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Grove Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Grove Residential Home is a care home without nursing that provides care for up to seven people with mental health needs. The home is set out over two adjoining houses. At the time of our inspection, the service was providing care to seven people, but only five were receiving personal care.

We previously inspected Grove Residential Home in August 2014. At the time of this inspection the service was found to be meeting all standards except that of safety and suitability of the premises. We found that the property was in need of maintenance and refurbishment. At the time of this inspection the provider told us about their plans to remodel the home and how they would be making a planning application to the local authority to do so. Upon inspecting the service in October 2016, we found that the property was in the process of the building works needed to re-model the home and change its layout. Building contractors had commenced work on one part of the home and the registered manager told us the works were aiming to be completed in early 2017.

The service had a registered manager in post. 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 service was safe and people using the service communicated this to us. Staff demonstrated their knowledge of safeguarding adults and what action to take if they had any concerns. The service reported any accidents and incidents as well as safeguardings to the relevant local authority and to the Care Quality Commission (CQC).

The service had clear risk assessments in place and people using the service were protected from harm where risks were identified. Risk assessments were thorough and contained clear mitigation plans. Risk assessments for the on-going building works were in place for everybody using the service.

Staffing levels were appropriate for the level of need across within the home and staff told us that any absences were always covered. Staff were recruited safely and in line with the relevant checks.

People's medicines were managed, stored and administered safely and audits were completed to ensure consistency.

The service was effective and we saw that people received care based on best practice from staff who had the knowledge and skills through training and supervision to carry out their roles and responsibilities. Staff told us they were supported in their roles.

Consent to care and treatment was sought and we saw examples of this. Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the registered manager had

submitted DoLS authorisations to the CQC.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed the food and that it was varied. People told us they had a choice of food that was culturally relevant to their needs. Dietary needs were adhered to and monitored where relevant.

People were supported to maintain good health and have access to on-going healthcare support. Referrals to healthcare professionals were prompt and records of people's health needs were documented.

The service was caring and we observed positive caring relationships with staff and people using the service. People told us they were happy with their care. People were supported to express their views and be involved in making decisions about their care, treatment and support. People were given choice and independence was promoted. People's privacy and dignity was respected.

The service was responsive and care planning was thorough and detailed. People's preferences, wishes and aspirations were identified and people were supported to follow their interests. Care plans were reviewed on a regular basis and changes were recorded accordingly.

Concerns and complaints were encouraged and responded to and people knew how to complain and share their experiences. People using the services were encouraged to provide feedback as were professionals. Management acted on the information they received about the quality of care provided.

The service was well led and management promoted a positive culture that was open and inclusive of all staff. The service had links with the local community such as the church and the manager was part of various networking groups within the local area. The service demonstrated good visible leadership and the manager understood their responsibilities. Quality assurance practices were robust and records and data were collected and used to strive for improvements at the service.

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 using the service were protected from harm.

Staff demonstrated an understanding of safeguarding adults principles and what actions they should take if they had any concerns.

People had detailed risk assessments in place.

Accidents and incidents were reported and actions plans were created where relevant.

The service practiced safe recruitment and there were sufficient staffing levels.

Medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. People received care based on best practice from staff who received regular training and support.

Consent to care and treatment was sought in line with legislation and guidance and staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink. Food menu's were varied and people told us they liked the food.

People were supported to maintain good health and have access to healthcare services.

Is the service caring?

Good

The service was caring. People told us they were happy with their care and we observed positive and caring relationships between care staff and people using the service.

People were involved in planning their care and making decisions and people were given choice and independence.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's preferences and wishes were recorded in their care plans and care needs were assessed, reviewed and recorded accordingly.

People were encouraged to follow their interests.

Concerns and complaints were encouraged and responded to.

Is the service well-led?

Good

The service was well led. The service had a positive working culture and staff felt supported and motivated.

The registered manager actively networked within the local area and worked in partnership with other organisations.

The service had robust quality assurance practices in place.

Grove Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on the 13 and 18 October 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report. We also contacted the local borough contracts and commissioning team that had placements at the home. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service, the registered manager and three carer workers. We looked at seven care plans, five recruitment files including supervision and training records as well as various policies and procedures and quality assurance practices.

Good

Is the service safe?

Our findings

During our previous inspection in August 2014, we found that the service did not ensure people were safe because of risks associated with unsuitable premises. During this inspection we checked to determine whether the required improvements had been made. We found the service was now in the process of making improvements to the property.

The service carried out a risk assessment for each person using the service prior to the on-going building works taking place. These risk assessments looked at what might go wrong with the building works, and how the risks could be reduced. For example, for one person using the service their risk assessment stated, "[Person] could be harmed by falling debris or other hazardous building materials being used during renovations. Action to be taken is for a reputable builder to be contracted to partition rest of building away from renovation works." We saw that the builders had partitioned the area that they were working on and the rest of the building where people lived was free from any building work.

As a result of the building and renovation work that was taking place at the service, people had plans in place for how they might feel once the works had been completed and the impact it may have on them to have a new bedroom and surroundings. For example one person's care plan stated, "Transferring resident to different room once renovation has taken place. [Person] could be disoriented as to her new room's location. Care staff to ensure [person] is moved to a new location she is comfortable with. Care staff to assist [person] in selecting new furnishings and new paint colour for her walls." This meant that the service was aware of how the changes may impact people using the service and they had plans in place to support people with the changes. One person using the service told us the building works were not affecting them negatively stating, "It's been alright." When asked if they were being disturbed by the noise they said, "No, it's noisy sometimes but they stop at a certain time every day, it's not bad." A member of care staff told us, "The residents have coped well with the building works and because there is only one lounge at the moment, it has been better for us and the resident's as they all come together to socialise in one place. They all mingle together now. The builders were all given an induction and they are very accommodating to the needs of the home." This meant that the service was considering the safety needs of people using the service at all times.

The premises were well maintained whilst the building works were taking place. The service had completed all relevant health and safety checks prior to the building work commencing and had used an independent safety consultant to carry out an assessment of the property and we saw records of this. Other checks at the service included fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and lighting. The home environment was clean and the home was free of malodour.
People using the service told us they felt safe. One person said, "I do feel safe here". Another person told us, "I feel safe here. I'd tell the carers if I was not feeling safe."

Staff told us they had attended training courses in safeguarding and were able to identify different types of abuse and they were aware of their responsibility to report any allegations of abuse. We saw that policies

and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The registered manager told us, "I am very hands on and if we need to raise a safeguarding, we'll debrief as a team immediately." They also told us, "All staff had whistleblowing training and the policy is available for all staff to access, we have a zero tolerance policy on all abuse." One member of care staff told us, "There are lots of types of abuse for example physical, emotional, financial. We would tell the manager if we suspected anything and if I suspected the manager I would tell social services or CQC." Another member of care staff told us that they were aware of the whistleblowing policy and how to raise an alert and stated, "I'd alert social services or CQC, we all know the procedure." This meant that staff and management were knowledgeable on how to raise alerts and were aware of the types of abuse.

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. Accidents and incidents were documented and recorded and we saw instances of this. For example, one person was recently involved in a police incident. This was recorded and CQC were informed. As a result, an action plan was created and a referral was made to a community advocate to support the person using the service. We also looked at policies such as equality and diversity, end of life, infection control, health and safety, medications and recruitment.

Staff told us they knew how to deal with emergencies. One member of care staff said, "We will call the emergency GP or an ambulance". Another member of care staff said, "In an emergency situation I would carry out CPR, we've all had training in first aid." In addition, the registered manager told us they had, "Visited a workshop run by public health on what to do if there was an emergency or breakdown and we have made contingencies."

The service had a robust staff recruitment system. All staff had references and Criminal Record Checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service.

The service had a sufficient level of staffing. The registered manager told us there were nine permanent members of staff, "Who all lived locally." They told us that there were, "Always three carers on site from 8am – 8pm and one waking night staff from 8pm – 8am." One staff member told us, "There are more than enough staff." The registered manager told us, "We have a very low staff turnover. The most recent employee is an apprentice who started in the summer of 2016 and the rest have been here since 2004." The registered manager explained to us how they covered any staff absences, stating, "We have an agency but we don't need to use them, but we have had a bank of candidates inducted just in case, there were three members of agency staff who were trained for us with our own induction but within our own team we usually cover absences internally."

The service had thorough risk assessments in place and we saw records of these. For example we saw risk assessments for falls, self-neglect, medicines, and mental health. One person was assessed as being at risk of neglecting their personal care. Their risk assessment stated, "[Person] can neglect their personal hygiene. Care staff to monitor [person's] personal care hygiene and offer encouragement to facilitate [person's] independence whilst tending to their personal hygiene." The registered manager told us about their risk assessment process and stated, "The resident comes first. It's about managing risk so people can live with choice and personalised care in the least restrictive way."

Medicines were managed and administered safely. As part of this inspection we looked at medicine administration records. Appropriate arrangements were in place for recording the administration of

medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

The registered manager told us and records showed monthly medicines audits were carried out. This involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on Medicine Administration Records (MAR), whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred.

The registered manager told us that people using the service either had a Court of Protection order in relation to their finances or Local Authority appointeeship for the management of this. The registered manager showed us the petty cash records and receipts for all transactions that they supported people with and all transactions linked correctly with the corresponding receipt.

Good

Is the service effective?

Our findings

The registered manager told us that newly recruited staff that had not previously worked in a care setting were expected to complete the Care Certificate and we saw records of this. The Care Certificate is a staff induction training programme specifically designed for staff that are new to the care sector. One recently recruited staff member said of their induction, "I did a lot of shadowing during my induction, I shadowed for about two weeks. It was very useful."

The registered manager explained, "My staff love the e-learning training. I've mapped it to the Care Certificate and e-learning can be done in their own time and most of them prefer this, they like not having the pressure to do it whilst working and I allow them to have this flexibility for maximum learning." One member of care staff told us, "The training I have received has been very good. It's very informative and I feel we receive enough training. If I want to have additional training I will tell the manager and she will accommodate my request."

The service had a training matrix which detailed when staff had last undertaken training in each topic and when they were next due to have it. This showed that staff were up to date with training. Training topics included challenging behaviour, communication, mental capacity, first aid, health and safety, dementia and food hygiene. The registered manager told us, "I do all the same training as everyone else." Records confirmed this.

Records showed that all staff had completed their appraisals for 2016. Staff received regular supervision and records confirmed this. The service's supervision policy stated that supervision should take place six times a year. The registered manager told us, "I supervise staff every day and I have an open door policy. We had appraisals in February 2016 and these were in depth. Having monthly supervision was becoming impractical as we speak to each other every day so now we have a monthly meeting that acts as a group supervision and once a year we have an in depth session along with the appraisal." We looked at records of the monthly meetings and saw that discussions took place about individual service users, the renovations, activities and training needs. Staff told us this system worked well for them, with one member of staff stating, "We talk to each other every day. This works for us." Another member of care staff told us, "If there is ever a problem outside of the monthly meeting there is an open door policy with the manager and we can always speak to her one on one."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were

provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection people who used the service had authorised DoLS in place because they needed a level of supervision that may have amounted to a deprivation of liberty. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS.

Care staff working at the service demonstrated a good understanding of the MCA and DoLS. One member of care staff told us, "I understand the MCA. It's about the ability to make decisions." Another member of care staff told us, "Deprivation of liberty is about taking away part of someone's independence, for example overnight supervision or restricting someone from going out. We are all aware of the people subject to DoLS. We have a list and we know what the restrictions are."

Consent to treatment was captured in people's notes and one member of care staff told us, "We respect what people want and consult with their families if we are unsure." During our inspection we observed care staff asking for consent and we saw records where one person had refused to have a blood test. This was documented and the person's wishes of refusal were respected.

We observed people who used the service helping themselves to food and drink in the kitchen. A food delivery was in progress during our inspection and we saw that there was sufficient fresh food, as well as food for the cupboards in the kitchen. People told us and we saw records that there were no fixed meal times and people could eat their meals at any time they liked. For example, one person's care plan stated, "[Person] likes supper at 8pm-10pm because he has a late lunch." Staff told us that people had the freedom to choose their mealtimes and there was no set time.

Records showed the food menu was reviewed on a monthly basis and the monthly resident's meetings were the forum for discussing shopping lists and people's preferences. The registered manager told us, "We discuss the menu at the resident's meetings and always ask everyone what they want to eat. They will always tell us. For example there is always a fish dish on the menu because one of our service users loves fish." This person told us, "The food is not bad. When the rest have chicken I have fish." This person's care plan was reflective of their love for fish and this preference was adhered to within the food menu, which we saw always contained a fish option. Another person using the service told us, "They ask you what you'd like [to eat]." A third person told us, "The food is not too bad, it's always different." We also looked at surveys that were completed by people using the service and saw that feedback about the food was positive. One person stated, "I like the choice at meal times. The quality of the food is good." The registered manager told us, "Even if they don't like what's on the menu, we'll always make them an alternative. There are no restrictions, it's their choice."

Where relevant, people had nutrition care plans in place, for example one person who was a diabetic had a care plan in place for this which stated, "Diabetic, low sugar alternatives to be offered." People's cultural needs were adhered to and the registered manager gave us an example of this stating, "For [person], we will purchase their ready-made cultural meals from the supermarket at their request and will provide them with dry rice, potatoes, eggs, fresh vegetables, herbs and spices. This person likes to prepare all of their food themselves and we allow them to do so."

People were supported to maintain good health and access to healthcare services. Care plans contained information about their GP and any other health professionals as well as their medicines and health needs.

People's care plans included information and assessments from healthcare professionals including medical appointments, referrals and assessments. Records showed that referrals were being made to health professionals, for example one person who had been assessed at risk of falls and was referred to the falls clinic and their attendance had been recorded. Another person was identified as losing weight and GP involvement was recorded in their care plan and the person was weighed on a weekly basis. This meant that the service was responsive to people's health needs and records were kept accordingly.

Good

Is the service caring?

Our findings

Positive and caring relationships were developed between people using the service and carers. One member of care staff told us, "We always have enough time to sit with residents and talk, we have time to sit and have lunch altogether. It's a small home so it's nice to have the time to do this together and we can really exercise our care in this kind of environment." One person using the service told us, "They respect us, the carers are caring." Another person using the service told us, "I like it here, I'm nice and happy, I'm friends with everyone here." A senior carer told us, "Everyone here is treated like family, for me that's how I feel."

People's dignity was respected and promoted and one person using the service told us that staff, "Care", and stated, "They never force me, and they're always friendly." They also told us, "I'm happy here, there's nothing I'd like different. I've lived here for ten years." Care staff told us they respected people's views and one member of care staff told us, "We always ask the residents if they want a bath or shower. We always give them a choice." Another member of care staff told us, "Promoting dignity is very important. For example there are two people who have bedrooms opposite each other and when we are helping them with their personal care we always close the door and use a 'care in progress' sign to put on the door." They also told us, "We always make sure we knock on people's doors before entering." During our inspection we observed that this was happening.

Staff told us about respecting people's privacy and giving people private time. One member of care staff told us, "If they want to be alone we allow and respect that. As long as we know they are ok, we respect that." Another member of care staff told us, "Some people using the service go out alone and do their own activities in the community. We do not restrict them from doing this."

A member of care staff told us about the effort they made to support a person using the service with getting dressed and stated, "[Person] is a former secretary and likes to dress a little bit more formal so we accommodate that and she loves it, we help her choose clothes and we will help her paint her nails. This makes her feel good." They also told us, "We believe the way people are dressed and present themselves is important and if someone's clothes are ripped and beyond repair we will make sure they are replaced."

On promoting people's independence a member of care staff told us, "[Person] will make his own cup of tea. We let him do it, even if he makes a mess or puts too much sugar, that's his choice and we always try and encourage everyone's independence." Another member of staff told us, "Most of the people here like their independence. We know them so we know when they need help. They don't like to be asked if they need help all the time and we respect that. For example, sometimes we will offer to assist [person] to attend their regular health appointment, sometimes they say yes and sometimes they say no and we comply either way."

During our inspection we observed a person painting in the lounge. They told us, "I like painting" and we saw that some of their paintings were pinned on to the walls. One person using the service had a cat and the registered manager told us how this person was "The local cat man, he just loves cats. He looks after the cat and he puts food and water down for it, he likes to look after it and we all love it. He thrives off that, he has

independence from it and it is a sense of ownership for him. The other resident's love it too." This meant that the service was supporting people to follow their interests.

During our inspection we observed that people were encouraged to be independent. One person's care plan stated, "[Person] wants to remain independent with food preparation and thus prepares all of his own food."

The registered manager told us about their considerations for service users who are Lesbian, Gay, Bisexual and Transgender (LGBT). They told us, "We don't discriminate against anybody that would classify themselves as LGBT and we have a zero tolerance policy on abuse. We always ask service users when they come to us whether they identify as LGBT. It is something we are aware of."

People's care plans contained information about their end of life wishes. For example one person's care plan stated, "Wishes to be cremated". Another person's stated, "[Person] has indicated to care staff she does not know if she prefers burial or cremation and says to ask her [relative]." This meant that the service were active in approaching the subject of end of life wishes and were documenting people's wishes accordingly.

Good

Is the service responsive?

Our findings

Care staff told us they got to know people using the service by reading their care plans and talking to people and their families. For example, a senior carer told us, "Families tell us about the person's hobbies if they can't tell us themselves, and we will look at the care plan for more information. The care plan is where all of the information is." People's care plans were reflective of their needs and each care plan was individualised for example, one person's stated, "[Person] is outgoing and social and enjoys visiting the day centre and friends in the local pubs." We saw that these activities were happening in people's daily care logs, which meant that the service ensured that people were able to carry out their hobbies and daily routine's without restriction and with support when needed. The registered manager told us about the importance of having detailed care plans and said, "Staff need to be able to read care plans and understand who the people are."

In addition, people's care plans contained details about their daily routines, for example what time they usually wake up and how they carry out their personal care. Staff told us that times for waking up and going to sleep were "Unrestricted", and that people using the service had the freedom to choose what time they wanted to go to sleep and when they wanted to wake up. One person's care plan stated, "[Person] prefers waking up late in the morning because he sleeps late. The reason for him sleeping late is because he watches films on his DVD player in his room." During our inspection we were told that this person was still asleep and this was respected.

The registered manager told us about recent activities that took place at the service including a coffee morning to raise money for charity. She told us how people using the service enjoyed eating cake and spending time together in the lounge and we saw photos from the event. In addition, the registered manager recently arranged for a local museum to visit the service on World Mental Health day whereby they curated a 'sing-along' session dressed in Victorian clothing. The registered manager told us how the people using the service "Loved it" and many of them sang the songs which they remembered from their youth. We saw records of feedback from the museum stating, "Really interesting to work with residents, seeing them enjoy the session. Wonderful experience."

The service held resident's meetings once a month and discussions took place around activities, holidays and food menu planning. Records of the monthly meetings showed discussions were always different and specific to the needs of the people using the service. For example, we saw discussion relating to an annual caravan holiday and this took place in September 2016 when they went to Rochester. We also saw consistent mention of the building works progress, and people using the service were encouraged to comment on how the works were affecting them. We did not see any negative feedback in relation to this.

Care plans contained people's social and life histories which included detail about people's culture and traditions, their families, their siblings, children and previous jobs. One person attended a day centre that was specific to their ethnic origin. Alternately, another person had stated within their care plan that they did not wish to attend the day centre specific to their ethnic origin and instead preferred to watch films pertaining to their culture in their room and we saw records that this was supported. This meant that the service was responsive to supporting people with their individual needs and people using the service were

involved in making decisions about what they wanted to do on a daily basis.

The service also had a 'Life story folder' for each person using the service which included details about where they were from, childhood memories and hobbies. For one person we saw that their life story folder contained a map of the country they were born in, a family tree, and their hobbies. The registered manager told us, "Life stories are a great tool. If needs change and they forget, they can look back." We saw that one person used to work as a secretary and as a result, as part of their activity plan the service created a reminiscence box filled with a pad of paper and pens. One member of staff told us this person enjoyed using the pen and paper and that it, "Made them happy and reminded them of their work." This meant that the service was ensuring each person using the service was receiving personalised care and that they were supporting people to participate in activities that were relevant to their lives.

People's religious and cultural beliefs were respected and adhered to. One person's care plan stated, "[Person] is religious. Care staff to take her to Sunday mass." We saw records within the person's daily records of care that this was actively encouraged and the person was supported when they wanted to attend church. We also saw within daily records of care that the person was part of a bible study group at the home which took place once a week in the lounge which included singing gospel songs. The registered manager told us, "One of our residents loves singing, she has a great voice and loves this activity." This person told us, "They do a singing activity with the church and I love to sing when they come here." We saw records that another person using the service liked to attend church and they told us themselves that they "Go to the [place of worship] on Sunday. It's a nice big massive church. They know me there."

Care plans were reviewed every six months and were dated and signed when the review took place. We saw that any changes to the person's needs were reflected in the care plan and there was a record of who attended the review and if any consequential referrals were made.
The service had a complaints policy that identified time frames for a response and contact numbers for external organisations. The service had their complaints procedure printed and displayed in public areas of the home and also within people's rooms. One person using the service told us, "I'd talk to the land lady [manager]. But I have no need to complain about anything." We saw a record of a complaint from May 2015 when a person using the service complained that the television in their bedroom was not working. We saw that it had been fixed on the same day. This meant the service was responsive to complaints.

Good

Is the service well-led?

Our findings

One member of care staff told us about the working culture at the service and said, "The manager is always on call and as a working mum it's a great place to work, they are very accommodating to working mums." Another member of care staff told us, "Our manager is always here, if the manager is not here we can contact the proprietor. We are supported." A third member of staff told us, "For me, the registered manager is great. She is very supportive towards staff and the residents. We are treated like family. She is approachable and humble." The registered manager told us about the management style stating, "I always say to staff, come to me, you don't have to do it alone."

The registered manager told us they were part of a manager's network that met quarterly in the local boroughs. They also told us they were part of a manager's forum on the internet which allowed her to connect with other registered managers from similar services to share ideas. They told us they felt supported by connecting with local networks as they were able to "Share experiences, for example recruitment and the cost of suppliers". This meant they were striving to find the best options for the service so that they could maximise the support given to people using the service. The registered manager also told us they received support from the proprietor of the service and a consultant who, "Is like a mentor to me, I can share any concerns and I am fully supported." We saw records of a recent session with the consultant which looked at aspects such as the development of the registered manager and their hopes and aspirations for the service.

The registered manager also told us they were a member of the United Kingdom Home Care Association (UKHCA). The UKHCA are a member led professional association who strive to promote high quality care service for people. The registered manager stated, "The association helps us keep abreast with legislation and provide training such as 'train the trainer'." Train the trainer is a course that would enable the registered manager to train staff directly. The registered manager told us this would impact the service positively by cutting the cost of paying an external trainer, with the funds that are saved going back into the service to further support the residents. They also told us they attended a local provider's forums and explained, "These are a great way to learn. Speakers come in, it's great to learn from, I make sure I do a mix of networking." In addition, the registered manager told us about their membership of the Workforce Development Fund (WDF) as part of Skills for Care. Skills for care provide practical tools and support to help adult social care organisations and individual employers in England recruit, develop and lead their workforce. The WDF enables services to reclaim a contribution towards learning and development costs. The registered manager explained, "I can get a third back in training courses and I learnt about this through my networking with other managers. Saving money in this way enable us to provide more resources for the residents."

The registered manager also told us about their membership of National Dignity Council (NDC). The NDC are a nationwide network who work to put dignity and respect at the heart of care services to enable people to have a positive experience of care. The registered manager told us all of the staff are, "Dignity champions, we have all signed up and have made a commitment. It's a nice thing to feel part of something so important." Care staff told us about the importance of dignity and spoke highly about being a 'dignity

champion' and we observed dignity in practice during the inspection with the way care staff interacted with each other and with people using the service.

In addition, the registered manager told us about their involvement in the local church and how they were pro-active in getting involved with the activities on offer. She told us, "They have a barn dance in November and one of our service users loves dancing so we will ensure that she attends." The registered manager was also part of the Women's Interfaith Network and told us this was, "A meeting every other month to discuss events in the borough. I always try and get the resident's involved in activities that I hear about, for example the museum visiting us for a sing-along was discovered through my networking." The registered manager was able to consistently demonstrate how they had utilised the knowledge gained from networking in this way and told us, "It's a great way to get resident's involved in the community and for us to organise events that we know how much the resident's enjoy."

The registered manager told us how they delivered consistency in care and said, "We will get feedback from our service users. They will tell us and I am always going around checking things." The registered manager demonstrated thorough knowledge about each of the people using the service and was confident about the high standard of care that was being provided.

The service had robust quality assurance processes in place. They sent out surveys to professionals on an annual basis and we looked at the feedback received. For example we saw that a healthcare professional stated in November 2015, "I think the patient's get a very good service. There is a very good level of support." A local volunteer left feedback in November 2015 stating "Good to see residents enthusiasm for activities." Recent feedback from April 2016 included a placement officer stating, "Care is of good quality and personalised in meeting needs."

The registered manager told us they were planning on "Getting involved with the local school on dignity day which is in February 2017 because one of the resident's used to attend the local school here and it might be a nice opportunity to reflect and for the school to get involved with our work here." They also explained, "On Fridays we have a family day where our children come in and say hello. I believe intergenerational socialisation is important. One of our residents responds mostly to the children when usually they are very quiet. It's good having the children here."

The registered manager told us, and we saw records of a service user's questionnaire which was circulated at the end of every year and in an easy to read pictorial format. The registered manager told us the responses were much higher since they had changed the format to easy-read and that they would continue to use them in this format and said, "It totally works, previously we had a long questionnaire. It became too difficult and now it is pictorial we get a 100% response."

We also saw records of a staff survey that was completed annually, the most recent being in January 2016. Questions for staff included whether they had received an appraisal, quality of training and working as a team. One person stated working as a team was "Very good" and said that they "Always" felt valued by the management of the home. The registered manager told us there was a "100% return rate" for surveys and that they used them as a learning tool to continue to provide high quality care.

The registered manager told us about their plans for the future and said they plan to have a deputy manager in place. They also told us about the renovation works, explaining "We are going to complete the renovations in early 2017."