reflective approach. A range of audits was in place to monitor the quality and safety of service provision. 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. There was evidence of some organisational learning from significant incidents and events.

Formal complaints were rare and any informal concerns were handled effectively. Action was required to ensure CQC was always notified of any significant incidents or events.

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 one person living in the home and was waiting for a further two applications to be assessed by the local authority. Staff understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people. Senior staff documented decisions that had been made as being in people's best interests.

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.

People's medicines were managed safely.

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

New staff were recruited safely.

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

Effective infection prevention and control systems were in place.

There was evidence of some organisational learning from significant incidents.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a record of staff training requirements and arranged a variety of courses to meet their needs.

Staff were provided with effective supervision and support.

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

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

The physical environment and facilities in the home reflected people's requirements.

Is the service caring?

Good

The service was caring.

Staff were kind and attentive in their approach.

Staff promoted people's privacy and dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

Is the service responsive?

Good

The service was responsive.

People were provided with physical and mental stimulation appropriate to their needs.

People's individual care plans were well-organised and kept under regular review.

Staff provided compassionate care for people at the end of their life.

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.

Action was required to ensure CQC was notified of significant issues affecting people living in the home.

The provider had taken action to address the areas for improvement identified at our last inspection.

The registered manager had an open and reflective leadership style.

Staff worked together in a friendly and supportive way.

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

The provider was committed to the ongoing development of the service.

Field 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. 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 Field House on 10 and 17 July 2018. On 10 July our inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 17 July our inspector returned alone to complete the inspection.

In preparation for our inspection we 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.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the home to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home, three visiting friends and relatives, the registered manager, three members of the care team and the chef.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. For example, one person said, "There's always someone to check on us." A visiting friend told us, "[Name] is safe with the carers."

Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or the Care Quality Commission (CQC), should this ever be necessary.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and mobility. When we looked at the risk assessment documentation in people's care individual records we saw that action had been taken to address any risks that had been identified. For example, one person had been assessed as being at risk when eating. Specialist advice had been sought and a range of measures put in place to address the risk. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of changes in their needs.

There were three twin rooms in the home. The registered manager was aware of the potential risks of people sharing a room, particularly if either person was living with dementia. However, looking ahead, she agreed to formalise the risk assessment of any room sharing arrangements and ensure these were fully documented in people's care files.

The care home was clean and the provider had effective systems of infection prevention and control. Commenting positively on the housekeeping arrangements in the home, one person told us, "Everything is clean [and] the laundry service is good." The registered manager had taken on the role of infection control lead and attended information sharing events organised by the local authority's infection control team, to ensure the provider was up to date with best practice in this area. Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. Soiled laundry was washed separately although, reflecting feedback from our inspector, the registered manager took action to ensure soiled items were stored separately in the laundry prior to washing. To help ensure standards were maintained, the registered manager conducted regular infection control audits.

People told us that the provider employed sufficient staff to meet their needs. For example, one person said, "They come quick when I ring [the call bell]." A relative told us, "There are plenty of staff and they have a low turnover so the carers really get to know each resident." One member of the care team told us, "You make the time to sit and chat. To actively go and sit with people [particularly] if they have got a problem. I say [to my colleagues], 'Can you hang on a minute, I need to sit with this person'. I find the time." Reflecting this feedback, on both days of our inspection we saw that staff had time to sit and engage socially with people and to meet their care and support needs without rushing. The registered manager kept staffing levels under regular review and told us that she planned to deploy an additional member of staff on the afternoon shift when the occupancy level increased.

We reviewed staff personnel files and saw that 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.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found these were in line with good practice and national guidance. Expressing satisfaction with the approach of staff in this area, one person told us, "I always get my tablets on time. The carer stays with me while I take them." Staff maintained a record of any medicines they administered including prescription creams. Reflecting feedback from our inspector, the registered manager took action to ensure that the administration of any prescription creams was recorded in the same way as other medicines. We saw that people who had been prescribed 'as required' medicines for occasional use were able to exercise their right to decline these medicines whenever they wished. Arrangements were in place to ensure the safe use of any 'controlled drugs' (medicines which are subject to special storage requirements).

The registered manager told us that she had reviewed significant incidents which had occurred in the home, to identify if there were any lessons that could be learned for the future. For example, following a recent boiler failure the registered manager had taken action to increase stocks of electric heaters, hot water bottles and blankets in case something similar happened again. Going forward, the registered manager said she would take action to strengthen and extend this process of organisational learning to all significant events in the home .

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I'm looked after well. The carers are good." Describing the proactive approach staff had taken in supporting their relative, one family member told us, "As mum deteriorated they, moved her to a ground floor room where there is more 'traffic' to be able to keep an eye on her."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Describing her role in the induction process a senior member of the care team told us, "We had a new night staff [start] recently. She shadowed me on days, for about a week to meet the residents. And then shadowed [night staff] for a [further] week." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited staff as required.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Speaking positively of the provider's approach to training, one member of staff said, "It's always kept up to date. [Recently] I've done my fire safety; moving and handling; first aid and food hygiene. It is really good that [we] keep on top of it. Making sure [our] practice is up to date." Staff were also encouraged to study for advanced qualifications. Describing the registered manager's supportive approach in this area, one staff member said, "I have done NVQ Level 3 [in Care]; Level 3 in Palliative Care and Level 2 in Medicines and Diabetes Care. [The registered manager] will always ask in our appraisals if we want any extra training."

Staff received regular supervision and appraisal from the registered manager and her deputy. Staff told us that this was a beneficial opportunity to reflect on their practice in a safe and nurturing environment. For example, one staff member said, "[We discuss] extra training [and] any changes that need to be made [to our practice]. And [sometimes you get positive feedback] when someone has noticed you've gone above and beyond. It gives you a bit more confidence."

In addition to their training and supervision, staff had access to a range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative requirements. For example, as described elsewhere in this report, infection control procedures in the home were reviewed regularly and updated in line with the local authority's requirements. Looking ahead, the registered manager told us she hoped to start attending the meetings hosted by the local care providers' association as a further source of information and guidance for her and her team.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. 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. Describing their approach in this area, one staff member said, "I treat people the way I would want to be treated myself. (Even if they lack capacity in some areas) we still give them choices (and) encourage them to do what they can do for themselves. We don't force anyone (to do something they don't want to do). Definitely not!"

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 one person living in the home and was waiting for a further two applications to be assessed by the local authority.

Senior staff made use of best interests decision-making processes to support people who had lost capacity to take some decisions for themselves. For example, it was recorded that one person needed staff support to ensure they took their prescribed medicines at the correct time. Although we were satisfied that that people's rights under the MCA were properly protected, the registered manager agreed to amend the documentation used to record best interests decisions to make it clear exactly what decisions were in place for each person.

People told us they enjoyed the food and drink provided in the home. For example, one person said, "The food is good. I like the choices." Another person told us, "We choose our lunch every morning. It's always served nice and hot. And there's a choice of dessert … or something lighter like fruit." Describing the kitchen team's flexible approach towards meeting people's preferences the chef said, "We offer at least two choices at lunchtime (but) we do adapt. Today for instance, it's spaghetti bolognaise but one lady wants potatoes, not pasta."

Staff were aware of people's particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, the chef told us, "All our puddings are diabetic friendly. It's not correct that if someone [with diabetes] wanted a piece of coconut sponge they couldn't have it. Especially people with dementia. You can't argue with them." Staff were also aware of the importance of encouraging people to drink regularly, to help prevent urinary tract infections and other complications. Describing the approach of staff in this area, one person said, "During the hot weather we had ice creams and cold drinks. The carers made sure we had plenty to drink."

From talking to people and looking at their care records, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, opticians and therapists. One person told us, "All medical visits are arranged. And transport too ." Commenting positively on the proactive approach of staff a relative told us, "They found a problem with Gran's leg and called a doctor straightaway. It turned out to be deep vein thrombosis and she needed to go to hospital."

Staff from the various departments within the home worked well together to ensure the delivery of effective care and support. For example, one member of the care team said , "[In comparison to other homes I have worked in] this is the best. We are a team, no matter what happens. We have our ups and downs but at the end of the day we look after each other [and] are all focused on the residents." To further enhance internal communication the provider had recently provided staff with 'walkie talkies'. Talking positively about this initiative, one member of staff said, "It has improved communication. It has stopped the shouting down the corridor and it speeds up our response. We can just get on the 'walkie talkie' and [request urgent] assistance."

Since our last inspection, the provider had made other improvements to the physical environment and equipment in the home to ensure they remained suitable for people's needs. Lightweight cups and saucers had been purchased for people who lacked the strength to lift china crockery. A new ramp had been installed to make it easier for wheelchair users to move around the home. New bedroom furniture had been purchased, including electrically operated beds to replace standard divans. A new activities area had been created in the conservatory and raised flower beds installed in the garden.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. For example one person said, "[The staff] are always friendly and cheerful." Talking with gratitude about the support they had received from staff, one person's relative commented, "When Gran first came here she got very upset when we had to leave her to go home. The carers provided great support to both Gran and my family to get us through this difficult … time ." A staff member told us, "I just like to see [people] happy. Who wants to see a miserable face? They've given so much to us. We are just giving a little back."

Describing her personal philosophy of care, the registered manager told us, "[I tell the staff to] treat every resident with dignity and respect. To ask their permission before they do anything. We don't clock watch here. This is their home, we go at their speed." In confirmation of these comments, one person said, ""The carers are … wonderfully patient."

The registered manager's commitment to supporting people with compassion in a person-centred way was clearly understood by staff in all departments and reflected in their practice. For example, describing their knowledge of the personal preferences of some of people living in the home, one member of the care staff team told us, "Everyone's different at the end of the day. Their [individual] needs are [what is] important. [For instance] one lady gets her nails clipped and filed. But the lady [who sits] next to her likes them just to be filed. I wouldn't just go to someone and [start clipping their nails]. Some people like crusts on their sandwiches and some people don't. We find out and tell the cooks." Commenting appreciatively on the helpful and thoughtful approach of staff one person said, "[They] get me more shampoo when I need it." A staff member told us, "One lady loves fudge. I went to the seaside and bought her a box. She thought it was wonderful. Little things mean the most."

Staff understood the importance of promoting choice and independence and reflected this in the way they delivered people's care and support. For example, one staff member told us, "I'd want the best for my parents and that's what I try to do for the people here. [When I am helping people get up in the morning] I always go to the wardrobe and get out three or four outfits. To help them have an input into what they want to wear. Especially the ones who can't do for themselves." Describing their approach to supporting people to remain as independent as possible, one member of staff said, "I always encourage people to wash their own face or brush their own teeth [if they can]. Trying to keep that personal care side going. Once it's gone, it's gone."

The staff team also supported people in ways that helped maintain their privacy and dignity. For example, staff knew to knock on the doors to private areas before entering. Describing their approach to providing people with personal care one staff member told us, "I make sure the door is shut [and] always ask if it is okay to take [the person's] pyjamas or night dress off [before I do it]." 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. The provider had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of social media platforms.

The registered manager was aware of local lay advocacy services. She told us that she had supported some people in the home to make use of them in the past and would not hesitate to do so again if necessary. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

At our last inspection we found continuing shortfalls in the provision of communal activities and other forms of stimulation. As a result, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we were pleased to find the provider had taken action to address this breach and improve the provision of physical and mental stimulation to the people living in the home. A new activities area had been created in the conservatory which was well-stocked with craft materials, jigsaws and other resources. In addition, a senior member of the care staff team had been identified as the activities lead and worked up to 15 hours each week to facilitate a programme of regular activities and events. This included board games, bingo, gardening, craft activities and visits from a traditional sweet shop. On the first day of our inspection a visiting singer provided a musical entertainment which was clearly enjoyed by those who attended. Describing the improvements made in this aspect of the service since our last inspection, one staff member told us, "There is a lot more going on than there was a year ago. [The activities lead] is doing really well." Another member of staff said, "It's been a massive change for the better. People [living in the home] seem … more engaged." Reflecting this comment, one person told us, "I do some activities that I fancy." Another person said, "I don't do many activities from choice. But they still include me in events. On bonfire night there were fireworks and they wheeled me into the conservatory so I could see them." Looking ahead, the registered manager told us she was committed to further improvement in this area and, as a potential source of support and advice, had joined the National Activities Providers Association (NAPA), an organisation which provides guidance on the provision of meaningful activities for older people .

In addition to the provision of communal activities and events staff also encouraged people to maintain personal hobbies and interests. On both days of our inspection we saw one person using the new activities area independently to engage in their passion for painting. Talking of this person, the registered manager said, "[Name] loves to … paint. Before she used to sit at the bottom of the stairs waiting to get up to her room." Another person told us, "We help to fold serviettes and lay the tables for lunch. It gives us something else to do that we enjoy." For the future, the activities lead told us she planned to encourage more people to get involved in the day-to-day running of the home to provide a source of occupation and to help maintain daily living skills.

If someone was interested in moving into the home, the registered manager or a member of her senior team normally visited them personally to carry out an initial assessment to make sure the provider could meet the person's needs. Talking of the importance of managing this process carefully the registered manager said, "We don't take anyone without seeing them [first] … and even if we have vacancies we won't take them if we can't meet their needs."

If it was agreed that a person would move in, an admission date was agreed with the person and their family. Outlining her approach to managing new admissions to the home, the registered manager said, "They have a week's free trial. So far no one has left [at the end of it]." In advance of an admission, care staff familiarised themselves with the person's key care requirements which had been identified as part of the

initial assessment. Over time, this information was developed into a full care plan.

We reviewed people's care plans and saw that they were well-organised and provided staff with information on how to respond to each person's individual needs and preferences. For example, one person's plan gave staff detailed advice on the precautions to be taken when the person used the stair lift in the home. Staff told us that they found the care plans an important source of information about the people in their care. For example, one member of staff said, "I find them helpful. For instance, one gentleman used to be in the Grenadier Guards and was at The Queen's coronation. He likes to talk about it." The registered manager audited each person's plan on a monthly basis to make sure it remained up to date. As part of this process she completed a 'manager's report' to summarise any changes to the person's care plan in the previous month. Describing the usefulness of this document to herself and her team, the registered manager told us, "The staff read it [and] if anyone rings I can tell them [if there have been any changes]. Commenting positively on the provider's approach in this area, one relative said, "They are very good with updates. I never have any trouble finding out what's been going on."

Staff in all departments understood people's individual needs and preferences and reflected this in their practice. For example, the provider gave everyone a card and present on their birthday and the chef told us, "I make a big [birthday] cake [which] is taken through on the afternoon tea trolley. Lemon, raspberry, chocolate [depending on the person's] likes and dislikes." We also noted that in good weather, people had the chance to exercise their preference to have their lunch on the patio. Commenting positively on the particular support given to their loved one, a relative told us, "A TV has suddenly appeared since my last visit. The home must have provided it as my family hasn't arranged for one to be put in."

This responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Commenting on the provider's approach to end of life care, one staff member told us, "When we have someone at the end of [their] life we make sure we have Marie Curie or Macmillan in place. We [also] have staff who will come in [when they are off shift] to sit with them. When they are right at the end we never, ever leave them [alone] unless the family have come in." Following the recent death of their relative, a family member had written to the registered manager to say, "I would like to officially record my thanks to [your staff] for the care they provided for [name]. It was always a pleasure to visit [and] the staff were always very welcoming. When there is so much bad press about care homes I was very apprehensive about having to arrange care for my mother when I could no longer care for her at home. But Field House gave her excellent care at the end of her life."

The registered manager was unaware of the new national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways that meet their individual needs and preferences. However, she told us she would research the AIS and incorporate it into the provider's approach in the future. In the meantime, during our inspection we observed staff use a variety of strategies in response to people's individual communication needs. Additionally, communal bathrooms and toilets had both written and pictorial signs to make it easier for people living with dementia to recognise them .

People we spoke with told us they had no reason to complain but were confident any concerns they did have would be addressed promptly by the provider. For example, one person said, "They listen to you. If I ever had a problem I would go to [the registered manager]." The registered manager told us that formal complaints were rare as she spent time with people and their relatives and was often able to resolve issues informally. Describing her approach the registered manager said, "My door is always open [and] I usually have a walk round [several times a day]. [If people have any concerns] they come and talk to me. We sit and discuss it face to face. I don't hide myself up here [in my office]." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with

the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

In preparation for our inspection, we reviewed the notifications (events which happened in the home that the provider is legally required to tell us about) we had received from the provider. We noted that, in the 12 months preceding our inspection, there had been one allegation of abuse relating to a person living in the home which had been considered by the local authority under its adult safeguarding procedures. The provider had investigated and resolved this allegation to the satisfaction of the local authority but had failed to notify CQC. Additionally, the provider had failed to notify us of a Deprivation of Liberty Safeguards (DoLS) application for a person living in the home which had been approved by the local authority. The registered manager apologised for the provider's failure to notify us on these two occasions and told us she would take action to strengthen administrative procedures to prevent this happening again in the future.

These administrative oversights aside, we found the home was well-led. People told us how highly they thought of the home and the care they received. For example, one person said, "It's really lovely here." Another person's relative commented, "I am very happy with the care." A staff member told us, "I love my job. I wouldn't want to go anywhere else. I recommend it."

The registered manager maintained a visible, hands-on presence in the home and had the trust and confidence of her team. For example, one staff member said, "[The registered manager] helps out in the kitchen [or with] the medication … if we are short-staffed at the last minute. [And] I can come to talk to her about any issues and she will listen." Another member of staff said, "[The registered manager and her deputy] are absolutely fine. I am quite outspoken [but] if I put my point across I … get listened to. I would recommend it." Throughout our inspection the registered manager displayed a commendably open and reflective approach. Describing her leadership style she told us, "I lead by example [and] try to support the staff as best as I can. I don't have a problem helping out the floor. I .. battle their corner. I appreciate them all and realise they all work very hard."

Under the leadership of the registered manager, staff worked together in a well-organised and mutually supportive way. One member of the housekeeping team said, "It's nice here. [The care staff] help us and we help them. [Everyone is] very friendly." Another staff member told us, "We are a nice team. A home from home. One of our girls had been [for interviews] at two or three homes in the area. She said the reason she chose to come here was because [as soon as] we answered the door she instantly felt relaxed." Shift handover sessions and regular team meetings were used to facilitate effective communication. Talking positively of their experience of attending team meetings, one staff member said, "It gives a chance to raise any problems. [The registered manager] will ask everyone individually if they have any changes [to suggest]."

The provider was committed to the ongoing improvement and development of the home. For example, as described elsewhere in this report, action had been taken to address the shortfalls in activities provision identified our last inspection and 'walkie talkies ' had been provided to staff to enhance internal communication. Looking ahead, the registered manager told us plans were in place to paint the exterior of the home. She said she also hoped to organise the repair of the drive which was heavily pot-holed.

To assist in this process of continuous improvement, the provider conducted an annual survey of people, their relatives and visiting professionals to measure satisfaction with the service provided. We reviewed the results of the most recent survey and saw that satisfaction levels were generally high. For example, all of the professional visitors who had responded had stated they would recommend the home to others. The provider also organised regular meetings for people and relatives. We reviewed the minutes of the most recent meeting in May 2018 and saw that people had provided feedback in a number of areas, including one person who had requested that prawn cocktail and spaghetti bolognaise be included on the menu more frequently. The registered manager confirmed that this had been done. People's satisfaction with the service provided was also reflected in the many letters and cards received from family members and friends. For example, one relative had written to the registered manager and her team to say, "Thank you very much for all the care and understanding you gave Mum during her stay with you. 'Thank you' is never enough to express our gratitude."

The provider maintained a comprehensive suite of audits to monitor the quality of the care provided, including regular care plan reviews and environmental, infection control and medication audits. The rating from our previous inspection was on display in the home and on the provider's website, as required by the law.