Bluecroft Estates Limited

Homefield House

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

The inspection took place on 29 June 2016 and was unannounced. The last inspection of this service was carried out on 6 June 2014 when no breaches of regulation were found.

Homefield House is registered to provide care and support for up to 24 people, some of whom are living with dementia. The service is located in Grimsby. Accommodation is provided on two floors. There is a small car park at the service for visitors to use.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the CQC. This helped to protect people.

Staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff understood the risks to people's wellbeing and knew what action they must take to help minimise risks. Staff were provided with training in a variety of subjects, which was updated periodically to help develop and maintain their skills. Supervision and appraisal was provided to all staff which helped support them and identify further development needs.

People's nutritional needs were assessed and monitored, with special diets provided, where required. Staff encouraged and assisted people to eat and drink, where necessary. A pictorial menu helped people living with dementia to choose what they would like to eat. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

People were supported by staff to make decisions for themselves. Staff communicated with people in a way that could be understood. We saw people chose how to spend their time and gave consent to their care and treatment.

People who used the service were supported to make their own choices about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

A programme of activities was provided, this included talks delivered to help people reminisce about Grimsby. Activities were provided to help stimulate people and they were encouraged to maintain their hobbies and interests.

General maintenance was carried out and service contracts were in place to maintain and service

equipment so it remained safe to use.

There was a complaints policy and procedure in place. This was explained to people living with dementia and their relations so they were informed about their rights. People's views were asked for through formal surveys and informally on a daily basis by the staff. Feedback received was acted upon.

A variety of audits were undertaken to monitor the quality of the service. Issues found were addressed thoroughly. The registered manager had an 'open door' policy and an 'on call' system was operated out of office hours to support people, relatives, visitors and staff. There was a homely and welcoming atmosphere within the service. The service had gained an award in 2015 from the local Clinical Commissioning Group for working in partnership to provide better outcomes for people.

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. Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the service. People were cared for by staff who knew about risks to each person's health and wellbeing.

Medication systems in use were robust.

There were enough skilled and experienced staff provided to meet people's needs.

The registered manager was proactive in addressing issues of safety to protect people's wellbeing.

Is the service effective?

Good

The service was effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals to help maintain their wellbeing.

People's mental capacity was assessed to ensure people were not deprived of their liberty. This helped to protect people's rights.

People's nutritional needs were monitored to ensure their dietary needs were met.

Staff undertook training to maintain and develop their skills.

Is the service caring?

Good

The service was caring. People were treated dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes and interests.

There was a welcoming and caring atmosphere within the service. People participated in friendly banter with the staff. Staff

listened to people and acted upon what was said.

Staff assisted people in a gentle and enabling way which promoted their independence and choices.

Is the service responsive?

Good

The service was responsive. People's views and experiences were taken into account in the way the service was delivered in relation to their care.

People's preferences for activities and social events were known by staff who spent time with them to help keep them engaged.

A complaints procedure was in place and action was taken to address any issues raised.

Is the service well-led?

Good

The service was well led. The home had a registered manager who promoted good standards of care and support.

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Effective auditing systems were in place to ensure the quality of the service was maintained and improved.

Homefield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 29 June 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

We looked at the care records for three people who used the service and inspected a range of medication administration records (MAR)]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with five people who used the service and with four relatives. We interviewed three staff and the registered manager.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, minutes of meetings with staff, residents and relatives, quality assurance audits, complaints

information and maintenance records. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I feel safe, the staff here are very good. The staffing levels are okay." Another person said, "I feel safe here with the staff." Another said, "Staff check and make sure you are alright, they are always checking. If I need them I use the buzzer and they (the staff) are not long coming. I have never suffered abuse here. It is very good here."

Relatives we spoke with told us they felt their family relations were safe and said this gave them piece of mind. One relative said, "I know [name] is safe here. I have peace of mind she is being cared for twenty-four/seven. Another relative said, "I can relax (name) is safe and well cared for."

We spoke with two visiting health care professionals. Both told us they had never seen anything which had worried or concerned them. One said, "I have never seen any abuse. I have no concerns."

We found that there were effective procedures in place for protecting people from abuse. Staff were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. A member of staff said, "Safeguarding training is mandatory. I would report abuse to the member of staff in charge, manager, police or local authority."

We saw staff undertook regular training about safeguarding vulnerable adults. There was a whistleblowing policy (taking responsibility for report concerns promptly) procedure in place to guide the staff about the action they must take if they suspected abuse may be occurring. The registered manager knew what action they must take to help to keep people safe from harm.

The care files we inspected confirmed any risks to people's health or safety were assessed, managed and reviewed. Individual risk assessments were in place for each person and covered a variety of issues such as; the risk of falls or prevention of skin damage. This information was updated as people's needs changed. For example, a person who had fallen had been seen by relevant health care professional to review if equipment could be used to aid their mobility and reduce the risk of falls. We saw that the staff were knowledgeable about the equipment people needed to use to help maintain their health and wellbeing.

Information was in place to inform the staff and emergency services about the help people needed in the event of a fire and included each person's capabilities. Regular fire safety checks were undertaken of emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. The registered manager audited the general environment including people's bedrooms. Furniture and fittings were assessed, water temperatures, gas and electrical safety checks were undertaken to help maintain people's safety. On the day of our inspection an electrical contractor was present assessing the electrical systems for safety. They reported to the registered manager there would be a few recommendations made following their visit. The registered manager told us the recommendations would be undertaken immediately.

During a tour of the building we saw a person living with dementia had denture cleaning tablets unsecured in their room. We discussed this with the registered manger and staff. We also found a razor had been left in a bathroom. These issues were dealt with straight away by the registered manager to help promote people's safety.

General maintenance was undertaken and service contracts were in place for the laundry and kitchen equipment, hoists, lift and stair lift. This helped to maintain a safe environment.

The registered manager undertook monthly audits of accidents and incidents that occurred. They said they looked for patterns that may occur and took corrective action to prevent further incidents from reoccurring. We saw help and advice was sought from relevant health care professionals to help maintain people's wellbeing. The falls protection team had been invited to the service to hold a clinic to check the safety of people's walking aids, this helped to promote prevention of falls.Notifications about accidents and incidents that occurred were notified to the Care Quality Commission to help keep us informed and to enable the service to be monitored.

Throughout the building there were hand washing facilities and sanitising hand gel available for staff and visitors to use. Staff were provided with gloves and apron; these were found in different communal areas as well as in people's bedrooms. This helped to maintain effective infection control. Cleaning staff and the care staff worked together to make sure the environment was kept clean and free from any unpleasant odours. An infection control champion was in place, they helped to ensure training in this area was completed and worked with external parties to maintain effective infection control.

A maintenance programme was in place. Communal areas were free from obstacles or trip hazards. There was level access provided by sloping ramps to the garden areas so people who were unsteady on their feet could access these areas safely.

Staffing levels were constantly monitored by the registered manager. They told us they reviewed people's care needs to determine the number of staff required for each shift. The registered manager told us they ensured the staff on duty had the right set of skills to be able to deliver the service that people required. For example, they ensured there was always a member of staff on duty who had undertaken training about how to handle medicines safely. We saw during our inspection there were enough staff provided to meet people's needs and they assisted people in a timely way.

We looked at the medicine management systems in operation at the service. This included how medicines were ordered, stored, administered, recorded and disposed of. We found there were robust systems in place. For example, people were identified by photograph on their medication administration record (MAR). Allergies were recorded to inform staff and health care professionals of potential hazards. We observed part of the lunchtime medication carried out by a member of staff. The member of staff confirmed they had undertaken medicine training to help them undertake this safely. We saw they were competent in administering medicines. They verified people's identity and stayed with them until their medicines were taken. We checked random balances of medicines and controlled medicines at the service, these were correct. Medicines returned to the supplying pharmacy were signed for by the supplying pharmacist's representative. Senior staff undertook on-going medicine counts; regular audits of medicines along with staff training and supervision in relation to this aspect of practice. This helped to maintain safe medicine systems at the service.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were effective at meeting their needs. We received the following comments; "The food is good." "They (staff) make sure I am looked after." "I don't have to wait for staff to help me. If my heals are sore the nurse comes." People told us they were happy with the meals served. One told us, "The food is good. I can get something to eat and at any time. Staff know what I like." People told us they were supported appropriately by staff and were encouraged to remain as independent as possible.

Relatives said their relations received effective support. A relative we spoke with said, "It is ever so good here, [name] needs are met."

During our inspection we observed staff supporting people in the communal areas of the service. We saw staff understood people's needs, likes, dislikes and preferences in relation to their care. There was a 'dignity in care' programme in operation at the service. A member of staff was a dignity champion and promoted this by undertaking dignity reviews with people. At one review a person raised the issue they had not been offered a choice of biscuits, this was rectified straight away to promote the person's dignity and choice. In order to promote and celebrate people's dignity, an annual 'dignity day' was held, each year in February . A bouquet of flowers was made up using a different flower to represent each person's birthday. People's hands were drawn round to make a paper garland which had their views about dignity recorded on them. This was hung up at the service to celebrate people's views.

We looked at the training provided and inspected training records. Training was provided in a variety of subjects this included; health and safety, moving and handling, basic food hygiene, first aid, fire safety, and safeguarding. Further training was offered, for example; the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, infection control, safe handling of medicines, pressure area care, nutrition, first aid and dementia care and support. We saw nearly all staff had completed this full range of training to increase their knowledge and skills. A member of staff we spoke with said, "There's lots of training." Another said, "Training is mandatory every year."

We saw regular supervision meetings were in place for all staff along with yearly appraisals. This allowed the registered manager to discuss any performance issues or training needs with staff.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of

their responsibilities in relation to DoLS and understood the criteria. Eight applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority, one had been granted. Staff had completed MCA and DoLS training which enabled them to help protect people's rights.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interest meetings were considered to discuss options. These included ensuring relatives and other relevant people had input into decisions that were made. We saw people had best interest documentation in place to protect their rights.

Staff understood the principles of MCA and were able to describe how they supported people to make their own decisions. Staff told us they gave people choice; for example, about what they wanted to wear, what they would like to do, choices of food and where to eat. Where people needed support, relatives held power of attorney for health and wellbeing (Legal authority granted to protect people's rights). Local advocates could be provided to help people raise their views and, where necessary, decisions were made by the Court of Protection when people had no next of kin to make decisions about their care and welfare.

We saw that people's nutritional needs were assessed before and on admission to the service. People's dietary needs were then monitored and reviewed regularly, as necessary, to make sure their needs were met. The staff and cook had a list of people's preferences, likes, dislikes and food allergies. Special diets were catered for and advice was sought from relevant health care professionals if people were not eating and had lost weight to help maintain their wellbeing.

Food served looked appetising and nutritious. Cooked breakfast was provided on Saturday. Food was not served on coloured plates which may have helped people living with dementia to see their food better. However, we saw staff encouraged people to eat and drink in an unhurried manner with gentle prompting. Different sized portions of food were offered to people. Food and drink was available at any time and people chose where they would like to eat. Menus were displayed, a pictorial menu was provided for people living with dementia to help them understand the choices of food available to them.

The care home had a ground and first floor. A stair lift and passenger lift was provided to help people gain access to the first floor. We saw pressure relieving and special equipment, such as hoists were in use for people who had been assessed as requiring this to help maintain their wellbeing. Signage was provided in the communal areas to help people find their way around. Work was being carried out on the drive and car park to allow a better flow of traffic at the service. A secure garden and patio area was provided; garden furniture was present for people to use to enjoy the outside space. There were grounds to the front of the service with car parking available.

Good

Is the service caring?

Our findings

People we spoke with said they felt well cared for by the staff and registered manager. They told us the staff were attentive, respectful, professional and kind. A person we spoke with said, "The staff are all very kind they do what they can to help us. The staff are polite. We have a bit of banter sometimes." Another person said, "It is fabulous, the staff just care." We saw people looked relaxed in the company of staff and we observed friendly banter occurring, which people enjoyed.

Relatives we spoke with told us they were pleased with the staff's caring approach. Relative's said, "The staff are polite, attentive and caring. They are always on the go, but have time to say hello." Another relative commented, "The staff are lovely with her, Staff have even left and visited to see her. There is a nice feeling which is relaxed and calm in this home."

Health care professionals we spoke with said they felt staff were caring and supported people who used the service well. One health care professional said, "This is a lovely home, all the staff are kind and friendly."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and maintaining people's confidentiality. We saw staff treated people with kindness to ensure their dignity was respected.

We observed staff spending time with people in the communal areas and taking their time to support people living with dementia. Staff knelt down or sat next to people to gain eye contact to aid good communication. We saw staff asking people how they were and if they needed anything. We found they took their time to listen to people's responses, re-phrased questions, if necessary, to help people living with dementia to respond.

We observed people were addressed by their preferred names. Staff knocked on bedroom doors before entering and bedroom and bathroom doors were closed when staff were providing personal care, which protected people's privacy. A relative said, "The staff never come in unless they knock, even if the door is open, they (the staff) are very polite."

Staff were attentive and offered help and assistance to people, where this was required. For example, a person requested if a cup of tea was being served. We saw they had walked out of their room to ask staff about this and were a little unsteady on their feet. The member of staff immediately reassured the person their tea was on the way and saw they observed the person to make sure they were alright walking back to their room. We found that staff provided comfort to people using gentle and appropriate touch, eye contact and smiles, especially when talking to people living with dementia. People were observed supported by the staff in a caring and kind manner, who encouraged and promoted their independence.

We found there was a welcoming and homely environment provided.The registered manager and staff placed people at the heart of the service and were attentive to people, relatives, visitors and staff.

During our inspection staff told us they enjoyed working at the service and said they would not want to work anywhere else. One member of staff said, "I like it here. It is one big family. If I did not like it I would not be here." Another said, "I enjoy working here. We all work together, we have nice residents and it's a nice place to work." The registered manager told us staff were flexible and covered each other's sickness and absence, this helped ensure that continuity of care was provided to people.

Staff we spoke with told us about people's individual preferences, likes and dislikes for their care and support. They told us it was important to deliver individualised care to people in the way they wished to receive it so that people felt cared for and respected. Staff knew about people's life and social histories. We observed they helped people maintain their hobbies, lifestyle and social interests. Visitors were made welcome, relatives and visitors were invited to stay for meals and help maintain people's family life.

Good

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, "The staff give me my medicines. If I need some 'as and when medicine' the staff get this for me. I have been unwell and passed out. Staff looked after me. If I needed the doctor they would get them." Another person told us, "I don't have to wait for staff to help me. We have singers, dominoes, scrabble. I join in if I want."

Relatives told us the staff responded to people's needs and kept them informed of any issues. One relative said, "They (the staff) get the district nurse to see [name] timely." Another told us, "Mum has a favourite singer here. She likes the entertainment, there is plenty to do."

Health care professionals said the staff updated them with changes in people's conditions and kept them informed. One told us, "If staff are worried about a service user they give me a call. If new service user need me the staff phone me straight away." Another said," Staff are really helpful, there are no problems. They ask for advice, take our instructions and follow them." The health care professionals confirmed staff were knowledgeable about people's needs and responded appropriately. This helped to maintain people's health.

Before people were admitted to the service an assessment of their needs was undertaken by the registered manager or senior staff. Potential residents were able to discuss their care and support needs which allowed the registered manager to make sure the service could meet their needs. Information was gained from the person, their representatives, relevant health care professionals, local authority care plans and hospital discharge letters. This information was used to develop people's individual care plans and risk assessments on their admission. People we spoke with and their relatives told us they were encouraged to visit the service to see if they liked it before making any decisions about moving in.

We looked at people's care records. Risk assessments were present for issues such as weight loss, falls or the risk of choking. People's care records were reviewed and updated periodically as people's needs changed to make sure people received the care and support they required. However, we saw staff mainly used the same terminology at reviews, for example; 'care as plan', or 'no change.' This was discussed with the registered manager who said that staff would be reminded to write their reviews in more detail to give better information about what had taken place. People and their chosen representatives were involved in the review process. This helped to keep all parties informed.

Staff told us how they monitored people's condition on a daily basis. They said changes in people's health or needs were discussed at the staff handovers between shifts. The handover covered Information about people's health and wellbeing, emotional state, activities and nutritional needs, as well as information received from visiting health care professionals. This helped to make sure staff were fully informed and could meet people's needs.

Equipment was provided to people if they needed this to prevent deterioration in their health. For example, pressure relieving mattresses and cushions were in place for those at risk of developing skin damage due to

being immobile or frailty. Walking aids were used to help prevent falls. These were used when people had been assessed as requiring them to help protect their wellbeing.

We observed that staff prioritised the delivery of care to people. For example, we saw a person was a little agitated; staff spoke with them immediately to reassure them and engaged them in reminiscence to help distract them from feeling anxious.

There was a programme of activities provided at the service. We saw photographs of events that had occurred. Themed meal events took place, there was a strawberry tea planned. Chair exercises, bingo, board games, knitting and reminiscence occurred. Therapy by 'pet dogs' visited the service. Concerts were arranged for people to enjoy. People were encouraged to maintain their hobbies and interests. Staff took people out for a walk in a local park nearby. Residents and relatives meetings were held to gain people's views and their feedback was listened to about the activities they wished to be provided. Relatives were invited to all social functions and were encouraged to join people living at the service for meals, birthday celebrations and Christmas. A newsletter and activity planner was sent to people's relatives who lived out of the area to enable them to plan their visits around activities.

A complaints procedure was available to people and their relatives. People we spoke with said they had no complaints to raise. There had only been one complaint made in 2016, this had been dealt with appropriately. Staff told us if people wanted to make a complaint they would inform the registered manager who would deal with the issue. A person we spoke with had no complaints to raise said, "I have no complaints the manager is very easy to talk to and very helpful, I would speak to the manager, if I had a complaint."

Good

Is the service well-led?

Our findings

During our inspection the people we spoke with and their relatives told us they were happy with the service they received. We observed the registered manager was available for people, relatives and staff to speak with. We received the following comments about the service; "The manager asks for our views, there was a meeting last week, or the week before, I go and complain if I want to." "The manager is very easy to talk to, very helpful. I have been asked to meetings, although I have not been. I have never felt the need." "I think this is a very good care home." "The manager asks for my opinion. It is a lovely place, it really is, the staff ask for my views." People and their relatives confirmed they were asked for their opinions about the service. We saw the registered manager and staff asked people and visitors for their views during our visit.

Information was displayed at reception about the staff team to help inform people. The ethos of the service was positive and welcoming. Staff were clear about the management structure in place. The registered manager was supported in their role by the registered provider and senior staff at the service.

The registered manager observed and monitored the quality of service along with the senior staff. An annual quality audit took place, where people and their relatives could provide feedback regarding; health and wellbeing, dignity, food and drink, person centred care. A range of audits were carried out to help monitor the service provision, these covered; health and safety, the environment, staff training, recruitment, care and medicine records, infection control and promoting people's dignity. Where issues were found, they were addressed straight away. We received notifications about accidents and incidents that occurred at the service which helped to keep us informed.

A monthly management report was completed for the registered provider with details of all accidents, incidents, complaints, injuries, pressure sores, deaths, hospital admissions, safeguarding concerns, infection outbreaks and weight loss. This helped to keep them informed. The registered manager attended meetings with other healthcare providers to share and promote positive ideas.

We saw that analysis of any accidents and incidents occurred. This helped the registered manager identify any trends or patterns and take corrective action to help prevent further issues from occurring. This information was shared and discussed with the staff, and where appropriate advice was sought from relevant health care professionals to reduce risks to people's wellbeing.

Some external audits took place. An infection control audit had been undertaken by the community nurse and this had been rated at one hundred percent compliant. The service had an infection control champion who had responsibility for attending external meetings and ensure training had been delivered to staff in this subject.

The registered manager operated an 'open door' policy, which allowed people, their relatives and visitor's to speak with them at any time. We saw this worked effectively during our inspection. They also offered 'Managers surgeries' where people or their relations could talk with them about any issues. The registered manager said these were not well attended generally because issues were sorted out quickly.

Surveys were sent to people living at the service and to health care professionals to gain their opinions. We looked at the results of these which were positive. We saw there were a number of 'thank you' cards displayed which had been sent from people or their relatives.Comments included, 'Staff give so much time, care and respect,' and, '(Name) was blessed to be in such good hands.'

The service had gained a 'Working in partnership Award from the Local Clinical Commissioning Group (CCG) in 2015 for providing better outcomes to people. A relative who nominated the service had commented, 'All the staff have been caring for my mother. They work well together, and with others. They are kind, calm, and good humoured and helpful. The home has a warm, comfortable and homely atmosphere. It is not an institution. The staff always take the trouble to chat and explain to my mother. It is always clean, warm and comfortable.' The registered manger and staff were proud of this achievement.

Resident and relative meetings were held. People and their relations attended these, if they wished to give their views. All aspects of the service were able to be discussed. Recent suggestions from people were to have certain activities provided on an evening, and more 'sing alongs'. We saw 'Timecare' (a reminiscence talk about Grimsby) had been arranged for the evening. People had requested more 'ice lollies' and green vegetables, which were provided. Discussions were currently being held with people about potentially changing a downstairs lounge into access for a new conservatory.

We saw that staff meetings were held regularly. Staff said they found these helpful and could speak with the registered manager about issues at any time and that issues raised were acted upon. Minutes of meetings were available for staff that were unable to attend. This helped to keep them informed. We saw from the minutes of meetings the delivery of the service was discussed along with any issues.

Staff we spoke with told us they enjoyed working at the service and they said they understood the management structure. They told us the ethos of the service was to provide a homely caring environment for people to enjoy. A member of staff said, "It is a good place to work. There are regular staff meetings. I can raise any issues." Another member of staff said, "There is a good open door policy, we can speak with the manager at any time."

Emergency contingency plans were in place for the service. These gave details about action staff must take in events, such as a fire, gas or electricity supply failure. Contact numbers for contractors and utility companies were present so staff could deal with issues in a timely way.

The service had allocated a named person to take the lead for health and safety and meetings were held every three months attended by the heads of each department. A maintenance plan was in operation. General maintenance and repairs were undertaken and service contracts were in place for the lift and hoists for regular maintenance. Contracts for waste disposal and to monitor the utilities, for example, gas, electricity, fire and water were evident. Records of maintenance undertaken were completed. This helped to protect the health and safety of all parties.