Southern Housing Group Limited

Byrnhill Grove Registered Care Home

Inspection report

Byrnhill Grove
Park Avenue
Ventnor
Isle of Wight
PO38 1LR

Tel: 01983852300
Website: www.shgroup.org.uk

Date of inspection visit:
19 January 2017
25 January 2017

Date of publication:
27 February 2017

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

We carried out an unannounced comprehensive inspection of Byrnhill Grove on the 19 & 25 January 2017.

Byrnhill Grove is a care home situated in a sheltered accommodation complex in Ventnor on the Isle of Wight and is registered to provide accommodation with personal care for up to 17 people who have needs associated with advanced age and early stage dementia. At the time of our inspection there were 11 people living in the home.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. Staff and the management team had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks while promoting choice and independence.

There were systems in place to monitor the quality of the care provided and the safety of the environment. Accidents and incidents were monitored and analysed and remedial actions identified to reduce the risk of reoccurrence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and the staffing levels in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff developed caring and positive relationships with people. Staff were sensitive to people's individual choices and treated them with dignity and respect. People were encouraged to be as independent as possible.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner while promoting their independence.

People were provided with appropriate mental and physical stimulation and had access to activities that were important to them. Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback on the service both informally and formally.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals.

People and their families told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role.

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 and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm.

People received their medicines at the right time and in the right way to meet their needs.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Staff supported people to have a comfortable and dignified death.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and the maintenance of the buildings and equipment.

Byrnhill Grove Registered Care 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.

The inspection was unannounced and was carried out on 19 & 25 January and was completed by one inspector.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people using the service and four visitors. We spoke with one healthcare professional and one social care professional. We observed care and support being delivered in communal areas of the home. We also spoke with five members of the care staff, the cook, the deputy manager, the registered manager and the nominated person.

We looked at care plans and associated records for six people using the service. We also looked at a range of records relating to the management of the home including three staff recruitment files, records of complaints/compliments, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in November 2014 when no issues were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at Byrnhill Grove. One person said, "I feel absolutely safe" and another person told us, "Oh yes, I'm safe here". Family members felt that their relatives were safe and that they did not have any concerns regarding their relative's safety. One family member said, "I am confident that [my relative] is safe".

Staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction and received annual updates. Staff were knowledgeable in recognising signs of potential abuse, knew how to raise concerns and how to apply the provider's safeguarding policy. A member of staff told us, "I would always report any concerns I had to the manager, I know the manager would respond but if I had to I would go higher or whistle blow if it came to it". Another staff member said, "I would talk to the manager or go to the local safeguarding team". Three of the staff members we spoke to about actions they would take if they suspected abuse all commented on; putting the person first, ensuring their immediate safety and providing them with emotional support. The registered and deputy manager knew how to use safeguarding procedures; they had reported concerns to the appropriate authority and taken suitable action in a timely manner.

People and their families told us there was sufficient numbers of staff to meet people's needs. Comments included, "The staff are always here when I need help", and "They [staff] are pretty quick in answering my bell when I press it". Staff felt there were enough of them available to meet the needs of the people. A staff member told us, "There is enough staff, definitely" and another staff member said, "We are usually well staffed, if someone goes off sick at short notice the manager will get cover". We saw that staff responded to people's needs promptly and were available to assist people throughout the inspection.

The registered manager told us that staffing levels were based on the number of people living in the home and explained that from the following week there was to be an additional staff member during the day due to a planned admission. The staffing levels in the home provided an opportunity for staff to interact with the people and they were supporting in a relaxed and unhurried manner. There was a duty roster system, which detailed the planned cover for the home.

The provider had a clear recruitment process in place to help ensure that the staff they recruited were suitable to work with the people they supported. Staff recruitment files showed that all appropriate checks, such as references, work history and Disclosure and Barring Service (DBS) checks had been completed. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. For example, where people were at risk of falling or becoming confused in relation to their environment, sensor mats were in place to alert staff that people were mobilising. One risk assessment in place stated, 'Although [person] has

not had any falls they can be a little unsteady on their feet', and clear information was given to staff about how to prevent this person from falling. During the inspection we observed staff monitoring this person and offering support in line with their risk assessment. Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from reoccurring. Risk assessments in place included; moving and handling, falls, mobility, use of equipment, behaviour, nutrition and hydration, skin, continence and medicines management.

The provider, home's management team and staff actively managed and reduced environmental risks. Processes were in place to ensure there was an appropriate standard of cleanliness and hygiene within the home to protect people, staff and visitors from the risk of infection. During the inspection we found the home was clean and well maintained. Staff were seen to be wearing protective clothing, including gloves and aprons when required.

A health and safety check of the environment and equipment was completed monthly by the provider's service manager. These checks reviewed all internal and external areas of the home and looked at the safety, cleanliness and condition of equipment and environments. All findings were recorded and acted on. For example, a recent environment check highlighted concerns around third parties accessing the bins outside which had led to overflow. This resulted in a secure bin store being built.

Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. For example following a recent fall, risk assessments and care plans had been updated and equipment had been put in place to prevent reoccurrence.

People received their medicines safely. People's comments included, "They [staff] manage my medicines for me, they are very particular", and, "I always get my medicines when I need them". We saw medicines being administered by two members of staff and were told by the deputy manager that two staff were always allocated to complete medicine rounds together to prevent mistakes from being made. Staff administering medicines had received appropriate training and had their competency to administer medicines assessed by a member of the management team to ensure their practice was safe.

There was individual guidance as to how people liked to take their medicines. For example, one person's care plan stated, '[Person] likes their medication put in their hand', and another said, '[Person prefers their medicine off a spoon'. During the medicine administration round staff were heard asking people how they would like to take their medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way and remained with people until they were sure all medicines had been taken.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified, this indicated that people received their medicine appropriately.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. Staff had access to information which explained what each medicine was for and how it should be given. Staff were aware of the temperature required to store medicines safety and where recommended medicines were stored in a refrigerator at the temperature in accordance with the manufacturer's instructions. Staff monitored the fridge temperature daily.

People were given the opportunity to manage and administer their own medication if they wished to and

were safe to do so. At the time of the inspection no one was self-administering their medications. However the registered manager told us the process that was followed to kept people safe when they were responsible for managing their medicine independently. This included, providing them with a lockable cupboard and a copy of Byrnhill Groves 'Self Medication Policy', weekly medicine stock checks and ensuring appropriate and up to date risk assessments were in place.

Guidance was in place to help staff know when to administer 'as required' (PRN) medicines, such as pain relief. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. People told us they received pain relief when they required it. Systems were in place to ensure prescribed topical creams had been applied as prescribed.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective. When we asked a person their views on the service they responded with, "You get a thumbs up from me". Other people's comments included; "The staff are excellent in every way, they are so very good", "This home is excellent, you wouldn't find a better one, the staff do everything I need them to do", and, "I am really happy here, this is my home". A family member told us, "It is a great relief to me that [my loved one] is settled, comfortable and well looked after and the whole ambiance of the place is good".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems in place for when people were not able to make decisions about their care or support and these were understood and followed by the staff and registered manager when required.

Both the registered and deputy manager were able to describe when and how a decision would be made in a person's best interest when required. They described how they would consult with relatives and professionals and document decisions taken, including why they were in the person's best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether DoLs applications had been made appropriately. We found that at the time of the inspection no one using the service required a DoLS in place, however the provider was clear of the process and was able to tell us when a application would be made.

People told us that staff asked for their consent when they were supporting them. One person said, "The staff will always ask me before they do anything" and another person told us, "They [staff] will always knock and check with me that they can enter my room". We observed staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. A member of staff said, "I will always give the people a choice about if they want help, I wouldn't do something without asking them first".

People's records contained consent forms for photographs which were signed by the person and all care plans had been completed in agreement with people living at Byrnhill Grove. This demonstrated that they were fully involved in their care. Daily care records showed that where people declined care this was respected and comments included, '[Person] choose to stay in their room this morning', and, '[Person] declined to attend the sing-a-long'.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. The deputy manager told us the length of the induction period was dependent on the experience and abilities of the staff member. All inductions included a period of shadowing an experienced staff member and mandatory training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. All staff confirmed they received an induction in line with the providers policy.

People and their families described the staff as being well trained. A person said, "The staff are well trained and know what they are doing, especially the older ones". Another person told us, "The staff certainly knows what they are doing". A family member said, "The staff is well trained".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, basic life support, first aid, infection control and moving and handling. Staff had access to other training focused on the specific needs of people using the service, including, stoma care and hearing aid training. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, staff were observed to effectively communicate with people who had a hearing or sight impairment and they supported people to move safety with appropriate equipment when required.

Staff members told us they received effective and appropriate training and felt supported to complete required training. Training was provided to staff in a variety of forms including, e-learning, classroom training, hands on training and workbooks. Staff were given time during their working shift to complete e-learning or were paid to complete this if it was done outside working hours. Staff members said, "We get lots of training", "We are always doing training", and, "We are offered training to allow us to gain further qualifications". One staff member talked about some recent 'Age friendly' training they had received and said, "This training really opened my eyes to understand the struggles people face with increased age, I am now a lot more aware of the importance to provide people with time and encouragement".

Staff received one-to-one sessions of supervision every six weeks. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff who had worked at the home for over a year had also received an annual appraisal, with the registered or deputy manager, to assess their performance and identify development needs. Staff told us these sessions were helpful and spoke positively about the support they received from management on a day to day basis. Of the 18 staff who had responded to the providers employee survey (completed in November 2016), 17 said they were well supported by their manager. One staff member told us, "I find supervision really helpful", and a second staff member said, "I can approach the manager and deputy manager anytime".

Staff supported people to have enough to eat and drink. Fluids and snacks, including cakes and fruit were offered throughout the day and evening. During the inspection we heard a person request a hot drink and this was provided immediately. People were given the opportunity to choose where to have their meals. The home had a large dining area which was welcoming and tables were attractively laid out with tablecloths and fresh flowers. Meal times were calm and relaxed and provided people with social interactions.

People told us they usually enjoyed their meals. One person said, "The food is excellent, I would always get extras if I want it". Another person told us, "The food is alright, I wouldn't complain". A person who required a special diet due to a health need said, "I am limited in what I can eat, they [staff] will take my needs into account and bend over backwards to accommodate me". Family members were complimentary about the food. One family member told us, "Since being here [my relative] has being eating really well". Another family member said, "I have seen the meals, they always look good and come out hot".

Staff took time to support and encourage people to eat independently, by ensuring food was cut up and appropriate cutlery was provided if required. No one at the home at the time of the inspection required full assistance to eat but staff were able to explain how they would support people if needed.

Byrnhill Grove had a 'Hydration and Nutrition champion' whose role it was to ensure that people's dietary needs were met and all staff understood the importance of ensure people had enough to eat and drink. The home had also received a Nutrition and Hydration award from 'Healthwatch' in 2016 for the quality and standard of the food provided to people.

Where risks were identified people were closely monitored to ensure their nutritional needs were met. Where issues and concerns were highlighted appropriate action had been taken by staff. This action included requesting guidance from health professionals and making changes to the menu. The kitchen staff were aware of people's likes and dislikes, allergies and preferences. People were provided with a choice of food and an alternative was provided if they did not like what was offered.

People were supported to access appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. Staff knew people's health needs well and was able to describe how they met these needs. During the inspection we heard staff talk about a change in a person's bowel routine and the person's doctor was swiftly contacted. Additionally, a person had received eye drops from the local hospital and a staff member contacted the hospital for advice about administration and side effects. One person told us, "They [staff] will always get me a doctor if I need one".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. A person said, "They [staff] are lovely, respectful, patient and kind". Another person told us, "They [staff] make you feel part of a family; they even came to visit me when I was in hospital". A third person said, "Its lovely here, I am very happy". One family member told us, "It is brilliant here; the staff are kind and attentive". A health care professional told us, "Byrnhill Grove puts the residents first. It is a good service, they [staff] care for their residents in a kind and professional way". A recent thank you card the service had received read, 'Our sincerer thanks to you all for the care and love you have shown'.

People were cared for with dignity and respect. Staff were heard speaking to people in a kind and caring way and interactions between people and staff were positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. We heard good-natured banter between people and staff showed they knew people well. A person told us, "The staff always make me feel loved" and a family member said, "The staff speak really nicely to [my relative], they respect them". Staff were attentive to people and checked whether they required any support. For example, one person required support to find the bathroom and a staff member picked up quickly that assistance was required. The staff member gently and respectfully supported them without drawing attention to their need for assistance.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat or whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative, this was respected. Throughout people's care files there were comments about the choices people had made in relation to their care, food and activities. Comments included, '[Person] requested supper in their room', '[Person] chose to have a lie in this morning' and '[Person] declined to attend activities today'. When we asked a staff member what they liked about working at Byrnhill Grove they said, "The choices people have, they do what they want and they have lots of freedom".

People's privacy was respected at all times. Before entering people's rooms, staff knocked, informed the person who they were and sought permission from the person before going in. A member of staff told us that when supporting people, "I would always follow the care plan, ask the person what they would like me to do and ensure they had privacy". A second member of staff said that when they are providing personal care they would, "Ensure that doors and curtains are closed and the person is covered". People told us that their privacy was respected by the staff and their comments included, "They [staff] will always knock before coming into my bedroom" and "They [staff] definitely respect my privacy".

When people moved to the home, they were involved in assessing, planning and agreeing the care and support they received. The deputy manager told us that when a person moved to the home they were encouraged to make their bedrooms their own by bringing in personal items and furniture that was familiar to them. People were involved in choosing soft furnishing and deciding the room layout to meet their needs and promote their comfort. One person told us, "I feel really at home here". A second person who had

recently moved to the home said, "I have settled in well". A family member whose relative had just moved to the home told us, "[My relative] is very happy". A comment from a family member in the provider's relative's survey completed in November 2016 said, "[My relative] settled in happily from day one".

People were encouraged to be as independent as possible. A person told us, "They [staff] will always help me if I need them, but I can manage most things". A family member said, "[My relative] has lost their confidence to walk recently but the staff really encourage them". This comment reflected what was in the person's care plan which stated, [Person] needs encouragement to use their walking frame as they have lost their confidence'. Another care plan said, '[Person] may require help to clean their dentures but are able to put these in independently'. Staff understood the importance of maintaining people's independence and a staff member said, "We don't what to do everything for people as this can impact on their physical and emotional health. A second staff member said, "I promote people's independence, I will look at the persons care plan, encourage and get equipment that will help them to be independent if needed". Staff supported people to maintain their independence by providing them with the opportunity to manage their own money or medication if they choose.

People were supported to maintain friendships and important relationships. Care records included details of their circle of support. This identifies people who are important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. Families commented, "We [family] are made very welcome and can visit at any time", "We are always made to feel welcome" and "I am kept updated with things going on in the home, and often invited".

Staff supported people to have a comfortable and dignified death. The end of life wishes of people were clearly documented within the care plans. The registered manager told us that the staff were well supported by healthcare professionals to provide effective and appropriate end of life care to people. The registered manager said, "We want people to have dignified and peaceful deaths and we need to support families". A recent Thank You card from a family member read, "The end of life care was outstanding and staff made this difficult time less stressful". The registered manager also told us that they had arranged bereavement support for a person living at the home following the death of a loved one.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "My room is a bit dark, so they [registered manager] have arranged for me to move to a brighter one, they are just decorating it". Another person told us, "If I wasn't happy about something I know the staff would do something about it". One family member said, "They [staff] do a good job, if I had a concern I could talk to the manager or staff, they would act". A health professional told us, "There have been recent staff changes but the management have ensured that the residents remain safe and well cared for during this process".

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. People's care plans contained a 'communication care plan' which provided information about their communication style. For example, one person's communication care plan identified their need for glasses and a magnifying glass when they were provided with written information and another said, '[Person] can become anxious during their shower, provide them with lots of reassurance and time'.

Care plans were individualised and detailed with people's preferences, such as sleeping arrangements, their backgrounds, likes and dislikes and social needs. These care plans also included specific individual information to ensure medical needs were responded to in a timely way. For example, one person needed support with the management of continence device and staff were provided with clear guidance and information as to the actions they should take when managing this. This information included how it needed be cleaned and changed, directing staff to contact the community nurses or continence service if issues or concerns arose.

Staff demonstrated a good awareness and understanding of people's individual needs and how each person preferred to receive care and support. We saw people being supported by the staff as described in their care plans to maximise their independence. Comments in care plans included, '[Person] prefers baths to showers', '[Person] likes to get up at eight o'clock' and '[Person] likes to be informed when their medical equipment has been ordered, as they worry about this'. Staff were able to explain in detail how they provide care to people and the information they gave corresponded with information in the individual care plans.

Care plans and related risk assessments were reviewed monthly or more frequently if required by the persons key worker, then checked by the senior care staff or management team to ensure they reflected people's changing needs. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met. A person told us, "They [staff] always discuss things with me". A comment from a family member in the providers relatives survey completed in November 2016 said, "I am kept fully informed and I have never felt that my input had been ignored".

Staff were kept up to date on people's needs. We joined the staff handover meeting between the morning and afternoon care staff. Information was provided to the staff in a clear and informative manner in relation to any particular concerns about individual people. During this handover the staff provided support to each other as well as having clear discussions about the best ways to support the people they cared for. For example, there were discussions about how best to encourage a person to mobilise and how to support someone who was having problems with their continence.

People received appropriate mental and physical stimulation and had access to activities that were important to them. Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. Activities were discussed during the monthly residents meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future. People told us they were provided with the opportunity to take part in activities and that there was enough for them to do. One person said, "There is plenty of things I could do if I wanted to". Another person told us, "There is lots going on, they [staff] always ask me what I want to do". A third person said, "There is always something going on".

The home had a programme of activities in place which demonstrated that different activities were offered daily. These included bingo, games, films, crafts and music. In addition, the registered manager explained that they purchased activities from external providers, such as singers and entertainment. People were provided with the opportunity to go on frequent outings to local places of interest, such as museums, local animal and wildlife centres and garden centres.

Byrnhill Grove had developed links with the local community. School children had recently visited the home bringing artefacts from a local historic site which they showed and discussed with the people at the home. Representatives from the local church visited weekly to provide a church service to those who wished to attend and the mobile library service visited every six weeks.

People and their relatives told us that they were encouraged to provide feedback, were kept up to date if their relative's needs changed and were supported to raise concerns or issues if they were dissatisfied with the service provided at the home. People said, they felt listened to and fully involved in making decisions about their care and the environment. A person told us, "They [staff] always take notice of us and ask our options on things, I feel very involved".

The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. Family members comments included, "The manager will always keep me updated and check that I am happy with the care being provided", "We have been contacted several times over the last year, when it was appropriate" and "They [staff] will always approach me and I feel that I can approach them". One person said, "I can always talk to any of the managers, they are always available".

People and their families were encouraged to attend monthly residents meetings. These meetings gave people and their families the opportunity to be involved in the running of the home and share their views and ideas about meal choices, changes to the environment and activities provided. Written minutes from these meetings showed that the people were kept updated about changes within the home and their views and ideas were listened to and considered. For example, one comment in the minutes highlighted that a recent singer had visited the service and people had requested that this singer return, this was actioned.

Formal feedback was sought through the use of quality assurance survey questionnaires sent to people, their families and staff every six months, and people confirmed that they received these. We looked at the

feedback from the latest survey which was completed in November 2016. All responses on these surveys were positive in respect of the care people received. Comments included 'Staff are helpful, friendly and keep me informed', 'There is a very good balance between professionalism and warmth' and 'They [staff] consult on everything and are extremely flexible'.

The provider had a policy in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being given. The information on how to make a complaint was provided to people and their families when they moved to the home and a notice on how to complain was displayed in the homes entrance. All of the family members we spoke with knew how to complain and were confident that their complaints would be listened to and acted upon by the registered manager. The registered manager told us they had not received any formal complaints in the last 12 months, but showed us recorded information of two verbal complaints that had been received. This showed that the issues highlighted had been fully investigated, clearly documented and that the complainant had been kept fully updated both verbally and in writing.

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. When we asked a person if they felt the service was well run, they said, "Well run, definitely" and a second person told us, "The manager is excellent, the home is really well organised". All of the family members that responded to the homes quality assurance survey in November 2016 said that they would recommend the service to others. Their comments included, 'Definitely (recommend the service) and we do', 'I would recommend the service without reservation', and, 'Most definitely, I have told my family it is where I want to go'.

There was a clear management structure in place, which consisted of a service manager, registered manager, deputy manager, senior care staff and care staff. Staff understood the role each person played within this structure and what was expected of them. A member of the management team was present throughout our inspection and they were responsive to requests for information and support from the inspector, people using the service, staff and visitors. This demonstrated that people, their families and visitors knew who to go to if they had any issues or concerns.

The providers were fully engaged in running the service and their vision and values were built around supporting and valuing people as individuals; to enable them to live as independently as possible and improve their quality of life and wellbeing. Within the organisations service values there was a strong focus on respecting people's privacy, treating them in a dignified way, promoting their independence and respecting their choice. Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. A staff member told us, "We make sure the service is all about the resident, they come first".

The registered manager was aware of, and kept under review, the day to day culture in the service, including the attitudes and behaviour of the staff. This was done through observations of care provision, working alongside staff and regular staff supervision. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. Additionally, the registered and deputy manager completed unannounced spot checks of the service during the night. This was to ensure that they had insight into the quality and effectiveness of the service over a 24 hour period.

Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions for improvement in their one to one sessions or during staff meetings and these were taken seriously and discussed. Staff comments included, "I love working here, the staff really work as a team", "I like everything about working here; the residents, staff and management", "It's a nice place to work, it's rewarding and the managers respect me and the job I do" and "It is very organised here. Any comments or suggestions I have are taken seriously".

The provider had suitable arrangements in place to support the registered manager, for example, regular meetings, one to one supervision sessions and regular visits to the home which also formed part of their

quality assurance process. The registered manager told us, "This is the best job I have had for support. The service manager and head of care services are very approachable and at the end of the phone, I can't fault the company". The registered manager also explained that they receive additional support from the staff team at Byrnhill Grove and they attended a care home managers meeting network to share ideas about care, best practice and learn from others to aid improvements in the service.

Robust quality assurance systems were in place to monitor both the safety of the environment and the quality of the care provided. Routine checks and audits were regularly carried out for a range of areas to enable the registered manager to monitor the operation of the service and to identify any issues requiring attention. The service manager, registered manager and deputy manager carried out regular audits which included infection control, the cleanliness of the home, resident involvement and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. Other formal quality assurance systems were in place, including seeking the views of people and their families about the service they received. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website for people and visitors to view.