Walton Care Limited

# The Grove Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 announced inspection of The Grove Care Home on the 4 & 6 October 2016. The first day was unannounced.

The Grove Care Home provides accommodation, personal and nursing care for up to thirty nine people, including frail older people and younger people with disabilities. There were 38 people accommodated in the home at the time of the inspection.

The Grove Care Home is a purpose built single storey home. There are surrounding gardens with an internal private patio area and patio and seating areas with raised flower beds to the rear of the home. A car park was available for visitors. Shops, pubs, churches and other amenities are within walking distance.

At the previous inspection on 20 May 2014 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. 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 did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided and told us they felt safe and well cared for.

Staff could describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People living in the home considered there were enough staff to support them when they needed any help and they received support in a timely and unhurried way. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. Arrangements were in place to make sure staff were trained and supervised at all times

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

We found people lived in a clean, safe, pleasant and homely environment. And appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them.

Each person had an individual electronic care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions and discussions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs had changed.

Care plans were written with sensitivity and basic rights such as dignity, privacy, choice, and rights were considered. We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We observed good relationships between people. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

Activities were appropriate to individual needs. People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People had no complaints but were aware of how to raise their concerns and were confident they would be listened to.

People using the service, relatives and staff considered the service was managed well and they had confidence in the registered manager. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

## 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 told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

### Is the service effective?

Good

The service was effective.

People were supported by staff that were trained and supervised in their work.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

### Is the service caring?

Good

The service was caring.

People told us they were happy with the service they received and with the caring approach taken by staff.

Staff responded to people in a good humoured, caring and considerate manner and we observed good relationships between people.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home.

Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

## Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported people to be as independent as possible.

People were very well supported to keep in contact with relatives and friends who were welcomed and involved in home life. People were supported to take part in suitable activities.

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and had been involved in the review of their care.

People had access to information about how to complain and were confident the registered manager would address their concerns appropriately.

## Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service.

Effective systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

# The Grove 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 & 6 October 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

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

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with one of the directors, the registered manager, the care coordinator, four care staff, six people living in the home and with three visitors. We also spoke with two health care professionals and received comments from two GP practices.

We looked at a sample of records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits. We also looked at the results from the last customer satisfaction survey.

We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms.

Good

# Our findings

People living in the home told us they did not have any concerns about the way they were cared for or the numbers of staff available. They said, "I am treated very nicely", "I press the button and they will come and help me; there are enough staff around", "Staff are great and always available when I need them" and "They are very kind to me; they always have a kind word or encourage me to do things when I have a bad day." A visitor said, "I have a good relationship with staff and [relative] is treated well."

During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible. A senior member of staff was the designated Safeguarding Champion; she had been provided with additional training and provided other staff with updates and daily support and advice.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and records we looked at confirmed this. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at how the service managed risk. Individual risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. Staff had good guidance on how to manage any identified risk as this was clearly documented in people's care plans. Supporting information was in place such as food and fluid and positional changes records for staff to use.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded in the care plans.

During the inspection we observed staff were patient and kind with people and were always available to offer support to people when needed. Requests for assistance were promptly responded to. People and their visitors told us there were sufficient numbers of staff to meet their needs in a safe way. Staff told us planned leave or long term sickness was covered by existing staff and agency staff would be used if necessary. This provided continuity of care for people living in the home. Staff told us there had been problems with short notice sickness but that systems were in place to respond to this. Staff said, "[Registered manager] manages the home well but staff issues are not always dealt with quickly enough" and "Some staff let us down and it is difficult to find cover but the manager is clamping down on this now."

We looked at the staffing rotas. We found the rotas did not clearly identify people's roles which made it difficult to determine the numbers of available staff on duty in each department. The registered manager agreed to review this. However, we found there were sufficient numbers of nursing and care staff deployed to cover times throughout the day and night when people needed the most support. Laundry, domestic and kitchen staff were available each day with an administrator, maintenance person and activity person available during the week. Staff and people spoken with confirmed the registered manager was available throughout the day. There was an on call system in place for any out of hours emergencies. Staff told us they had a good team and they worked well with each other.

We looked at staff recruitment records. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted agency nursing and care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home.

We looked at how the service managed people's medicines. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

A monitored dosage system (MDS) of medicines had been introduced three months ago. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Nursing and senior care staff who were responsible for the safe management of people's medicines had received appropriate training and detailed policies and procedures were available for them to refer to. Staff and the registered manager confirmed checks on staff practice had been undertaken but not recorded. The registered manager assured us future assessments would be recorded.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were no records to support 'carried forward' amounts from the previous month which would help monitor whether medicines were being given properly. However, a number of shortfalls in the system had been found as part of their internal audit and a planned meeting with the community pharmacist was held during our inspection to discuss areas for improvement. An action plan for this was in place and would be kept under review.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register.

People's medicines were reviewed by their GP which ensured they were receiving the appropriate treatment. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The registered manager confirmed the medicines audit tool was being reviewed and improved.

We looked at the arrangements for keeping the service clean and hygienic. The areas that we looked at were clean and odour free. Infection control policies and procedures were available and all staff had received in depth level 3 infection control training. A designated infection control lead had been identified and would take responsibility for conducting checks on staff infection control practice and keeping staff up to date. There were quarterly audit systems in place to support good practice and to help maintain good standards of cleanliness.

Staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and bathrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available and we observed staff using them appropriately. There were contractual arrangements for the safe disposal of waste.

Domestic and laundry staff worked each day. Cleaning schedules had been followed and we were told sufficient cleaning products were available. People living in the home told us, "It is a good place, always clean", "The home is always clean and smells fresh" and "My room is very clean."
Environmental risk assessments and health and safety checks were completed and kept under review. However, we noted some gaps in the dates of the service certificates. The registered manager addressed this problem immediately and assured us that systems would be reviewed to ensure all servicing of equipment was completed in a timely way.

People had a personal emergency evacuation plan which recorded information about their mobility and responsiveness in the event of a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies and to support them with the safe movement of people.

There was a key code access to leave the home and visitors were asked to sign in and out of the home. This helped keep people safe from unwanted visitors. Some people living in the home were aware of the key code and were able to move freely in and out of the home.

Good

# Our findings

People told us they were happy with the service they received at The Grove Care Home. People felt staff were skilled to meet their needs. They said, "Staff are very good and they seem like they know what they are doing." Healthcare professionals and staff from two local GP practices told us they had no concerns about the service people received.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their training and felt they had the training they needed. They said, "We get a lot of training which keeps us up to date", "[Registered manager] makes sure we have the training that we need" and "I get the the support that I need and plenty of training."

Training was provided in areas such as moving and handling, fire prevention, dementia, end of life care, health and safety and food hygiene. Records showed new staff had started the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. However, all staff had completed a nationally recognised qualification in care or were currently working towards one. Additional training was provided to enhance the skills of both nursing and care staff. The service had provided additional training and development to support staff in their role as safeguarding vulnerable adults, dementia and pressure ulcer prevention 'Champions'. Designated staff would provide other staff with updates, advice and support in their chosen area of expertise.

Records showed new staff received a basic induction into the routines and practices of the home which included a period of time working with more experienced staff until the registered manager was confident they had the confidence and skills to work independently. A new member of staff confirmed an induction had been provided and that they had found it useful.

Records showed agency nursing and care staff were used at times. We were told the home used the same agency staff to provide continuity of care. We were told agency staff were provided with a basic induction to the home and the layout of the building dependant on their role. However, this had not been recorded. The registered manager gave assurances that an induction record for future agency staff would be maintained and would include a plan of the home.

Staff told us they were well supported by the management team. Staff spoken with told us they were

provided with supervision and an annual appraisal of their work performance was undertaken each year. We noted staff attended regular meetings; they told us they were able to express their views and opinions.

Regular handover meetings and a communication diary helped keep staff up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us the team worked well together and communication was good.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection DoLS applications had been made in respect of four people which would help ensure people were safe and their best interests were considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that the appropriate consent forms were in place and records showed discussions had taken place with relatives, the person the DNAR related to, and the person's GP. The information around DNAR decisions was easily available to ensure people's end of life wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are good we can have a choice", "I always get enough to eat and the staff will make me something else if I want" and "There is always something available if I wake up peckish in the night." One person told us a snack bar had been introduced. They said, "It's great, I can help myself to a bit of a snack and a drink; nobody minds."

Records indicated people were offered meal choices and that alternatives to the menu had been provided. We saw that people were consulted about the meals provided and the menu was a regular feature at their meetings. The menus had recently been reviewed through consultation with people living in the home and their relatives. People told us they were happy with the new menus and told us the kitchen and care staff knew what their food likes and dislikes were.

During our visit we observed breakfast and lunch being served. The dining tables were appropriately set and condiments and drinks were made available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. People were able to dine in other areas of the home if they preferred

and with their visitors if they wished. People told us they could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food such as meat cutting up were given this in a dignified way.

The meals looked appetising, attractively served and hot and the portions were ample. A visitor told us pureed diet was served in separate portions to provide a more attractive meal and to provide varied textures. The dining experience was very much a social affair with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. Drinks and snacks were offered throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and kept under review and they received additional support and routine screening when needed. People were registered with a GP and their healthcare needs were considered within the care planning process. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care.

We spoke with two healthcare professionals during the inspection who told us prompt referrals were made to medical services. They also told us the staff acted on their advice and were knowledgeable about people's healthcare needs. People using the service and their visitors considered health care was managed well. The service had twice weekly visits from the senior nurse practitioner and had access to remote clinical consultations; this meant staff could access prompt professional advice and support at any time and avoid, where possible, unnecessary hospital admissions.

We looked around the home and found a pleasant and homely environment for people. We noted improvements had been undertaken since our last inspection such as new bathrooms, patio areas, furniture and furnishings and redecoration. The management team were able to describe planned improvements such as new carpets and seating to lounges; people told us they had been involved with this. A system of reporting required repairs and maintenance was in place.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of comfort and familiarity. People could have keys to their bedrooms. All bedrooms provided single occupancy, some with en-suite facilities. Suitably equipped bathrooms and toilets were within easy access of communal areas and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. An internal safe patio area with seating and patio and seating areas with raised flower beds were available to the rear of the home.

Good

# Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. People told us, "I get a hug and a kiss every day; this is my home." Visitors comments included, "The care is good here; staff are very caring, thoughtful and kind." Two health care professionals made positive comments about the care given to people. Staff told us they thought the care was good and would recommend the home to others.

People were encouraged to maintain relationships with family and friends. People confirmed there were no restrictions placed on visiting and visitors said they were made welcome in the home. Visitors confirmed they were invited to become involved in social events and outings. One person told us their relative was able to dine with them. We observed people visiting were treated in a friendly and respectful way.

During our visit we observed staff responding to people in a good humoured, caring and considerate manner and we observed good relationships between people. People who required support received this in a timely and unhurried way. The atmosphere in the home was happy and we observed staff knew people and their visitors well.

Staff spoke about people and to people in a respectful and friendly way. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. The registered manager told us this information was being reviewed. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff were seen knocking on people's doors before entering and closing doors when care was being delivered.

All staff had been instructed on maintaining confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how their right to confidentiality would be respected.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home. People said, "I can mostly do as I want; staff are alright with that" and "They listen to what I want and help me to do just that." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. People had been involved in reviews and discussions about their care and support and visitors told us they were kept up to date with any changes to their relative's health or well-being. One visitor told us, "I asked to be kept informed about any changes during the night. A member of staff called me and was very kind and considerate on the phone."

Good

# Our findings

People were complementary about the staff and their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I don't have any complaints about living here but I would certainly tell them if I did." Visitors said, "I would let them know straight away if I was unhappy. I would probably speak to the nursing or care staff first and then if nothing was done I would speak to the manager."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC). However, there were no contact details for external organisations including social services, local commissioners and the local government ombudsman. The registered manager assured us this would be reviewed. We noted there was a complaints procedure displayed in the entrance of the home and in the information guide.

Records showed there had been two complaints made about this service in the last 12 months. The complaints related to people's care. Records showed appropriate and timely action had been taken to respond to the complaints; the information had been discussed with management and staff to help improve the service. The information in the PIR said 20 complimentary comments had been received about the service in the past 12 months. The information related to staff being caring, supportive, loving, helpful and kind.

Before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. People using the service had an individual electronic care plan that was sufficiently detailed to ensure people were at the centre of their care. The information had been kept under review and updated on a monthly basis or in line with changing needs. The registered manager told us people and their relatives were being involved in gathering updated information about preferences and routines. Visitors and people using the service told us they were kept up to date and involved in decisions about their care and support. Some people told us they were aware of their care plan.

All people we spoke with said they had been involved in discussions about their care. Staff described how they would discuss the care plan with people. A member of staff said, "I can take the laptop or tablet to the person and go through it with them." The information in the PIR indicated the electronic care planning system was being improved and developed on an ongoing basis.

The service had good links with other organisations that would provide advice and support to people who were living with certain disabilities and illnesses. For example people told us of their regular visits to the Stroke Club and the Multiple Sclerosis Society. This ensured people were supported in the correct way and staff were kept up to date.

Daily records were maintained and whilst these were written in a respectful way they did not always reflect how people had spent their day or how they were feeling. The registered manager assured us this was being addressed and would be discussed with staff as part of their development.

Staff were kept informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries. Staff told us communication was good.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We observed staff taking time to ensure people's needs and requests were understood and listened to. One person told us, "Staff are great. I have difficulties with my speech. They ask me what I want and take time to wait for my response." We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. One person said, "I like to stay in my room, I like to do what I want but I am never short of company as staff pop in when they are passing. They ask if I am safe and whether I want anything."

From our discussions and from the records maintained we could see that people were usually able to participate in a range of suitable activities, outings and entertainments either in small groups or on a one to one basis. At the time of our inspection the activities coordinator had been on leave and staff had been unable to provide regular activities due to their other duties. However, we were told that a number of activities were still available such as shopping outings, visits to family and friends, attendance at the local Stroke Club where people could spend the day and visits from the hairdresser. We also noted one person living in the home had taken responsibility for organising various afternoon activities such as bingo and dominoes. They told us, "A few of us get together and have a game of something. Staff will help me to organise it. We sit in the conservatory. It gives us something to do and breaks up the day." We were told the activities coordinator would be returning to work the following week.

People told us, "I go out to see my family", "I don't think there is much going on but I am happy doing what I do", "We play a few games, it's not much but it is better than sitting around all day", "I don't join in. I'm not very sociable but everyone is okay with that", "I have good company when I want it. [Handyman] will spend time with me" and "We have a minibus so we can get out when we want."

Good

# Our findings

People made positive comments about the management arrangements at The Grove Care Home. Comments included, "It's very good here", "The manager is a very nice person, she is lovely and runs the home very well" and "It is a good home. They are very good with people." A health professional told us, "The manager does a good job."

Staff made positive comments about the registered manager and it was clear she was held in high regard. The registered manager was described as being 'kind', 'professional' and 'approachable'. There was a positive and open atmosphere at the home. One staff member said, "I have all the support I need and I couldn't ask for a better manager. "We noted the registered manager had an 'open door' policy to promote ongoing communication and openness.

The manager had been registered with the Commission in May 2014 and was supported by the directors of the organisation. The registered manager had developed good links with other agencies and kept up to date by attendance at various local meetings and forums. The registered manager also attended monthly management meetings where she could discuss areas of good practice with the directors and with other registered managers within the organisation. The registered manager also had access to and was supported by a Quality and Compliance Manager who completed checks on her practice to ensure standards of quality in the home were maintained.

From the information provided in the Provider Information Return (PIR), it was clear the registered manager was aware of achievements so far and of any improvements needed. The registered manager described improvements over the next 12 months which included developing the electronic system to improve the care planning system and involvement and to involve people and their visitors in updating information about people's routines and preferences.

The registered manager told us the owners/directors could be contacted at any time to discuss any concerns about the operation of the service. We were told they regularly visited the service and were available to talk to staff, people using the service and their visitors. Staff told us the directors were 'approachable' and 'hands on'. Records of the visits were not available to support any agreed actions although the registered manager met with one of the directors each month to discuss the audit findings. The registered manager submitted a weekly report to the directors to ensure they were up to date with the day to day management of the service.

There were effective systems in place to assess and monitor the quality of the service in areas such as medicines management, staffing, food safety, safeguarding, nutrition, care planning and the environment. We saw shortfalls had been identified and appropriate timescales for action had been set. However, whilst it was clear action had been taken to address the shortfalls, the records were not clear about the date the action was completed. We discussed this with the management team who had already noted this shortfall and appropriate discussions about improvement were already planned. The registered manager also completed the required quarterly reports for the health commissioners which included an overview of falls, pressure sores, DoLS and infection rates in the home.

People were encouraged to voice opinions informally through daily discussions with staff and management and during meetings. A suggestion box was located in the entrance for people to post their views and ideas. People told us they were encouraged to be involved in the running of the home and were kept up to date with any changes such as menu changes, improvements to the home and activities. One visitor told us they found meetings informative and useful. He described how the registered manager had changed the way things were done to improve people's lives following a suggestion made.

People using the service, their relatives and staff were asked to annual satisfaction surveys to help monitor their satisfaction with the service provided. Results of these surveys showed a high satisfaction with the service. The management team reviewed the results of the surveys to help improve practice and shared their findings and any action taken with people.

Staff told us they were happy in their work. They told us there was good communication with the management team and they were well supported by the management team. Staff were aware of who to contact in the event of any emergency or concerns. All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

We observed a good working relationship between the management team and staff. Staff meetings were held and staff told us they were able to voice their opinions and share their views. They said they were listened to and confident that appropriate action would be taken.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

In June 2015 the registered provider had achieved the Investors In People (IIP) which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.