Leonard Cheshire Disability

Greathouse - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Greathouse Care home provides accommodation which includes nursing and personal care for up to 25 adults. They are a part of Leonard Cheshire Disability who are a charitable organisation providing care and support to people living with disabilities. At the time of our visit 22 people were living at the home.

This inspection took place on 25 and 26 January 2017. The first day of the inspection was unannounced. At a previous inspection which took place in November 2014 the provider required improvement in Safe, although this was not a breach of regulation. This related to the interactions of one person living at the home. We found on this inspection the provider had taken all the steps to make the necessary improvements needed to resolve the situation.

A registered manager was employed by the service and was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw some areas of the home were damaged. For example, skirting boards were chipped and worn, paint was peeling off the walls and door frames were damaged. This meant the cleaning of these areas was difficult. This had been identified by the registered manager who developed an action plan of repairs. As the home is a listed building the registered manager was currently in the process of obtaining the necessary permission to undertake these repairs.

People spoke positively about the care and support they received. They described staff as kind, caring and friendly. People told us they felt safe living at Greathouse. Staff had taken the time to understand people's care and support needs. Staff understood people's communication needs and used non-verbal communication where required to interact with people.

People received care and support from staff who followed the guidance provided in their individualised care and support plans. These contained detailed information to assist staff on providing care and support in a manner which respected the person's preferred individual requirements. People were supported and encouraged by staff to make choices about their daily living including how they wished to spend their day.

People were supported to participate in a variety of meaningful activities to prevent them from experiencing social isolation. A range of activities were available to people which included external day trips to places of interest to people.

People's safety was assessed and risks that may cause harm had been identified and guidance put in place to support people to manage these appropriately. People were supported by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe from potential harm or

abuse.

The provider ensured people were kept safe by ensuring sufficient staff were deployed to meet people's needs in a timely manner. People were protected from the risk of harm and abuse. Staff received safeguarding vulnerable adults training and were aware of their responsibility to report any concerns. Policies and procedures were in place to advise staff on what they should do if they had concerns.

People's health needs were met. Staff engaged with healthcare professionals when required to ensure people's identified health care needs were met. People were protected from the unsafe administration of medicines. Nurses and senior staff were responsible for the administering of people's medicines and had received training to ensure people's medicines were administered, stored and disposed of correctly.

People were supported to eat and drink enough to maintain their nutrional and hydration needs. People spoke positively about the food provided. They confirmed that snacks and drinks were available in between meals and felt there was plenty of choice available.

People were supported by staff who received up to date training which was regularly reviewed to ensure they had the skills and knowledge required to meet people's individual needs. New staff received a comprehensive induction which included a period of time working with experienced colleagues to ensure they had the skill and confidence to support people appropriately and safely.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent to care was sought in line with legislation and guidance. Mental capacity assessments had been completed and where people had been assessed as not having capacity, best interest decision meetings for specific decisions had taken place.

Quality assurance processes were in place to ensure people and staff could provide feedback on the quality of the service provided. The provider and registered manager regularly monitored the quality of the service being provided in order to ensure improvements were identified and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some areas of the home were damaged. For example skirting boards were chipped and worn, paint was peeling off the walls and door frames were damaged. A plan of repairs was in place and permission was sought to implement the repairs. This meant the cleaning of these areas was difficult.

People were supported by staff who had received training in safeguarding people and who knew what actions to take should they suspect people were at risk of harm or abuse. Staff had access to relevant guidance on keeping people safe.

The provider had robust recruitment processes in place to ensure people were protected from the employment of unsuitable staff. □

Is the service effective?

Good

The service was effective.

People's needs were met by staff who were able to access the training needed to meet people's needs. Training records we viewed confirmed staff received training on a range of subjects.

People told us they liked the food and were able to make choices about what they had to eat.

Records showed relevant health and social care professionals were involved with people's care.

The staff acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individual preferences for how they wished to receive care and their diverse

needs.

People's dignity, privacy and independence were promoted and people were treated with respect.

Staff knew people well. People told us staff were kind, caring and friendly.

People's independence was promoted and they were involved in decisions relating to their daily living.

Is the service responsive?

Good

The service was responsive.

Care records showed how people wished to receive their care and support. People were involved in planning and reviewing their care needs.

People were supported to take part in activities and to maintain contact with family and friends.

Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. Regular meetings took place where people using the service could provide feedback and make suggestions about the service they received.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Staff said they felt supported by the registered manager and could raise any concerns and appropriate action would be taken.

There were processes in place to monitor the quality of the service. These checks were used to identify any improvements and ensure action was taken as required.

Appropriate action was taken in response to accidents and incidents and to reduce the risk of them recurring.

Greathouse - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

We carried out this inspection over two days on the 25 and 26 January 2017. The first day of the inspection was unannounced. One inspector attended both days of the inspection and was joined by an expert by experience on the second day. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with 13 people who use the service and two visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we also observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans and daily records, staff training

records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, the care supervisor, five care staff and staff from the housekeeping and catering departments.

Requires Improvement

Is the service safe?

Our findings

There were processes in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which was completed by housekeeping staff to ensure that all areas of the home were appropriately cleaned. However we saw some areas of the home were damaged. For example skirting boards were chipped and worn, paint was peeling off the walls and door frames were damaged. This meant the cleaning of these areas was difficult. This had been identified by the registered manager and a plan of repairs was in place. As the home has a listed building order, the registered manager was in the process of obtaining the necessary permission to undertake these repairs.

The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. We observed staff wearing personal protective equipment and during discussions, staff were knowledgeable about their role in the prevention and control of infection. Bedrooms and communal areas were clean and tidy. People told us they were happy with the standard of cleanliness in the home. Comments included "The room is fairly clean. My dirty clothes are collected every day" and "The cleaner has been here for a while and she always makes sure everything is clean and tidy".

Whilst there were some areas of the home which required repair for infection control purposes, the general layout of the building promoted people's independence and safety. The bedrooms and communal areas were spacious and we saw people were able to move around freely. One person we spoke with said "Thanks to the design of Greathouse, my bed only has to be pushed a few metres so that I can lie outside on the sun terrace overlooking the home's beautiful and extensive grounds. I find lying out in the sun very therapeutic. In March 2016 the path down to the wildlife garden was completely re-laid so that my bed could also be wheeled to a position overlooking the wildlife garden".

People told us they felt safe living at Greathouse. Their comments included "I like that there is always someone here to help me whenever I need them. That makes me feel safe" and "I can't really do anything for myself, but being here means that I don't have to worry about anything. I get very worried if I feel I have to manage everything for myself, so living here helps me feel safe and supported".

There were policies and procedure in place to inform staff of the action they needed to take if they suspected abuse had taken place or people were not receiving a safe service. Staff informed us they had received training in the safeguarding of people from abuse and records we reviewed confirmed this. Staff were able to describe the different types of abuse and what reporting procedures they would follow should they suspect or be informed of abuse. Staff knew about the whistleblowing procedures and were confident the registered manager and care supervisor would respond appropriately if they were informed about a safeguarding concern or poor care practices. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. The registered manager and care supervisor were very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

Care plans evidenced that risks to people's safety were assessed and guidance was put in place for staff to

follow to minimise the risk of the person being harmed. Risk assessments included guidance for staff that detailed the preventative actions to be taken to lessen the risks identified to people for areas such as falling, skin integrity, malnutrition and the safe moving and handling of people. For example, skin integrity risk assessments were linked to plans that guided staff on what they needed to know about the person's skin and aids and equipment to be used to support this, such as an air flow mattress.

Systems were in place for supporting people to manage their money safely. Care plans recorded the support people required to manage their finances. Regular checks of the management of people's monies were carried out to reduce the risk of financial abuse.

Staff took appropriate action following accidents and incidents. These were recorded, investigated and reported to the Care Quality Commission when required. We found action was taken to minimise the risk of them occurring again.

There were systems in place to monitor and manage the staffing levels of the service to make sure people received the support they needed and to keep them safe. Staff we spoke with told us there were sufficient numbers of staff to ensure people received good quality care. Call bells were answered promptly and people had access to these. We saw people received care when they needed it. People's comments when asked if they felt there was sufficient staff included "I have a buzzer that stays by my bed in case I need to get someone to help me. If it's a busy time in the morning, it can take a while before anyone answers, but I don't usually have to wait more than 5 minutes or so" and "Sometimes there seems to be lots of staff walking about, but no one answers the buzzer. Other times, it will be answered quickly, but the person who comes can't do what I need and then they have to find someone else, which takes even longer".

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure suitable staff were employed to care for people. Appropriate checks were undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were stored, managed appropriately and administered to people safely. The care supervisor explained regular checks of medicines were carried out and improvements made when needed. Nurses and senior staff were responsible for the administering of people's medicines and had received training to ensure people's medicines were administered, stored and disposed of correctly. Staff had received an assessment of their competency to administer medicines to people which were reviewed regularly. The storage temperature of medicines stored in the staff room and fridges were monitored and recorded daily.

There were systems in place to support people to administer their own medicines should they wish to. The care supervisor explained one person chose to administer their medicines independently and these were supplied to the person on a weekly basis. This enabled staff to monitor with the person if they were taking their medicines as prescribed. There was a record in the medicines file for each person which detailed individual choices such as whether they would like to self-medicate and their preference on how to take their medicines.

Medicine administration records showed people received their prescribed medicines. Comments from people using the service included "My tablets (medicines) are given to me by the staff when they do the medicine rounds. They will make sure I've got a drink and then they'll put the tablets in my mouth from the

little beaker and then they hold my glass while I use a straw to swallow them" and "I prefer to take my tablets after meals. They are brought to me in a little cup and I take them with a glass of water".

Good

Is the service effective?

Our findings

People we spoke with told us they had confidence in the abilities of permanent staff. Comments included "The permanent staff who have been here a long while, know what they are doing, the agency staff have to be told by us the residents, what to do and it can be tiring having to explain all the time" and "Most of the staff are alright but new staff can take some time to get to know us and remember what help we all need."

The service made sure that the needs of people were met by staff who had the right competencies, knowledge and skills. New staff had been provided with induction training before working independently. During their induction they were expected to complete the Care Certificate. The care certificate covers an identified set of standards which health and social care workers are expected to adhere to. The induction required new members of staff shadow more experienced staff to ensure they were safe and competent to carry out their roles before working alone.

We spoke with the care supervisor who was the clinical lead. They confirmed nursing staff had access to continuing professional development. The care supervisor was aware of their responsibilities in relation to ensuring nursing staff had access to revalidation with the Nursing and Midwifery Council (NMC). This process was recently introduced to ensure that nurses maintain their nursing practice up to date. They must undertake a specified number of hours of training in relation to their role, including reflection and feedback from people to ensure they are safe to practise as a nurse.

We spoke with four members of staff who told us they received the training they needed to enable them to provide people with the correct care and support. Staff had completed training in a variety of subjects which included safeguarding people, infection control, mental capacity, equality and diversity and the safe moving and handling of people. Staff said they worked well together to ensure people's needs were met. One staff member said "This is a nice place to work. The staff get on well and we cover each other to make sure everyone receives their care".

Staff said they felt well supported by the registered manager and care supervisor. They felt they supported each other as a team. They received regular supervision with their line manager to monitor their performance, discuss working practices and identify any training needs. Staff received annual appraisals where their performance and personal development needs were reviewed. One staff member said "I get regular supervision and any problems I raise I know the managers will try and resolve them. I can discuss my training and my own development".

People's health care needs were met and monitored. Records showed people had access to a range of healthcare professionals including doctors, physiotherapy, district nurses and dentists which ensured they received effective healthcare and treatment. Visits from health care professionals were recorded and any outcomes of these visits. We saw in one person's care records, due to them not being able to communicate verbally, they had written a timeline of a recent health issue they were experiencing to be shared with the doctor when they visited. This ensured the person was able to give a clear record of how they were feeling to the doctor. People had hospital passports which contained information to support nursing staff should the

person be admitted to hospital. This included medical history, preferred communication, likes and dislikes. Comments from people included They will take my temperature and if I need to they will get the doctor to come in", "I went to see the dentist last week. A carer took me in the car" and "They will make appointments for me when I need them".

People spoke positively about the meals provided. Comments included "There's always plenty to choose from. I don't really eat much other than toast for breakfast. There are always two choices for dinner and something hot or cold for supper. I like fish and chips. I've never been asked to choose anything myself", "I like the food. We had spaghetti Bolognese today, it's my favourite and we had nice garlic bread with it. I've never been asked if I'd like to choose what to eat" and "I like all the food. They make some nice homemade soups for supper, which I like. There's always something I like".

Drinks and snacks were available throughout the day and we regularly heard staff asking people if they wished to have a drink. Comments from people included "There's always drink and snacks in my room if I want" and "The drinks trolley comes round often and I have water in my room with my snack box".

People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering staff; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. Catering staff explained that people had a choice of meals and if people did not like what was on the menu or had changed their mind about their choices then they were able to request alternatives. People were supported to eat a well-balanced diet and those who were at risk of malnutrition and/or dehydration had their food and fluid intake monitored. People had been assessed in terms of their risk of malnutrition, with their weight being monitored regularly.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care was sought in line with legislation and guidance. Most people living at Greathouse had capacity to make decisions. We saw people signed in care plans to say they consented to care. For example we saw that one person had signed to say they consented to bedrails being in place. Mental capacity assessments had been completed and where people had been assessed as not having capacity a best interest meeting to reach specific decisions had been held.

Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed choices about their daily lives. Staff told us they supported people to be independent and have choices by always asking them what they would like. Staff explained how they supported people to have control over their lives without restricting them. One staff member gave an example of a person who was prescribed antibiotics but still wanted to drink alcohol whilst taking the medication. They said how they explained the consequences of doing this to the person and how it may affect the effectiveness of the medication. They said all they could do was suggest to the person that it was best not to drink but ultimately once they had given them the information "The choice was ultimately

theirs".

Good

Is the service caring?

Our findings

We saw some positive interactions between staff and people. One staff member knew that one person needed their specialist cutlery at lunchtime. They went and got this without the person needing to ask. They also knew what hot drinks the person preferred which included a special coffee that they retrieved from the person's room.

During a pampering session we asked what activities and outings peopled enjoyed. The staff member gently reminded people about what they had told them in relation to the question saying "Didn't you tell me that you enjoyed (activity) at the theatre in Bath? What did you like about it?" This open approach really encouraged people to then tell us about the plays, concerts and comedians they had seen and what they were looking forward to this year. On the planning board for the year there were outings and cultural trips arranged including Chelsea Flower Show, various concerts and the FA Cup Final.

Staff knew people's individual communication needs. There was a range of ways used to ensure people were able to communicate. Some people used communication aids such as computers or spelling boards.

We observed some interactions that weren't so positive and have fed this back to the registered manager who said they would address this with staff. A person who used an electronic communication device asked repeatedly when their physiotherapy session was going to happen. This request was ignored by five staff who walked past this person. One member of staff heard this request and informed the person they would go and find out and was back in a couple of minutes to let the person know.

People spoke positively about staff and told us "Greathouse keeps managing to recruit genuinely kind and helpful care staff" and "They always make sure that I feel alright and check whether I need anything else doing before they leave me each night". People were happy with the care they received and were involved in making decisions about their care. We observed staff took the time to listen to people and supported them to make choices. Comments from people included "I chose what times I get up and go to bed, what clothes I wear, what I eat and what I do during the day" and "I can get up and go to bed when I like and if I want to spend all day in my room watching television, I can". One visiting relative told us "The staff are lovely. They talk very nicely to (person's name)".

We observed people were comfortable in the staff's presence. Conversations were friendly with jokes being shared. Staff took their time with people and did not rush or hurry them. Staff were aware of the importance of respecting people's rights to privacy and dignity. People were addressed by staff using their preferred names and staff knocked on people's doors before entering their rooms. Staff told us when supporting people with any personal care they would always ensure this was done with the person's door closed and the curtains drawn. Comments from people included "Yes, the door is always closed and the curtains shut", "Yes, they make sure I've always got at least a sheet or towel covering me" and "They always make sure the curtains are closed and my door shut before they start to undress me".

Staff had a good understanding of people's individual needs. They were able to tell us about people's

interests, preferred communication and how they wished to receive their care and support. Staff felt they had the time to spend with people building relationships. Comments from people included "We always have a chat and a laugh. They sometimes don't have long enough to chat to us" and "If staff have time, they'll come and sit in my room and we will watch a bit of television and have a chat at the same time".

The home was spacious and allowed people to spend time on their own if they wished. We observed some people spent times in the communal areas or in their bedrooms. One person told us ""If I want to spend all day in my room I can do". People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included items such as ornaments, photographs and their own furniture. Comments from people included "I like my room, it has a lovely view out over the garden. I have plenty of room for all my things", "My room is very quiet. I have it decorated with butterflies because they're my favourite thing" and "I have all the things that I need and want to have with me. I like to have all my family photos on the walls".

Staff understood people's needs with regards to their race, sexual orientation, gender and disabilities and supported them in a caring way. One person told us "I feel truly inspired being looked after by these staff who accept me as I am. I know from experience that there are still many people who carry negative misconceptions about my condition".

People were treated with kindness and compassion. We observed staff taking the time to explain to people what was happening. For example, we observed one person receiving their medication. The staff member knocked before entering their room and greeted them, asking how they were. They explained they were there to give the person their medicines and checked this was alright and asked if they were ready. The staff member made the person comfortable before offering them their medicine. They took their time and chatted to the person whilst they took their medicine. They then asked if the person was ready to get up and sought the assistance of another staff member.

Good

Is the service responsive?

Our findings

People said they received personalised care which was responsive to their needs. One person told us "They will always do things for me how I like them to be done. I like getting dressed in a certain order, which they do for me". Another person said "Greathouse has an in-house physiotherapy team which suits my needs. As my energy levels vary from day to day and from hour to hour it is extremely helpful to have the flexibility to be able to call on their help only when I have sufficient energy".

People received care that was responsive to their individual needs. Staff received training which included person centred planning and equality and diversity. New staff undertook the care certificate which included training and understanding all aspects of delivering person centred care and support. People's care plans were individual, detailed and provided guidance and information in line with risk assessments and people's healthcare needs. For example, the care plan for one person assessed as being at risk of pressure ulceration detailed how to support the prevention of skin damage. This included the use of a ToTo, which is 'patient turning equipment'. This provides regular turning to help relieve pressure from specific parts of the body and prevent pressure ulcers. The tissue viability nurse was also involved in monitoring this area of care, with their visits recorded in the person's daily records.

Care plans were in place which gave staff guidance on how people wished to receive support with their personal care, mobility, nutrional needs and activities. People had been involved in the planning of their care and where they were able they had signed to say they agreed with the content of the plan. Care records showed people's individual needs were regularly reviewed and any changes to health and care needs were updated and responded to.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to undertake. Comments from people included "We started a choir before Christmas and I really enjoy singing. We're going to go and sing for other people and I can't wait. I also like going out to the cinema or the theatre. We see all sorts of different things, it's fun" and "I like exploring the garden and woods when the weather is good. I also like having a massage and my nails done for me". During our inspection we observed a variety of activities taking place which included an IT session, cookery, quizzes and pamper time.

One person told us "A wildlife garden has been created outside my window. For large parts of the day I don't have enough energy to do anything in particular; I find even watching television or listening to an audio book exhausting in the mornings. The view out of my window onto the wildlife garden provides me with just the right level of mental stimulation to get me through these energy lows. I have been fortunate to have various Greathouse volunteers to carry out all the planting, pond construction and other landscaping. Now I have the pleasure of observing the changes as the garden gradually matures. Every morning I wake up looking forward to seeing what is going on in the garden".

There was a procedure in place which outlined how the provider would respond to complaints. There were notice boards around the home which displayed information for people on how to make a complaint and

how to get in touch with external services. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. They said they felt comfortable speaking with the registered manager or a member of staff. One person told us "I spend a lot of time in my room on my own, but if I had a problem I'd find one of the senior staff to talk to". Another person said of the registered manager "She will always stop and have a chat when she is walking through. I like chatting to her".

There were regular 'residents meeting' which took place throughout the year. Minutes showed that people were able to discuss areas of importance. This included what they would like to see on the menu and activities they would like to take part in. The service had a 'person involvement' officer who would attend the home and seek people's views on what it was like living at Greathouse. Comments from people included "We occasionally have residents meetings where we can chat about things that are happening" and "I usually go along to the residents meetings that we have here sometimes. We are usually asked if we have any ideas for the future".

Good

Is the service well-led?

Our findings

A registered manager was employed by the service and was present throughout our inspection. They were supported by a care supervisor who acted as the clinical lead for the home. 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 knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The manager and care supervisor spoke passionately about wanting to provide a high standard of care to people. They had clear values about the way care and support should be provided and the service people should receive. They said they wanted to put the "Great" back into Greathouse.
Care staff spoke positively about management and felt they could seek guidance and support as necessary. One staff member said "I love working here we have a good team and morale is good. Both managers listen and are approachable. Any problems I have will always get resolved". Another staff member told us "I am extremely lucky to work here. I feel really privileged with the support I receive. I have a good working relationship with the manager. The teamwork is good here".

The registered manager used a variety of methods to learn about good practice and new ideas. They were part of a wider management team within the Leonard Cheshire organisation and met regularly with other managers to discuss best practice and specific areas of work. They also attended local care home and GP meetings to keep up to date with what was happening in the local area. They attended any training required of their role and kept up to date with refresher training for those courses already completed. They had also been nominated for and won 'Inspirational manager of the year' within the Leonard Cheshire organisation. They had won this award as recognition for the new ideas they were implementing within the service. This had included the purchasing of some goats for those people who had expressed a wish to have some pets to look after.

The registered manager was also supporting people who used the service to raise their awareness of racism and how this may impact on people. They were having discussions with people regarding equality and diversity and how to deal with inequality and racism. The registered manager was having discussions regarding people using the service themselves being racists and how they could support them to interact with staff of different nationalities.

The quality of the service provided was appropriately monitored and improvements identified and actioned when required. The quality of the service was monitored by audits which were regularly carried out by the registered manager and senior management. These audits included observing that all staff were consistently adhering to good practice and following guidance in place to ensure people received the correct care. Formal audits undertaken throughout the year included infection control, the management of

safe medicines, call bells, finance and health and safety. Whenever necessary, action plans were put in place to address the improvements needed which had been signed off when actions were completed.

People's records were organised, up to date and had been reviewed on a regular basis. Records relating to staff recruitment and training were well organised and up to date. They reflected the training and supervision staff had received and identified development opportunities for staff. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff with what was expected of best practice were in place.

Accidents and incidents were investigated and plans put in place to minimise the risks or reoccurrence. These were reviewed monthly by the health and safety advisor, based at the provider's head office, to identify if there were any trends or patterns. They recorded what was in place currently to minimise the risk and also learned from mistakes by ensuring robust procedures were put in place to prevent re-occurrence. For example, for one person who had recently experienced a fall, the equipment in place to support them was reviewed and replaced with a more suitable alternative. The support required from staff was also reviewed and updated.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

People were invited to share their views of the service. 'Residents' meetings were held regularly where topics such as activities, menu planning and the décor were discussed. People were able to make suggestions to improve the service and these were acted upon. One person using the service had a particular interest in wildlife had been involved in the planning of the recent pond area clearance. They had offered advice on how to make the area wildlife friendly advising on such things as where bird boxes should be situated. People had suggested fundraising events for external organisations and these ideas had also been supported. A coffee morning had been held by one of the people using the service to raise funds for their chosen charity.