

Healthcare Homes Group Limited

# Foxgrove Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Foxgrove Residential Home 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. This service does not provide nursing care. Foxgrove Residential Home accommodates up to 24 older people in one adapted building. There were 17 people living in the service when we inspected on 27 April 2018. This was an unannounced comprehensive inspection.

At our last inspection of 23 May 2016 the service was rated Good. At this inspection we found the evidence to continue the rating for Good in the key questions safe, effective and responsive. However, the key questions for caring and well-led had improved and they were now rated Outstanding.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Without exception, people were provided with an exceptionally caring service. People's diversity was respected and all people were treated equally regardless of their specific needs and culture. The actions of the staff in the service demonstrated to people that they mattered and were valued.

The service was very well-led. The registered manager understood their roles and responsibilities in providing a high quality service to people. This value was shared by the staff team who were extremely proud of the service they provided. The service had a robust quality assurance system to monitor and assess the service provided to people. These systems assisted the registered manager and provide to identify and address shortfalls promptly and to drive improvement. There was an open culture in the service where people, their relatives and staff participated in its development. As a result the quality of the service continued to improve.

The service continued to provide a safe service to people. This included systems designed to protect people from abuse and avoidable harm. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic. People received their medicines safely.

The service continued to provide an effective service to people. People were cared for by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received care and support to maintain a healthy diet and good health. People were supported to access health professionals where needed. The environment was suitable for the people living there.

The service continued to provide a responsive service to people. People received care and support which was assessed, planned and delivered to meet their individual needs and preferences. People were supported to participate in activities that interested them. A complaints procedure was in place. There were systems in place to support people at the end of their life.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

Without exception people and relatives told us that the staff were very caring and compassionate. People's diversity was respected, as was their independence and privacy.

People's views about the care they received were valued. People felt that they mattered.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The registered manager provided a very open and empowering culture. People's views were listened to and respected and the registered manager understood their role in providing a high quality care to people. Without exception people, relatives and staff were very complimentary about the approach of the registered manager.

Staff were proud of the care they provided and the registered manager developed staff to progress and develop. As a result the service people received continued to improve.

# Foxgrove Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced comprehensive inspection was carried out on 27 April 2018 by one 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service and two relatives. We also observed the interactions between staff and people throughout our inspection. Following our inspection visit we spoke with one person's relative on the telephone on 30 April 2018.

We looked at records in relation to three people's care. We spoke with the registered manager, and nine members of staff including the deputy manager, the head of care, senior care, care, maintenance, activities, gardening and catering staff. We also spoke with a member of the night staff team on the telephone on 30 April 2018. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

## Is the service safe?

### Our findings

At our last inspection of 23 May 2016 the key question for safe was rated Good. At this inspection, we found this key question remained Good.

People told us that they felt safe in the service. One person's relative said, "[Family member] is at risk of stroke, [family member] needs 24 hour care which is what [they] get. I feel when I leave [them] I know [family member] is going to be okay."

Risks to people continued to be managed well. People received care and support from staff who were trained and understood how to recognise and report abuse. There had been no reported safeguarding concerns about this service in the last twelve months.

People's care records included risk assessments which identified how risks in their daily lives were reduced. This included risks relating to mobility, nutrition and falls. There were systems in place to reduce the risks of people developing pressure ulcers. This included the use of pressure relieving equipment and the provision of support from health professionals. One person said that they had fallen, "If I fall over, I know I can press the bell and get help." One person's relative commented, "[Family member] likes to go out for walks but [family member] does have falls so either I'll go with [them] or if I'm not here, one of the [staff] will go with [them]." Guidance about falls was posted in the office which was accessible to staff. There were systems to monitor and reduce the risks of people falling. A staff member had been identified to take the responsibility of analysing falls. This staff member told us that they had attended training and they were analysing falls, incidents and accidents. This demonstrated that when things went wrong the service had systems to learn from them and use them to drive improvement. In addition if the stairs were used an alarm would sound to alert staff that someone was using the stairs.

We spoke with the maintenance staff who explained the systems they had in place to monitor the safety of the service, all of which were evidenced in the records they provided us with. These systems identified that people were provided with a safe service. The maintenance staff did regular walks around the service to check if there were any maintenance needs, in addition the care staff reported any concerns, which were addressed. Discussions with the maintenance staff and records identified that equipment was regularly checked including hoists, the passenger lift, portable electrical appliances and fire safety equipment. Records demonstrated that there were systems in place to reduce the risks to people if there was a fire and of legionella bacteria in the water system.

People told us that they felt that there were enough staff to meet their needs, including at weekends and at night. One person said, "There aren't so many on duty overnight but other than that it's the same on the weekend as during the week." People told us that if they used their call bell for assistance the staff answered promptly. One person said, "They are usually very quick to answer, a minute or two, never more than five minutes if that." The registered manager had a system in place to calculate the numbers of staff required to meet people's assessed needs. Staff told us that they felt that there were enough staff to meet people's needs safely. Discussions with the registered manager and records showed how the service was staffed each

day. This was also confirmed in our observations. The service continued to recruit staff safely.

Medicines continued to be administered safely. People told us that they were satisfied with how the staff supported them with their medicines. One person said, "They are very reliable, the same time every day." We observed part of the lunch and evening medicines administration round and saw that this was done safely. Staff were trained in the safe management of medicines. Records showed that medicines were given to people when they needed them and kept safely in the service. Audits on medicines management assisted the service to identify shortfalls and take action to address them.

People told us that they felt that the service was clean and hygienic. Staff were trained in infection control and food hygiene. The service had achieved the highest rating in a food hygiene inspection. All bathrooms and toilets held hand sanitiser and disposable paper towels and guidance for good handwashing. There was also hand sanitiser provided around the service. There were gloves and aprons around the service that staff could use to reduce the risks of cross contamination. We saw that staff used the disposable gloves and aprons, for example, when preparing to support people with their personal care and staff wore aprons when serving food. This demonstrated that the systems in place supported good infection control processes.

## Is the service effective?

### Our findings

At our last inspection of 23 May 2016 the key question for effective was rated Good. At this inspection, this key question remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. The registered manager told us that they had positive relationships with the local GP surgeries and community nurses. People told us they were supported to access health professionals when needed. People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. This ensured that people continued to receive consistent care.

There were systems in place to support people to move between services effectively. People's records held documents which included important information about people which were provided if a person was admitted into hospital. There was information in the service about the local 'red bag scheme'. This was run by the clinical commissioning group and included guidance on the information and personal items that staff should send with people when they were admitted to hospital.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and drink and where they wanted to eat. One person said, "It's fish in batter or scampi today and if you don't like that they'll do something else, in fact there's someone here who's having sausages today because they don't like fish." This was confirmed in our observations. Another person commented, "It's good, there's enough of it and it's tasty, what else is there to say?" One person's relative said, "[Family member] didn't like the fish on offer for Friday's lunch. They asked [family member] what [they would] like instead and [they] said 'skate' so that's what they give [family member] now, isn't that good?" However, there was one exception of a person who said that they did not like the food. When we had spoken with them we found that they had previously worked as a cook and they had said that the food was not as good as they were used to.

We observed lunch which provided a calm and positive dining experience for people. People chose where they wanted to sit and people who required support were provided assistance at their own pace. Staff joined people at the dining room table once people had been served with their meal. The dining room table was laid and provided different coloured table mats from the plates and table cloth, which assisted people living with dementia to recognise equipment. People were served with their choices of vegetables and sauces at the table, which allowed them to decide what and how much they wanted on their plate.

People told us that they were provided with enough drinks, which was confirmed in our observations. There was a cold water dispenser in the dining room and in the communal lounge there were jugs of cold drinks, glasses and a selection of snacks, including fresh fruit, crisps and chocolate.

Records showed that where there were risks associated with eating and drinking, such as weight loss or the

risk of choking, referrals had been made to health professionals. People were provided with high calorie and fortified food and drinks where they were at risk of losing weight. There was a weight loss tracker in place which assessed the weight changes each month. This allowed the registered manager and staff to monitor people's weight effectively and take action where required. The chef and staff spoken with were knowledgeable about people's dietary requirements and preferences. The chef told us how they were assessed for the provider's chef of the year award this year, which included preparing a meal and a softer meal. They said that they were aware of the consistencies of diets that should be prepared for people who were at risk of choking. They told us that people could choose what they wanted to eat and to aid this they were preparing a lighter bites menu to assist people to make choices if they did not want what was on the main menu. They showed us the breakfast menu which was provided to people and as well as the usual traditional breakfast items they provided home baked pastries.

People told us that they felt that the staff had the skills to meet their needs. One person who required staff and equipment to assist them to move, for example from their chair to their bed said, "They [staff] are fine, they know what they're doing, I feel safe and it's comfortable."

The service continued to provide staff with training and support to meet people's needs effectively. Training provided to staff included safeguarding, moving and handling, fire safety, dementia and equality and diversity. Staff told us that if there was training they were interested in, including on people's specific needs, this was provided. New staff were provided with an induction and the opportunity to complete the Care Certificate. This is a set of induction standards that staff should be working to. Records and discussions with staff showed that they continued to be supported in their work role. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service had made DoLS referrals when required, to ensure that people were not unlawfully deprived of their liberty. Staff had been trained in MCA and DoLS and continued to demonstrate they understood these subjects and how they applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. The registered manager understood why it was important to respect people's decisions. They shared an example with us about how they had managed a situation with a person to balance their capacity, safety and care needs. This was an example of good practice where the person's decisions and wellbeing were not compromised. People told us that their freedom to make their own decisions were not restricted. One person said that they could go out alone, and advised staff when they were going.

People were complimentary about the environment that they lived in, including their personal bedrooms. One person said about their bedroom, "Some of the furniture in here is mine, it makes it feel like home and I like that." This showed that people could bring their own possessions into the service to create a familiar environment. One person's relative commented, "[Family member's] room is lovely, come and see it, it's big and comfortable."

The environment was accessible to people using the service. This included a passenger lift for people who could not access the stairs. This was designed to be accessible to people, for example those living with dementia or sensory loss. There was signage in the service to assist people to navigate around, for example on people's bedroom doors there were boxes with people's names and a picture or something which they

may recognise. Access to the communal lounge was via three steps. To ensure this was accessible to people who used a wheelchair or had difficulties mobilising there was an electronic ramp. The main entrance to the service also had steps. There was a notice on the door for visitors to ring the bell and speak with staff if they required assistance to access the service, which could be done using a ramp or another door.

Regular checks on the environment and equipment, including mobility, electrical and fire safety ensured they were fit for purpose. There were communal rooms where people could use, including the lounge and dining room. There were attractive gardens in the service that we saw people accessing during our inspection. One person whose bedroom looked out onto the garden said, "I like to watch the squirrels on the tree outside, sometimes they run across the grass, sometimes they make the thinner branches move as they run across them." One person's relative told us that they had put a bird table outside of the person's bedroom window so they could watch the birds. The gardener told us that they were working in the gardens to provide a better path which would enable people to walk all around the garden and access the neighbouring provider's service. People told us that they knew this was happening and were looking forward to the developments.

# Is the service caring?

## Our findings

At our last inspection of 23 May 2016 the key question for caring was rated Good. At this inspection, we found the key question of good had improved to outstanding. People were provided with an exceptionally caring and compassionate service. The registered manager drove improvement in the service and led by example in providing a caring service.

People were treated with respect and equality regardless of their gender, sexuality, age, culture and race. Without exception people told us that they felt that the staff were caring and respectful. One person said, "The staff are very kind here, they look after me very well." Another person commented, "They are so good, they are easy to talk to and will explain any question I ask." Another person told us, "I was out in the garden one day and they asked if I wanted to stay out a little longer. I said I did but was feeling a bit cold. They said to me they'd go and get my pullover but I told them I hadn't seen it for a while and couldn't remember where it was. They knew exactly where it was and went and got it for me." Another person said, "They're always polite." Another told us, "I think I can be a little difficult sometimes but they are always nice to me."

Without exception people's relatives said that their family members were treated with kindness and compassion. One person's relative said, "The carers are really good with [family member] and [family member] likes them." Another relative told us about their family members diverse needs which they felt were respected by the staff in the service. They said that the staff were, "Fantastic with [family member]. They are really sensitive to [family member's] needs. It really does feel like a family." This family member told us when they were visiting the service they had witnessed compassionate care when a staff member was supporting a person who was distressed.

People and relatives told us how they felt that people's dignity was respected. One relative said, "They look after [family member] well, when [they] go to shower, [they] go in [their] pyjamas and a dressing gown and comes back in clean pyjamas or clothes. [family member] always spotless."

Staff spoke about and to people in a compassionate manner. They knew people well and about how their needs were met, they also understood why it was important to respect people at all times. A staff member told us how they felt that the service provided an excellent service to people at all times. They gave examples of several people who had used the service who were related to staff which passed the, "Mum test." This was confirmed by another staff member whose relative had resided at the service.

People's records included information about their life history, which gave staff details about people's lives and what interested them. The registered manager told us that they had advised staff to add to the care records when they found out new information about people through their discussions. This enabled staff to know more about the person. This was confirmed in the discussions we saw between people and staff about people's family and lives.

One person said, "Oh they [staff] definitely know what I like, for example, they know I like a coffee first thing so that's what they bring me." One person's relative told us about an incident which demonstrated that the

staff knew their family member well and what was important to them. They said, "We can have a bit of a laugh which is lovely. [Family member] has a cushion with a parrot on it; [they are] very fond of it. The other day I noticed a mark on it so took it home to wash. Later, [family member] couldn't find [their] cushion so asked the carers. Apparently they [staff] turned [family member's] room upside down looking for it. The next day I brought it back and they told me what had happened. I apologised but they thought it was funny, when I left a bit later I saw they'd put a notice up saying 'Parrotgate is over!!'." Another relative commented about how the staff knew their family member well and provided a compassionate service, "They are all kind, sensitive and have a good sense of humour. They really seem to enjoy [family member's] foibles instead of seeing them as a problem."

We saw that it was one person's birthday during our inspection. When lunch was finished the lights were turned off and a cake with candles was brought in. Everyone sang happy birthday and there was applause and laughter, the person blew out most of the candles with a little help from a member of staff. These examples identified that actions taken by staff demonstrated that they knew people and showed people that they mattered.

People's independence continued to be promoted and respected. One person said, "I can do most things for myself but they [staff] are always polite and respectful." Another person commented, "I've got this cream which needs to go on. It has to go on my back and I can't do that but I like to do the rest. I had a chat with one of the [staff] and we agreed, they'd do my back and I'd do the rest." We saw a staff member walking to the lift with a person, they asked the person, "Do you know where you're going then [name of person], would you like a hand or can you manage?" The person said that they could manage and the staff member stood back, when the person was unable to open the door, the staff member said, "Would you like some help, it can be a little tricky sometimes?" The person refused and when they had achieved their task the staff member said, "Well done [person's name]." People's care records identified how people's independence should be promoted and respected and identified the areas of their care that they could attend to themselves.

People's privacy continued to be respected. We saw that staff closed bedroom doors when they were supporting people with their personal care needs, which respected their dignity and privacy. Staff spoke with people in a discrete way, so others could not hear, when they were talking with people about their personal care needs, such as if they wanted to use the bathroom.

People told us that they continued to make decisions about their care and that staff listened to what they said. One person said, "I get up when I want and go to bed when I want. Sometimes I'm up until 2am in the morning watching television, it's my choice." Another person said that they had recently moved into the service and they had been asked about their likes and dislikes, "They [staff] asked lots of questions, my family helped with that so I think they know a bit about me."

People and, their relatives where required, had been consulted in their care planning. Care records identified people's usual routines, likes and dislikes, and preferences, such as when they went to bed at night and got up in the morning. The records included preferences such as the type of music, sport and television programmes liked. People had signed documents to show that they agreed with the contents. Care reviews were held and these were done in the timescales in line with people's and relative's choices. People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choices. One person's relative told us how they and their family had chosen the bedroom before they moved in. However, another room had become available and when they were shown this it met the person's needs better and the person liked their bedroom.

In addition to the care provided to people using the service, the staff also supported relatives. The registered manager shared with us examples of how they were supporting people's relatives relating to the feelings they may have when their family member started to use services. They included relatives in the running of the home and activities.

People were supported to maintain relationships with friends and family who were important to them. There were areas in the service where people could entertain their visitors, in private if they wished. The registered manager told us that they had Wi-Fi in the office but there had been difficulties accessing this across the service. They were in the process of speaking with Wi-Fi providers and the registered manager told us, "I have told them [people using the service] I will not stop until I get it." In the interim if people required Wi-Fi to keep in contact with their relatives they used the office space. The registered manager told us about a person the staff had been supported to develop relationships to reduce the risks of isolation. This was positive because the staff had recognised the person's emotional needs and were supporting the person to meet these.

## Is the service responsive?

### Our findings

At our last inspection of 23 May 2016 the key question for responsive was rated Good. At this inspection, we found the key question remained Good.

People told us that they were satisfied with the care and support they were provided with and how the service responded to their needs and preferences. One person who had previously used equipment to transfer, for example from their chair to a bed, said, "They used to [use the hoist] but I moved about too much, they use a stand-aid now and that's fine." Another person told us, "It is very nice here, they look after us." One person's relative told us, "[Family member] is well looked after and cared for."

People's needs and preferences continued to be assessed, planned for and met. The registered manager told us that the care planning documentation had been revised since our last inspection. Care plans were written in a person centred way and included guidance for staff about how people's needs were met and included information about their specific conditions and how they affected people in their daily living. The records identified potential triggers to people becoming distressed and anxious and guidance for staff how they should support people to reduce the risks of their distress. Care plans were reviewed monthly by care staff and there were planned reviews with people and relatives. Daily records identified the care and support provided to people and their wellbeing.

People told us about the activities provided in the service. One person said, "There are quite a lot of activities, I love music and there's quite often something happening." One person's relative told us, "Well, I come in every day and there are a lot of things to do. [Family member] will tell you there isn't but [family member] does seem happier than [they] first came in." During our inspection we saw people participating in a range of activities, both in a group and individually. People read and did puzzles alone if they preferred this. We saw a staff member doing a jigsaw puzzle with a person. Another staff member walked around the garden with a person. On the morning of our inspection a visitor played the organ and on the afternoon there was a visiting singer. After this people played carpet bowls and there was lots of laughter.

There continued to be a programme of activities that people could participate in if they chose to. This included going out on trips in the mini bus, games, card club, arts and crafts and visiting entertainers. The activities staff member told us that one to one activities were provided to people who remained in their bedroom or did not like the group activities. There was a 'pop up shop' on Mondays where people could buy things such as mouth care items, pens, stamps and shampoo. The gardening staff told us how they included people in the up keeping of the garden. Trowels, trays and pots had been purchased for people to plant seeds. In addition they had identified that some people, because of their condition, struggled to plant the seeds. Seed dispensers had been provided to assist this people. People were growing flowers and vegetables. When the weather was not good enough for people to go outside the gardener said that they brought the pots in to the service to show people how they were getting on or talked with people about the garden and the plants in it. The gardener said that they encouraged people to pick the flowers in the garden to enjoy in their bedrooms or communal areas.

People told us that if they had a concern about the service they would report them and were confident they would be addressed. None of the people or relatives spoken with had made a complaint. There was a complaints procedure in place and information posted in the service about how people could raise a complaint. There had been no formal complaints received in the last 12 months.

People's care records included information about the choices that people had made regarding their end of life care. This included if they wished to be resuscitated, and where they wanted to be cared for at the end of their life. There were details in the records which showed that the staff had explored their choices, for example in one person's records the person said that they wanted to be spoken with, be pain free and wanted noise in their bedroom so they knew that they were not alone. The registered manager told us about the systems in place to care for people at the end of their life. There was information posted in the office about what actions to take if people were at the end of their life and if there was an expected or unexpected death. This was accessible to staff. We asked a staff member about end of life and the information they were provided with and they confirmed that they knew this information was in the office. In addition there were dates for end of life training in the office for June 2018. One staff member told us that they had done this training before, "It is really good, tells you how to speak with relatives and how to care for the resident." The registered manager told us that they had a difficult start to 2018, with the winter flu and people dying. The staff had supported relatives and people during this time and in turn supported each other during the difficult time.

## Is the service well-led?

### Our findings

At our last inspection of 23 May 2016 this key question was rated Good. At this inspection, we found this key question had improved to Outstanding. This was because the registered manager led a team that were committed to providing the best care they could to people. The registered manager understood their role and responsibilities and had high expectations of the service provided. In turn the staff working in the service worked to shared values and had pride in the exceptionally caring and person centred service they provided.

There was a registered manager in post who registered with us in October 2017. 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.

The registered manager was supported in the running of the service by a management and senior team. These included a deputy manager, head of care and senior carers. In addition there was an administrator in the service. They told us how they had made changes in the service and their mission was to join with the neighbouring service, which was also owned by the provider and managed by the registered manager. The management team and staff worked across the two services and staff meetings were held together, this included the daily head of departments meeting. The registered manager and staff said this worked well because good practice was shared. This also allowed staff and people to get to know each other and cover could be arranged between the services. The registered manager told us that they felt supported in their role and that the regional manager provided support when needed. We saw records which showed that regular governance checks were made on the service by the provider's senior team.

Without exception people and relatives were complimentary about the registered manager and their approach. One person said, "She is very helpful and friendly. If I want to talk to her I just have to ask." Another person commented, "She does a good job and the staff are very good, I have no complaints." One person's relative told us, "She is lovely, she listens and seems to be very hardworking but never gives me the idea she's too busy to stop and talk." Everyone we spoke with said they would recommend the care home to a friend or family member.

All of the staff we spoke with told us that they felt valued and supported by the registered manager. They were all proud of the care they provided to people and had shared values to ensure that people's individual needs were met. We saw a box in the dining room which had slips of paper where they could nominate the 'carer of the month' if they chose to. Staff told us that they were happy working in the service and their views and ideas were valued about how they thought the service could improve. One staff member told us, "I am very proud to work in this fantastic home. I work with an amazing team." Staff spoke about the positive culture in the service and all of the staff spoken with referred to the good team work demonstrated. All of the staff we spoke with said they would have no hesitation in recommending the service to members of their own family and some staff had actually had relatives move into the service.

There were opportunities for staff to develop in their work role, which was supported by the registered manager and provider. The registered manager told us how they had recently interviewed for a senior position and the standard of the care staff applying for the role was very high and they had asked for support in selecting the staff from the provider. Two staff members told us that they had been developed in their role and were provided with the opportunity to undertake a management qualification relevant to their role. One of these staff said, "[Registered manager] is good at pushing us to develop and improve. She is supportive and helps you to go where you want to go [in their career]." Another commented, "The home is progressing more and more. I am really happy and they [people using the service] are happy."

The provider held annual awards for staff working in their services, this recognised good practice. The service's staff had won two awards in 2018, the chef of the year and the carer of the year. The chef told us how this was an achievement because of the 37 of the provider's services Foxgrove Residential Home had taken two of the 11 awards. Discussions with the registered manager and staff demonstrated that they were proud of their colleague's achievement which reflected the good levels of care provided by the team.

The registered manager promoted a very open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included in meetings, attended by people using the service, and satisfaction questionnaires. Where comments from people were received the service continued to address them. There were monthly meetings attended by people and relatives. One person's relative said, "There was a meeting yesterday. The meetings are regular and the dates are on the notice board." The minutes of these meetings identified that people were asked for their views about the service, including the menu and activities, and their views were valued and acted on. This included people had said that they had enjoyed a particular entertainer so they were rebooked to attend. The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service.

The registered manager continued to undertake a robust programme of audits to assess the quality of the service and identify issues. These included audits on medicines management, health and safety, care provided, infection control training and care records. There were also checks undertaken on people's dining experience and unannounced night visits. These audits supported the registered manager and provider in identifying shortfalls which needed to be addressed. Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening. There were systems which enabled the registered manager to check that people had received the care they required. This included the reviews of risks to people such as the Malnutrition Universal Screening Tool (MUST), pain assessments, falls, skin integrity, weight, care plan reviews, people's dependency needs and choking. Staff had different roles in the governance of the service, for example one staff member had received training and was responsible for monitoring and analysing falls. This provided staff with ownership of the service they provided and as a result the service provided to people continued to improve.

The registered manager told us how they were developing community contacts. The service accepted care students from France for a month. This had been started by the previous registered manager and continued on with the current registered manager. The provider had taken responsibility for checking paperwork and the safety of these students working in the service. The registered manager told us that they did not participate in any personal care activities but shadowed staff including the domestic team, activities and the catering. We saw photographs of people doing activities with the students, all smiling and looking happy. These staff had assisted in making the summer house in the garden good, which had previously not been used. The service also had a staff member working who was on work experience from school. We saw this individual chatting with people, doing a jigsaw with a person and taking part in the group activities. The

registered manager participated in a dementia support team in the area. At the next meeting they would be having a session where they could give advice to families and people in the community about dementia and using services. The gardener told us how they were entering the Felixstowe in bloom competition with the input from people using the service.

The registered manager told us how they were working to establish working relationships with other care homes in the local area. They had invited the people from another home to visit and said that in the area people may know each other. This would assist to re-establish friendships. They were also hoping to participate in a five a side football match with other services. They said that the communication would benefit the services because they could share examples of good practice and ideas. As part of a local initiative, there was a competition for children to grow the tallest sunflower. The registered manager had approached schools and nurseries. We saw the letters in response expressing an interest in taking part. The registered manager told us that this would enable them to develop relationships with young people in the area and people using the service. This was not yet in place so at the time we could not assess the outcomes for people.