Horizon Care (Greenacres) Limited

Greenacres Grange

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8, 11 and 29 May 2018; the first day of inspection was unannounced.

Greenacres Grange is a 'care home with nursing'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Greenacres Grange accommodates up to 80 people in one purpose built building. At the time of our inspection 33 people lived at Greenacres Grange.

At our last comprehensive inspection in November 2017 we rated the service as 'Requires Improvement.' At this inspection we found the provider had made improvements and the service is now rated 'Good' overall.

Not all statutory notifications had been submitted in a timely manner.

Some health and social care professionals reported they had experienced some difficulties and concerns with the service. The provider told us they were committed to working in partnership with other professionals to improve communication and understanding.

The provider had taken steps to gather people's views and had acted to improve the service in response to feedback from people, staff and relatives. Processes were in place to manage and respond to complaints.

The provider had a clear vision for providing care that was centred on people's individual needs.

Accidents and incidents were reported and other risks, including health and safety and risks in the environment were assessed and mitigated.

Staff were deployed sufficiently to meet people's needs in a timely way, as well as having enough time to spend quality time with people. Staff were considerate and caring to people and enjoyed talking about topics of interest to people. Staff responded if people became anxious and provided reassurance. People's privacy and dignity was respected and their independence promoted.

People were supported to maintain their relationships with their relatives and friends. People enjoyed how they spent their time and the activities provided at the service. Other activities and resources were available for people living with dementia.

Care needs were assessed and focussed on achieving effective outcomes for people. People had access to other healthcare professionals such as GP's and speech and language therapists. Processes were in place to assess any specific needs associated with the Equality Act 2010 so as to help prevent discrimination. Information was provided in an accessible format to people when needed.

People were supported to manage their own medicines when they could. Other arrangements were in place for the safe management and administration of medicines. Procedures, followed by staff, were in place to help reduce the risks associated with infection.

People felt safe and fairly treated and the provider had taken steps to help ensure people were protected from harm and abuse. Staff were trained and knowledgeable on safeguarding procedures and staff recruitment checks helped the provider make decisions on the suitability of staff to work at the service.

Staff checked people consented to their care and the principles of the MCA were followed. People contributed to their care plans and as such care plans reflected people's preferences.

Care was planned and provided to people when they approached the end of their lives.

Staff told us they felt supported by the directors and senior management team; they were trained in areas related to the needs of people using the service. The premises were suitable for people and had been adapted further to meet people's needs.

People experienced a relaxed and pleasant dining experience; staff took steps to ensure people's particular preferences were met.

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.

Risks associated with medicines, infection prevention and control and risks in the environment were assessed. Sufficient numbers of staff were deployed. People felt safe, checks were made on staffs' suitability for the role and staff were trained in safeguarding people.

Is the service effective?

Good

The service was effective.

People's health needs were assessed. People had access to other healthcare professionals. People were treated fairly and the principles of the MCA were followed. Staff received training in areas relevant to people's care needs. The premises were suitable for people and met people's needs. People received care to meet their nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

Staff were caring and considerate. Staff respected people's privacy and dignity and promoted their independence. Relatives and friends were free to visit and people were able to spend their time as they chose. People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People and relatives were listened to and their feedback was used to improve the service. Systems were in place to manage and respond to complaints. People enjoyed the activities available and a range of resources was available for people living with dementia. The Accessible Information Standards had been met. Care and support was provided to people when they reached the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Statutory notifications had not always been submitted in a timely manner. Other health and social care professionals reported some concerns with the service, including difficulties in communication. Records were not always found where staff expected them to be. Systems to monitor the quality and safety of services were in place. The manager was in the process of registering with CQC.

Greenacres Grange

Detailed findings

Background to this inspection

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

This responsive inspection took place on 8, 11 and 29 May 2018; the first day of inspection was unannounced. The inspection was completed by one inspector, a bank inspector and a specialist professional advisor, whose area of specialism was as a registered general nurse; their experience included working in both acute hospitals as well as in community and primary care settings.

This inspection was prompted in part by information shared with us by the local authority safeguarding team and local health commissioning team. At the time of our inspection, the local authority were investigating seven safeguarding incidents; these had not been concluded.

Information of concern had also been shared with the Commission before our inspection regarding staffing levels and staff competence, infection prevention and control, people not receiving appropriate care and the management culture not being open and free from bullying. The information we held about the service before our inspection indicated potential concerns about the service, and this inspection looked at those associated risks. These included whether people received safe care that was centred on the person and provided by sufficient numbers of competent staff. We also looked at infection prevention and control measures and the management and governance arrangements.

As this was a responsive inspection we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection visit we looked at all the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

We also checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not.

Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

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 could not talk with us.

We spoke with eight people who used the service and eight relatives and friends of people. We also spoke with four management staff including, the manager, the head of care. In addition, five directors were present and available during the inspection. We spoke with two senior staff that provided and managed staff training, two nurses, two senior care staff, five care staff, two staff with responsibility for meals, one housekeeper and one activities coordinator.

We looked at the relevant parts of seven people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

Good

Is the service safe?

Our findings

One person told us there were enough staff and that they never had to wait long for staff assistance if they pressed their call bell. Some other people and relatives told us they had, up until recently, had concerns there were not enough staff and staff were not always regular faces. One person told us, "Some days they are a bit short of staff; but less now than they used to be." A relative commented, "They mix and move staff around between the floors which is a bit of a concern. If the staff stayed on the same floor they would get to know people better." Another relative was of the view that people's care was not always consistently provided to ensure people's safety; they felt this was more so when agency staff were used.

The manager told us they had recently assessed the staffing levels and had identified more staff were needed. As a result, they had increased the number of staff deployed and this was now kept under review. The manager told us the number of staff they had identified as required on our inspection and we saw the staff rota reflected these numbers. The provider had also acted to increase the numbers of staff employed either directly, or through its own staffing agency. They told us this had helped to reduce the number of staff employed from external staffing agencies. Staff we spoke with also supported the view that improvements had recently been made to the numbers of staff deployed. One staff member told us, "We used to be short staffed, but since [the deputy manager], we have enough staff; [the deputy manager] coordinates us all and does the rotas; they are really good; use of agency staff is really rare now."

We saw staff provided care at people's own pace and spent time in conversation with people. We saw staff assisted people in a timely manner. Staff also coordinated amongst themselves to ensure there was always staff available to assist people, when, for example, they accompanied a person who wished to spend time in another part of the building. Sufficient numbers of staff were deployed to meet people's needs.

Staff told us, and records confirmed any accidents, incidents and near misses were reported. Some records clearly showed the care actions taken following any incidents; such as when a person had fallen, staff had continued to observe the person closely. Other management actions taken in response to incidents to help mitigate future risks were sometimes not recorded on the incident form. However, the provider was able to show us where these were followed up, for example in maintenance requests.

People told us they felt safe when staff provided their care. One person told us, "I feel safe here; I used to have falls at home, but I've had none here; and if I did, then there are staff around who can find me and help me quickly."

Staff understood how to identify signs of harm or abuse and the actions to take to help people stay safe. For example, staff had been trained in safeguarding vulnerable adults from harm and there was a safeguarding policy in place for staff to follow. The provider had taken steps to help protect people from abuse.

Staff recruitment processes included pre-employment checks. This included, checks on whether a staff member had any previous criminal convictions, references from their previous employers and identity checks. These checks helped the provider to make decisions on whether staff were suitable to provide

people's care at the service.

One person told us they administered their own medicines. They said, "I have capacity and [staff] have assessed that I can look after my own medicines; I keep them in there [pointing to their medicines cabinet in their room]." Where staff provided care to people to help them take their medicines, people told us they were happy with how this was done. One person told us, "[Staff] always give me my tablets on time; they come in with them and put them in a little pot in my hand for me to take."

Some people's medicines were subject to additional safety controls and we found these were in place as required. Some people had medicines prescribed to be taken when needed, rather than at set times. These medicines had guidelines in place that clearly identified the reason they were prescribed, what actions staff should take prior to administration, and how the decision on when to administer was reached. This helped to ensure people received their medicines consistently.

Medicines were stored securely, and temperature checks were in place on medicines that required refrigeration to ensure they were kept at the correct temperature. The provider had taken action to cool the medicines room when the temperature had risen above the recommended storage temperature for medicines. Storing medicines within the recommended temperature ranges helps to ensure the efficacy of medicines. Medicines were managed and administered safely.

We saw communal areas and people's rooms were clean, tidy and aired. People were supported to wipe their hands before lunch, and staff wore gloves and aprons. Other systems were in place to support infection prevention and control. For example, the laundry was organised in a way so as to separate clean and dirty clothes to help prevent infection through cross contamination. Staff had been trained in infection prevention and control as well as in food handling and hygiene. We saw staff practised good hand hygiene, for example before and after they assisted people with personal care. The provider had taken steps to help protect people from the risk of an acquired health infection by their arrangements for the prevention and control of infection.

Risk assessments were also in place for foreseen emergency situations. For example, personal emergency evacuation plans (PEEP's) were in place for each person, which showed what support people would require in any event, which required their emergency evacuation from the building. Records also showed a fire risk assessment was in place. Routine safety checks and servicing of equipment, such as lifts and hoists, were regularly completed.

Good

Is the service effective?

Our findings

We spoke with the provider about how they monitored people's body weight and how they identified weight loss for people who were at risk of weight loss through malnutrition. The provider told us they had recently reviewed people for any weight loss and showed us how people's weight was assessed against their Body Mass Index (BMI). The BMI is a measure that uses a person's height and weight to work out if their weight is within a healthy range.

Where people were cared for in bed, we saw staff left drinks within reach and made a record of when the drink had been prepared and what it was. This helped to ensure people knew what their drinks were and when they had been prepared. People were offered regular drinks and we saw people who could get their own drinks, had access to drinks making facilities, in kitchenette areas. Staff supported one person receiving end of life care, to take regular fluids, to help maintain their comfort and hydration.

People had mixed views on the food and drinks available. The provider had made some changes to the meals and was in the process of using people's feedback about this to help develop their food menus further. The provider told us they had changed evening meals to tea time based on evidence this helped to reduce the risk of people falling. In addition the provider told us the food provided guaranteed the nutritional content, texture and the safety of every meal. We observed staff assisting people who required prompting and support with their meals and saw this was done in an unhurried and unobtrusive manner.

One relative told us their relation was now eating better and was at less risk of choking because staff had identified they needed an assessment. They told us staff arranged for a speech and language therapist assessment and now their relation received a specific consistency of food; they told us their relation was now eating much better.

We heard one person tell staff, "It's nice soup today," and, "I've enjoyed your cake today." Staff knew people's dietary needs and preferences and took steps to ensure these were met. For example, staff knew one person's preferences for sandwiches, when they were not available they went to get them; the person expressed how much they had enjoyed the sandwiches. People were offered meal and drink choices, extra servings, and options to help provide extra nutrition were offered. For example, people were asked whether they would like a swirl of cream added to their soup. Fresh fruit was available for people and when one person wanted an orange, staff provided one from the fresh fruit bowl in the dining area. People were offered choices and staff took action to meet people's food and drink preferences.

Assessments of people's care needs were recorded and regularly reviewed. For example, assessments covered such areas as, people's mobility, their cognition and any risks such as skin damage from body pressure or falls. Where people required specialist care assessments associated with their health conditions, we saw referrals had been made to relevant external health professionals, such as speech and language therapists or the falls team. Assessment processes helped to achieve effective health outcomes for people.

People told us they felt treated fairly by staff. Although no one we spoke with told us they had any particular

needs associated with their faith, staff we spoke with told us people would be supported with these needs, and other needs associated with the protected characteristics of the Equality Act 2010 if needed. Records showed how people's disabilities had been assessed and what care was required to meet their associated needs. This helped to ensure people did not experience any discrimination.

Most people we spoke with felt the staff understood their care needs. One relative told us, "The staff know the crack and give good care." Another relative told us some staff were, "Amazing," however, they felt the agency staff may not know people as well as the regular staff. Staff told us care 'handover' meetings were held at each shift change and these provided updates on any changes to people's needs. The provider was in the process of transferring their staff training records onto another system. This meant an overview of staff training was not available at our inspection. Instead we looked at a selection of individual staff training records. These showed staff were trained in areas of care consistent with the service provided, for example in first aid, infection prevention and control and dementia care.

Staff told us they were prompted to keep their training up to date. One staff member told us, "I'm keen to learn more; the last course was on moving and handling, next it's going to be the positive approach to care [dementia care] course which will help me do my job better. More training is available, we only have to ask if we want to do anything and they get us on the course next time it is on." Another staff member old us, "I've completed health and safety training and fire procedures when I came to the home as agency; now I'm working through the induction pack." The training manager told us all staff worked through a 12 week care induction period to enable them to understand their role and responsibilities for people's care.

Most staff told us they received supervision with a senior staff member, and all staff told us they felt supported. One staff member told us, "We have supervision every three months from the team leader, but can ask for supervision anytime if we think we need it or if there is something we want to record a conversation about." Supervision is an opportunity to provide staff members with the chance to reflect and learn from their practice, receive personal support and professional development. The provider had ensured staff were provided with the skills, knowledge and experience they needed to deliver effective care and support.

People's healthcare needs were assessed and they had access to other healthcare professionals when needed. One person told us they had recently seen their GP and obtained a prescription for some medicines to help them with a health condition. They also told us they had an appointment booked with a chiropodist for foot care. Staff told us, and records confirmed people had access to external healthcare professionals when they needed them. For example, one staff member told us, "If we have any concerns about people's health then we can check with the nurse first before ringing the GP so that we have done as much as we can in the home, to root out all of the simple things. I did this for someone today; called the nurse over to check on someone and we called the GP; they will see the GP tomorrow." Records showed healthcare professionals such as GP's and speech and language therapists had been involved in people's care when needed. People were supported with their health care and staff worked with other organisations and other professionals to ensure people received effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. The service had policies in place that covered the MCA and making decisions in a person's best interests. Where appropriate, applications for DoLS authorisations had been made and the manager had a system in place to oversee the management of them. An independent mental capacity advocate (IMCA) was in the process of being appointed for one person. An IMCA is an independent person who represents the views of a person who lacks mental capacity in a decision making process. A senior staff member showed us how the record keeping for the MCA and best interest decision making was being checked to ensure it was specific to each decision and was being further integrated into care plans. Staff we spoke with understood how the MCA and DoLS applied to people they care for. We observed staff sought consent from people before they provided care. People's consent to their care and treatment was sought by staff in line with the MCA.

The home is newly built and designed to accommodate the needs of people living there. The home was organised in ways to help support people with their independence and safety. For example, seating had been provided throughout walk ways, to both encourage people to mobilise and provide resting points when needed. Areas of the building that could present a risk to people, such as the laundry and medicines rooms were kept secure. People had been able to personalise their rooms and told us they enjoyed having their own belongings around them. For example, one person showed us their furniture and pictures. People's individual needs were met through the adaption of their premises when needed.

Good

Is the service caring?

Our findings

People had mixed views on whether they had been consulted on their care plan. For example, one person told us, "Oh yes, the care plan is all on the computer, staff told me all about it." Another person told us they had enjoyed sitting with staff and contributing to their care plan. However, another person and a relative told us they had not felt involved in the care planning process.

Care plans we looked at included people's choices and preferences for their care, as well as their likes and dislikes, and life history; as such we could see how people's contributions to their care plans had been recorded. We saw staff were knowledgeable about people's life history and used this information when providing care to people. For example, when one person became unsettled, staff spoke with them about the village they had lived in and the local history of that place and we saw the person became more settled during this conversation. The provider had taken steps to involve people in their care plans and their needs and wishes were met with respect.

People told us they felt staff were caring. One person told us, "The staff are polite and respectful." Another person told us they were also happy with the staff and their approach towards people. We observed staff greeted people with smiles and friendly words. For example, one staff member asked a person, "How are you? It's nice to see you." Staff spoke with warmth for the people they cared for. One staff member told us, "I've got a passion for care and I get on with everyone; the people are lovely." They went on to add, "I enjoy sitting with [Name] and chatting about what they are watching on the TV; at dinner times I can sit and talk; people love it and we have a right laugh."

Throughout our inspection, we observed staff were considerate, polite and respectful to people. Staff were aware of how people were feeling and provided care and reassurance. For example, we observed staff sat and offered reassurance to one person when they started to become upset.

We saw staff respected people's privacy and promoted their dignity and independence. One relative told us, "[My relation] is always clean; when they've had an accident, the staff are discreet and take them to get cleaned up and clean up the area; no fuss, they just get on with it; we've no faults there." A staff member told us about the steps they took to promote people's privacy and dignity. They said, "It's about treating people like you would want to be treated; like remembering to close the door before giving personal care and not discussing personal details loudly." Staff were mindful of people's privacy and dignity and provided respectful care.

People were free to spend time in their own rooms or elsewhere in the home or garden as they pleased. Some people had chosen to sit in the garden, where staff accompanied them and we could hear people enjoying lively conversations. Relatives and friends told us they were able to visit people freely. A social club held its meetings at the service so a person living there could continue to attend. People also told us they accessed local shops independently and people had opportunities to retain their independence in the home, for example, when making drinks. People's privacy, dignity and independence was respected and relationships with people's families and friends were supported.

Good

Is the service responsive?

Our findings

Some people, their relatives and friends told us they had been unhappy with aspects of their care and support; however, they were mostly of the view that things were now improving. They told us they had now started to see changes and improvements in response to their feedback to the provider about care issues. For example, one relative told us, "There was an issue with the phone system and being able to get in touch with the home; but they have replaced the system last week and it seems better; although it is only early days."

Another person we spoke with wanted to give the manager chance to respond to their recent feedback; they told us if they had any reason to complain, they felt this would be listened to and responded to appropriately. For example, one person told us, "If I had a complaint, I would tell the team leader; they do listen to you; they'd put it right. My family keep in touch and visit regularly, so they would speak up for me too if they weren't happy; they'd know who to speak to."

The provider's complaints policy was displayed on a public noticeboard at the service. Records showed that any complaints received were managed in line with the provider's complaints procedure. A comments box was visibly located for people and relatives to leave feedback and suggestions about the service. The provider had displayed some actions they had taken from recent feedback which included improvements to their laundry, meals, telephone and communication systems at the service. This showed complaints and feedback about the service were handled in a transparent manner and used to inform improvements.

People told us they enjoyed how they spent their time at Greenacres Grange. One person told us, "In the week there are activities downstairs in the afternoon, so we can join in or sit in the lounge downstairs; that has been a great help; I enjoy going downstairs in the afternoon; I enjoy watching the TV in the evening in my own room; the radio I love, and reading occasionally." Another person showed us the items they had made at the craft club. They said, "Today is the gardening club; we do skittles, bingo card making and crafts. Friday is always a friendship group; just tea and a chat; I look forward to that, it's nice."

Staff with responsibility for coordinating activities told us, "We try to make sure a 'club' runs each afternoon, changing them around every so often to cater for different interests; where possible we have tournaments rather than just playing games to instil interest; the skittles tournament has just finished, and we had a balloon ball tournament before that. We try to take the format of a 'club' to instil 'membership' and commitment to attend; gardening is great as lots of people can get involved in lots of different ways and contribute to the community of the home." During our inspection we observed people happily attended a gardening club and enjoyed planting seeds for the home's garden. Another person was busy setting up computer equipment in their own room and told us they were looking forward to using it. Another person, cared for in bed, told us that staff took steps to ensure they were involved in activities where possible. They told us staff bought them word searches and cross word puzzles which they enjoyed.

Lounge areas had ready to use activity boxes and reminiscence materials. For example, pictures of garden birds. We saw one person had a personalised life story book and photographs, other people had use of

individual headsets to listen to audio media resources. Tables in communal lounges and dining rooms were set with activities ready for people to engage in. Objects of interest were placed on dinner tables to help stimulate memories and conversations with people. We observed one mealtime where a person enjoyed looking through these items and talking with the people at their table about them.

Staff were knowledgeable about people's interests and hobbies. For example, a staff member was interested in how a person's knitting project was going. The person enjoyed showing what they were making to the staff member who also shared this interest and they talked enthusiastically about it together. We observed one person enjoyed the music played over a meal time and they told us afterwards they had enjoyed listening to it. People received responsive and personalised care as the provider's care philosophy placed people at the centre of care provided.

We found steps had been taken to meet the Accessible Information Standards. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Information was made available in formats to meet people's different communication needs. For example, we saw information on the steps people could take to keep safe was available in an easy read and pictorial format. Staff understood how to interpret a person's facial expressions as their verbal expression had become limited due to their health condition. They told us how this had enabled them to support the person to engage more with activities and become more content. The provider's training manager told us effective communication formed a large part of the positive approach to care [dementia] training for staff; and staff were trained to establish contact with people to enable effective communication and to be aware of when to limit the amount of language used so as to not overstimulate a person living with dementia.

People who were approaching the end of their lives received care to meet their needs. Care plans and risk assessments were in place to reflect people's needs. Staff told us they understood what care people required at the end stages of their life. For example, staff told us one person was checked on more regularly due to them approaching the end of their life. People received appropriate care and treatment at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

The provider had not always sent us statutory notifications in a timely manner. For example, the provider did not notify us when allegations of some people's abuse at the service had been made. We discussed this with the management team. Actions were then taken by the management team to submit the required statutory notifications regarding safeguarding investigations in progress. The provider informed us that the previous manager, who is no longer employed at the service, had assured them the notifications had been submitted. However, the systems in place to monitor the quality and safety of the service had not identified the fact that the notifications had not been submitted.

The manager had identified improvements required in other areas. For example, they told us staff needed more training on record keeping to ensure they made records in the correct and relevant sections of the electronic care planning system. We reviewed records with staff and whilst staff found the records we required, they were not all found where staff expected them to be.

The provider had systems in place to review, track and identify improvements in the services provided. In addition, the manager was taking steps to improve some systems to help them assess and monitor the quality and safety of services. For example, they told us they had identified the need and had recently implemented a system to track and monitor falls; they told us this had helped them introduce checks on people at high risk times. The manager told us they were working to introduce systems to track other areas. For example, they told us they wanted to introduce a system to keep track of people's DoLS applications and authorisations.

We spoke with health and social care professionals who had knowledge of the service as part of this inspection. Some professionals expressed concerns over a range of issues, however we did not find evidence of these concerns during our inspection. The provider and senior management staff told us they acknowledged there had previously been some difficulties in communication with other professionals, however they were committed to improving this; regular meetings between the home and other professionals were in place to help build further understanding.

Most people and relatives shared the view that up until recently, the service had not met their expectations; however, most of them felt the service had started to improve. Some of their comments included, "It's been absolutely terrible here, although it is getting a bit better now," and, "There have been lots of things I have not been happy about in the past, but it looks like this new manager is going to get it sorted; the new manager is doing good, let's say, they won't suffer fools gladly, they are stirring up the pot; they are doing the right thing, even though it's not popular with all." They went on to tell us about some of the recent improvements they had noticed. They said, "Like falls, they can be serious; the mats weren't always in place in the past; they are now."

Staff were also of the view that improvements had been made. One staff member told us, "There were a few issues before; we've had a lot of changes and we can see things getting done that [the provider] said they would get done." Another staff member told us, "I'm happy with the direction [the service] is going in; it's

getting better." The provider and manager had acknowledged where there had been shortfalls in the service and had taken a number of steps to make improvements. These had included steps to recruit permanent staff and use only regular agency staff.

The provider had also taken steps to meet with people and relatives and they had made themselves available to speak with them about any specific issues they may have. Meeting minutes with relatives showed they had identified the phone system needed improvement; a friend of a person told us this had now been improved. Further information on what feedback had been received and what actions had been taken was also displayed for people to see. In addition, we saw 'Talk to the directors' posters displayed. These invited people and relatives to talk directly to the directors about any concerns, compliments or feedback. There were also opportunities for people and relatives to talk directly to senior management, and these included a series of meeting dates people and relatives could choose to attend. A friend of a person told us, "I've spoken with one of the directors; they seem to be talking to us more." The provider ensured there were opportunities for people, their relatives and staff to approach them and talk openly.

Staff told us they felt involved in the service and listened to. One staff member told us, "All the directors are approachable, they visit quite regularly and I talk with them and can ask them for advice." Records showed staff had completed an 'employee satisfaction survey' that gathered staff views and checked on their awareness of the policies and procedures. In addition, we saw an idea from one staff member had been embraced by the provider and formed part of their approach to promoting a positive staff culture. The provider had an action plan to support staff, provided opportunities for staff to meet and share information with them and used fact sheets to help promote learning on specific areas. In addition, the provider operated a 'special mention' scheme for staff. Staff were valued and listened to.

The provider had a clear vision to provide care centred on people's individual needs. This was supported by the provider's statement of purpose, training of staff and models of dementia care. These helped to ensure care was focussed on achieving good outcomes for people.

Policies and procedures for the governance and operation of the service were in place. In addition, records showed audits were completed on medicines, health and safety and checks on the safety of the environment and whether care was provided with dignity. We saw that checks were made on equipment used and a fire risk assessment was in place.

A registered manager is required at Greenacres Grange. 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 manager was in the process of applying to become a registered manager.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.