Helen McArdle Care Limited

Foxton Court

Inspection report

Morpeth Cottage Hospital
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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

Foxton Court is a residential care home located in Morpeth, Northumberland. The service provides accommodation and personal care for up to 46 people some of whom are living with dementia. On the day of our inspection there were 42 people using the service.

The inspection took place on 24 April and was unannounced. The inspection team consisted of one inspector. The service was previously inspected on 28 August 2014 where all regulations we inspected at that time were met, with the exception of management of medicines. At a follow up inspection on 26 November 2014 the previous breach in this regulation was met.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People told us they felt safe. There were safeguarding policies and procedures in place and staff knew what action to take if abuse was suspected. They had received training related to the protection of vulnerable adults. There were no ongoing safeguarding concerns and this was confirmed by the local authority safeguarding adult's officer.

Risks associated with the building and equipment were assessed and routine safety checks were carried out. For example, individual risk assessments were carried out in relation to people's risks of falls, nutritional risks and skin integrity. The manager maintained an overview of risks and health and safety audits were carried out by senior managers from the organisation. Accidents and incidents were appropriately recorded and analysed by the manager to identify any recurring trends or concerns.

Safe recruitment procedures were in place. There were minor gaps in one recruitment record that we checked. Applicants had been checked by the Disclosure and Barring Service (DBS). DBS checks ensure staff working at the home have not been subject to any actions that would bar
them from working with vulnerable people.

There were suitable numbers of staff present in the home on the day of the inspection. Some staff expressed concerns that at times there were insufficient staff on duty for them to feel able to fully meet people's needs. We discussed this with the manager and operations manager who told us that staffing levels were satisfactory. We have made a recommendation that they continue to monitor this in light of staff concerns.

The service was clean and well maintained. Infection control procedures were followed and relatives commented specifically about the "spotlessness" of the home.

Staff received regular training and felt well supported to develop and learn new skills. Supervision and

appraisals were conducted regularly and staff had the opportunity to complete face to face and online training. A training academy had been established at head office and staff told us they had enjoyed the experience of attending training there.

Staff had received training related to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and decisions taken in people's best interests had been appropriately recorded.

People were supported with eating and drinking. Staff provided support sensitively and discreetly at mealtimes. There were mixed views about the food and people were encouraged to give their feedback about the meals which were passed straight to the kitchen. Some suggestions had already been acted upon. Special dietary requirements were catered for, and people at risk of malnutrition were identified and appropriate action taken. Innovative use of techniques and equipment were used to enhance the mealtime experience of people with swallowing difficulties who required their food to be pureed, or those who were unable to swallow liquids safely. The techniques improved the appearance of foods to look like a regular meal, and enabled people to eat some foods with a fork which promoted independence and enhanced dignity. Liquids infused with bubbles could be taken safely on a spoon, providing a refreshing sensation.

The health needs of people were met. People had access to a range of healthcare professionals and specialist advice was sought when required, for example from specialist nurses or dieticians.

Staff were observed to be kind and patient in their interactions with people and we saw a lot of laughter and joking between staff and people. People were enjoying the celebrations for the Queen's birthday on the day of our inspection and staff had decorated the service with union jack bunting and arranged for a cake for people to be made so they could all sing happy birthday. The celebration was very popular and lunch was delayed as some people were reluctant to leave the party. The choices of people were respected.

Care plans were in place which were person centred and took into account people's personality, behaviour, likes, dislikes and previous experiences. These were evaluated regularly.

A range of activities were available including group and individual sessions. There were weekly trips and people had been supported to fulfil a wish, including going to watch a football match and having a pint of beer afterwards, and eating fish and chips from the chip shop. An activity called "HEARTS" provided a relaxing sensory experience with empathy, warmth and reassurance being the goal.

A complaints procedure was in place and relatives knew how to make a complaint. One complaint was recorded and this had been responded to appropriately by the manager.

The registered manager was due to retire and a manager had relocated from another home in the organisation. People staff and relatives felt the service was well led. Relatives told us they could not think of anything that could be improved.

There were various staff recognition and incentive schemes and staff told us they appreciated this and felt valued by the organisation.

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.

Safe recruitment procedures were followed which meant people were protected from abuse.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff had received regular training and supervision and were supported and encouraged to develop new skills.

People were supported with eating and drinking including the use of innovative techniques and equipment to enhance the experience of people with swallowing difficulties or poor appetite.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Dignity was preserved and personal care was offered discreetly and sensitively.

People were supported to make choices about how and where they spent their time, and to fulfil their wishes.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and these were reviewed and updated regularly.

People were supported to take part in a range of activities and outdoor space was available.

A complaints procedure was available and accessible to people and relatives.

Is the service well-led?

Good

The service was well led.

Regular audits to monitor the quality of the service were carried out.

People and relatives told us the service was well led.

Feedback systems were in place to obtain people's views such as surveys and meetings.

A number of staff rewards and recognition schemes were available and staff felt valued and well supported by the organisation.

Foxton Court

Detailed findings

Background to this inspection

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

This inspection took place on 21April 2016 and was unannounced. It was carried out by one inspector.

We spoke with five people who lived at the service and four relatives during our inspection. We spoke with local authority contracts and safeguarding officers. They told us that they were not aware of any current concerns about the service, and there were no safeguarding concerns.

We spoke with the registered manager, activity assistant and three care workers on the day of our inspection. We also spoke with kitchen and domestic staff.

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 to us.

We looked at the care records of four people using the service, and four staff recruitment files. We also reviewed safety and maintenance records and records relating to the management of the service.

Prior to the inspection we reviewed all of the information we held about Foxton Court including any statutory notifications that the provider had sent us and any complaints we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We took this information into account when planning our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe and that they felt well cared for. One person told us, "I feel safe and well looked after here." Safeguarding procedures were in place, and staff told us they knew what to do if abuse or neglect was suspected. One staff member told us, "I have had training in safeguarding and whistle blowing. People are really well looked after here but I would report any concerns to my manager or higher up if I needed to." Training records in individual staff files showed that safeguarding training had been provided.

Risk assessments and safety checks of the premises and equipment were carried out. These included checks of water temperatures, emergency lighting, fire safety equipment, and gas and electrical checks. Equipment used to help people move safely such as hoists and wheelchairs were checked regularly. Fire drills had been carried out jointly with NHS staff who shared the building and it was recorded by the NHS fire safety officer that the drill was a good demonstration of both teams working together in an emergency situation. Risk assessments for the use of bedrails were in place and there were monthly bed rail inspections which included the checking of measurements of gaps between the mattress and rails for example, to prevent the risk of entrapment. Portable appliance testing (PAT) was carried out on electrical equipment. This meant that the provider sought to ensure the safety of the premises and that equipment was maintained.

Assessments of the risks to individuals had been carried out. These included the risk of falling, skin damage, weight loss and behavioural disturbance for example. These were reviewed and updated on a regular basis. The manager maintained an overview of risks which were captured on manager's reports. This meant that the manager was aware of risks to people who used the service on a daily basis and could therefore monitor that appropriate action was taken to mitigate against these risks.

A record of accidents and incidents was maintained. These were checked by the manager and an accident follow up form was completed. The operations manager completed monthly accident analyses and an overview was maintained to ensure appropriate action was taken and in order to identify and trends.

We checked the procedures for the ordering, receipt, storage and administration of medicines and found that appropriate systems were in place. A medicines policy was available and weekly audits of compliance with this policy were carried out. A record of medicines that had been destroyed or returned was maintained, and staff we spoke with were clear about the procedures to follow. We checked the medicine administration records of people who must receive medicines at specific times, and that could not be missed for extended periods. We found that these had been given as prescribed and staff accurately described to us what they would do if doses were missed for any reason. We checked the stock levels of a controlled drug. Controlled drugs are medicines liable to misuse, and are therefore more securely stored and accounted for. We found the correct number in stock and saw that stock levels were checked regularly.

Three people self-administered their medicines and a procedure was in place to facilitate people to be independent with medicines where possible. Risk assessments were carried out and people were supervised on a number of occasions to ensure they could manage their own medicines safely, and to check whether they needed any additional support to do so. Staff were trained to administer medicines, and competency

checks were carried out annually. The activities coordinator had been trained in the administration of medicines so that they could support people with medicines while enjoying day trips out in the community.

Staff recruitment procedures were appropriate. Staff records showed that recent applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. DBS checks ensure potential staff have not been subject to any actions that would bar them from working with elderly or vulnerable people. This helped to protect people from abuse. Two references were obtained for each applicant. There were no gaps in employment dates in two files, one file had gaps which had been checked by the manager, and one file had gaps which had been checked but not completed. We spoke with the manager about this who said they would add the necessary detail to the file. Overall, recruitment records were complete and the process was thorough.

On the day of the inspection we found there were suitable numbers of staff on duty. We checked staffing rota's and spoke with relatives who told us there were enough staff on duty. One relative told us, "There appear to be enough staff. There is always something going on and they are so helpful." Staff were visible throughout the inspection and we were not aware of any excessive use of call bells. Two staff told us they thought that at times there were not enough staff on duty. One staff member said, "I don't think there are always enough staff on duty. They (people) get the care they need but we don't get to spend as much social time as I'd like to." Another staff member said, "I don't feel there is always enough staff. The shifts are really long (07.30 to 20.30) especially once the senior is doing medicines, and meal times can be difficult. A few people use hoists and slings and sometimes you have to ask people to wait for help. You feel guilty because you feel like you are neglecting them. I can't think of anything else that could be improved here, just staffing." A third staff member told us, "I think there are enough staff, I have worked in other places with the same number of staff but they didn't do as much with people as they do here." We spoke with the manager and operations manager about this who said that staffing levels were satisfactory and reviewed in line with the needs of people.

We recommend that staffing levels remain under review in light of concerns raised by some staff.

We checked the premises and found the home to be clean and tidy and well maintained. There were no malodours. A relative told us, "It is very clean; we looked at a lot of places and this home stood out a mile." Another relative told us, "The domestic staff do an amazing job. They work their socks off, my relative's room is always clean, spotless, and I am in at all different times of the day." A third relative said, "This home is always spotless." We spoke with the head housekeeper who showed us weekly audits carried out to ensure the environment was clean. Infection control procedures were in place for example, mattresses were checked regularly to ensure they were clean, intact and impermeable to spills. There was an infection control champion who took the lead in ensuring information related to the prevention and spread of infection was cascaded to all staff. Cleaning materials were stored securely and regular training was provided to staff by the company supplying them. This meant that best practice was followed in line with the control of substances hazardous to health (COSHH) guidelines. The laundry was clean, organised and well equipped with zones to separate clean and dirty laundry.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received at Foxton Court. One person said "It's lovely here. It's a super place, I'm very grateful to be here." A relative told us, "It's excellent here. I can't find fault with it at all. The staff are very good."

Staff received regular training, supervision and appraisals. Staff records we checked showed that staff had received training in key areas including infection control, falls prevention, dignity, safeguarding and whistleblowing, nutrition and hydration, dementia and delirium, tissue viability (skin care), activity based care and customer service. Online (computer based) training was available and a new training academy had been established by the company where employees could attend face to face training. The manager told us, "Staff are supported to attend training. They are paid their full hours to attend and they are reimbursed with travel expenses." We spoke with a member of staff who had attended training at the academy who told us they had enjoyed attending the training academy and said, "I was apprehensive about it being at head office. I wasn't sure what to expect but they were all really friendly and the food was fantastic and there was gallons of tea! The facilitator was really good too."

Senior care staff were qualified to NVQ level five, three, or were level two working towards level three. The manager told us that if staff showed an interest in progressing to a more senior role they would be given opportunities to develop including completing 90 hours practical supervised tasks such as liaising with medical professionals for example. This helped staff to demonstrate the necessary skills and experience in future, should vacancies arise for which they wished to apply. The manager also felt that the opportunities to develop people and have "home grown" senior staff helped with job satisfaction and retention. A staff member told us, "(Name of manager) has helped me and it was nice to have someone to egg you on to better yourself. She supported me to do the training I needed."

New staff followed an induction programme and were completing the new care certificate. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

Staff received formal supervision bi monthly and annual appraisals. We saw records of these in staff files. Specific topics were covered in supervisions sessions, for example, an overview of safeguarding or mental capacity issues.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Capacity assessments had been carried out and the manager had submitted DoLS applications to the local authority for assessment in line with legal requirements. Where necessary, decisions taken in people's best interests were appropriately recorded for example for the use of covert medicines. Medicines can be given to people covertly, for example hidden in food or drinks, where they lack the capacity to understand the importance of taking them for their own safety and comfort where they may otherwise refuse them. Staff had received training in DoLS and the Mental Capacity Act 2005.

People were supported with eating and drinking and one relative told us, "My relative says the food is just like good home cooking, just like my mother used to make." Another relative said, "You'll have heard about the food, it's amazing!" We observed people at lunch time and saw that they were offered choices of meals, and where they needed support to eat and drink this was provided sensitively and discreetly by staff. People had pre ordered their choice of meal but staff checked it was still what they wanted. One person said, "That's a lot" in reference to their portion and a staff member asked, "Would you like me to take some off your plate?"

There were mixed views about the food; some people said they enjoyed the meals very much, and that fish and chips was their favourite meal, other people had suggestions about how the meals might be improved to suit their preferences. We passed this feedback to a senior representative from the organisation who was visiting the service on the day of the inspection. They spoke to people, discussed their suggestions and listened to their comments. These were passed to the kitchen staff the same day, with an acknowledgement that some of the suggestions had been useful, while others had already been actioned by the kitchen, such as the addition of cheese and biscuits to the menu.

Nutritional needs of people were monitored and records of food and fluid intake were maintained where necessary. Weights of people were monitored, and nutritional needs were recorded in care records and regularly reviewed. We spoke with the cook who had lists of the special dietary requirements of people, including people with diabetes, allergies and a need for fortified diets. They also tried to cater for the likes and dislikes of people where possible and told us, "One person isn't keen on what is on the menu so I go and ask what they would like. Today they told me they would like a mushroom omelette and a glass of wine. I'd rather make them something they will eat and enjoy."

We met with the director of service and wellbeing, who told us about the technical expertise they had developed in relation to the preparation of pureed meals known as "Smoothfood" and a technique for supporting people with swallowing difficulty to access liquids in a safe way, including at the end of life. The pureed meals were specially prepared and moulded into the original shape of the food, prior to being pureed. While the use of moulds is not in itself particularly innovative, a special stabilising substance was added to the food. This enabled the chef to create shapes including individual green beans for example, capable of being eaten with a fork, but with the safe properties of pureed food. The food was then further enhanced cosmetically, by adding colour, for example brushing a moulded chicken leg or sausage with paprika. We saw various food stuffs prepared in this way which looked appetising and very close to resembling the real meal. The ability to eat a pureed meal with a fork also helped to promote the independence and maintain the dignity of people.

Staff also had access to a device that pumps air into liquids which creates bubbles that are stabilised and can be given to people using a spoon. Staff told us, "It can be used for residents at the end of life or where they have lost their appetite and are reluctant to eat. It can be used with a variety of liquids such as

pineapple juice or even mouth wash. It leaves a refreshing sensation and it has even helped to stimulate people to eat again. It is an alternative to the oral hygiene sponges. Staff were keen for us to try some juice using this method and it was refreshing yet the bubbles quickly disappeared making it safe for people at risk of aspirating (inhaling) fluid.

The health needs of people were met. We saw that people had access to a range of health care services including GP, nurses, podiatry, dentists and opticians. Specialist support was provided where necessary, for example to Parkinson's Disease specialist nurses or dietician.

Rooms were nicely personalised and people had access to outdoor space. One person told us, "I enjoy looking at the birds; there are loads this year because I feed them." Another person said, "Isn't it pretty? If you get the lift down you can go outside it's lovely."

Good

Is the service caring?

Our findings

People told us they felt well cared for. One person said, "It's all very nice and the staff are very helpful, I find them all very good." One relative said, "The staff are kind and helpful. The general ambience is very good; it has a good feel when you come in." Another relative said, "I have an excellent relationship with staff. People (staff) make an effort and are friendly and approachable. You are made welcome, everyone says hello. You are coming into a relaxed but professional environment."

Two relatives told us of the difficult feelings involved when the decision had been made for their loved ones to move permanently into care. They both emphasised that the support and kindness of staff, along with the quality of care they delivered had made the experience so much easier. One relative said, "They are so happy here, it makes everything so much easier."

We observed that staff spoke kindly to people and treated them with respect. We heard one person say, "I'm having tea in my room, they said I could, will it be any bother?" A staff member replied, "It's no bother at all, if you'd like to eat your tea in your room it's no problem." The person then said, "They are bringing my tea to my room, isn't that nice?"

Privacy was respected and we observed staff knocking on doors before entering people's rooms. Records were stored securely so that confidentiality was maintained.

The service had good links with the local church and we spoke with visitors from church and the chaplain during our inspection. They told us, "We come once a month for communion. The staff are great; the service has a good reputation locally." The visitors told us, "It is lovely here, they are very welcoming and it is lovely to meet people. The carers are all lovely and kind."

People were supported to make choices and decisions throughout the day. We saw that the wishes of people were respected, for example, the lunch time was delayed because people were watching the Queen's 90th birthday celebrations and weren't ready to go for lunch. We saw people being consulted about their meal choices and being shown different options as a visual clue to aid their understanding. We observed a member of staff speaking to a person visiting the service with a view to coming in for a short stay. They were warm and welcoming but also reassured the person that it was their choice as to whether they wished to stay, and joked, "We will let you go home you know" and the person laughed.

We checked care records and found that advanced care plans were in place for some people. End of life wishes were also recorded where appropriate. No one was accessing any formal advocacy services at the time of our inspection, but staff knew how to refer people to such services if necessary.

People and staff had good relationships and they enjoyed spending time together. Although an activities coordinator was in post, all staff took and active role in participating in activities and one to one engagement with people. We were told that people were encouraged to participate in activities but not forced. Some people chose not to join planned activities, and some chose to spend time alone in their

room. In order to ensure that they had opportunities to engage with staff one to one, felt involved and were not isolated, staff recorded "meaningful moments" they had shared with people, for example reminiscing or sharing a joke. An example we saw recorded was the advice a person had given to a member of staff about how to have a long and happy marriage.

Good

Is the service responsive?

Our findings

People told us their needs were responded to, one person said, "It's all very nice, the staff are very helpful; it's great excitement today! We're celebrating the Queen's birthday." A relative told us, "We are so pleased with the care. I can't find any fault with it, there is always something going on."

Pre admission assessments took place before people moved into the service. This meant that care needs were identified before admission so that appropriate care plans were in place. Care records were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Life story and work profiles were available which meant that staff were able to learn about people's past. Care plans were evaluated monthly, and reviews of care plans were held on a regular basis. One relative told us, "I have been to care plan reviews. I have power of attorney so they consult me about things. I am very happy with the care and can't think of anything I'd improve."

Daily records were maintained for each person. We found that these could be repetitive and include the same information such as settled day or slept well. We discussed this with the manager who was aware of this and we acknowledged that more detailed information about how people had spent their day was recorded elsewhere. The manager said that they tried to avoid duplicating work for staff to release time to care, but said they would look at whether these entries could be improved in any way.

An activities coordinator was in post and there were a variety of activities available. On the day of the inspection, most people were in the lounge watching the Queen's birthday celebrations on the television. Staff made the event enjoyable by decorating the home and organising a birthday cake, and people joined in to sing happy birthday. People continued discussing the event over lunch and we saw people and staff chatting and joking with each other. One person said, "She's wonderful for 90, did you see her walking?" Another person said, "Good for her." People laughed when another person said, "I didn't watch, she doesn't watch me so why should I watch her? It's an excuse for a booze up I suppose." Celebrations continued into the afternoon with an entertainer who visited the home and sang to people who thoroughly enjoyed singing and clapping. A number of other people went out in the afternoon on a planned trip in the mini bus.

Planned activities included, weekly trips on the minibus each Wednesday, and morning activities included chair exercises to music, and reading newspapers. A happy hour was offered each evening where people could visit the garden suite and play dominoes and have an alcoholic drink. The activities coordinator was employed Monday to Friday but told us that they regularly came in at the weekend for events such as visiting church on Sundays. Activities were carefully planned and thought was given to the purpose and desired outcome of the activity. One game involved passing an inflatable ball which the activities coordinator told us worked well. They said, "It is good for coordination, but it also has questions which act as an ice breaker and promotes conversation. Questions include naming breeds of dog, or what kind of birds you might find in the garden."

A programme had been introduced called "HEARTS." The activities coordinator had been trained in the technique which involved providing comfort through a range of sensory experiences including music,

aromatherapy and touch. The activities coordinator told us, "It involves relaxation techniques. We seek consent because it can involve massage. We listen to music, talk to each other, people may be wrapped in a blanket and we provide reassurance and gentle touch." Staff also supported individuals and asked people if they had three wishes what would they be and were there any that the staff could grant? One person had wished to go to a football match and then have a pint of beer which staff had arranged. Another person wanted to go to Bedlington Woods and another wanted fish and chips from a chip shop. A local chip shop had delivered fish and chips to ten people who chose to eat them in the paper.

A complaints procedure was in place. We saw that one complaint had been received which had been responded to appropriately by the manager. One relative told us, "We got a copy of the complaints procedure when we came here." Another relative told us, "I have no concerns or complaints at all. I would just speak to the manager, she is very approachable."

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was well led. We asked four relatives if there was anything they could think of that would improve the service. All four relatives told us they could not think of anything. One relative said, "I find the manager very good." Staff also told us they felt well supported by the manager. One staff member said, "If I have a problem with anything I just go and see (name of manager) and she will help and support you."

A registered manager was in post but was retiring soon after our inspection. They had been recognised by the company and had been given a lifetime achievement award for their 20 years' service with the company. The senior managers and staff told us the manager would be missed. A new manager had been appointed who had previously worked in another home in the organisation. The manager was supported by a full time administrator and heads of department including catering and housekeeping.

Regular meetings were held with people, staff and relatives. We saw minutes from January to April 2016. Meetings for people and relatives included reports from heads of department including managers' report, housekeepers, catering and activities reports. This meant that each head of department was directly accessible to people and relatives to pass on information about their service and to answer any questions they may have.

Staff meetings covered a range of issues including new appointments, new initiatives, training, health and safety, safeguarding issues, and "resident" concerns. This meant that staff were kept informed and updated on a regular basis about what was happening in the service.

A number of quality checks and audits were carried out. These included a health and safety audit and audits of medicine administration records (MAR's). The manager completed a daily manager's report which included information about GP visits, infections, hospital admissions, accidents, any new wounds or pressure damage, specimens required or sent, behavioural incidents, and medicines issues. This meant that the manager maintained an overview of what was happening in the home on a daily basis. The operations manager completed monthly visits and bi monthly audits of the service. An on call service was available for staff out of hours for managerial or maintenance support meaning that staff felt supported seven days a week.

Company quality monitoring audits also took place. We saw records of service and welfare observations carried out by a senior member of staff from the organisation. These included observations of the environment and in particular the dressing of rooms for people who were staying for respite, and for people who were moving into the service, as it was noticed these rooms could look bare. There were plans to make these rooms more homely and welcoming and to advise relatives they could replace soft furnishings with their own at a later date. We read that people without family would also be supported to make their room more homely and a supply of spare soft furnishings would be available.

A company staff rewards scheme was in place. Rewards included shopping discounts and access to health

and welfare services. A computer was provided in the staffroom to support staff with completing training and a daily newspaper and tea and coffee were also provided to staff. The home had "cookie Friday" where staff on duty received freshly baked cookies. One staff member told us, "It is a really good company, they reward the staff well. I've never had incentives anywhere before. The cookies, tea coffee, newspapers; they are little things but they mean a lot. The do family days and free tickets to Beamish museum for staff. You feel appreciated."

A family fun day trip to Scarborough was booked for later in the year and planned on two dates to ensure staff form opposite shifts could attend. The company had also built a chalet at Kielder. Staff were able to nominate colleagues who they felt deserved a complimentary short break or could book the chalet at a discounted rate. Bi annual staff awards were also held.

The service had good links with the community including the church and worked alongside a community organisation called MIND Active. MIND Active supports local volunteers to improve the lives of older people living in residential care homes in Northumberland. The service worked well with this organisation to provide activities and entertainment for people who used the service.