

Lancashire County Council

# Grove House Home for Older People

## 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 |  |

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We carried out an unannounced inspection. Prior to the visit we spoke with 11 health professionals that had visited the home. During our inspection we spoke with nine people who used the service, seven relatives, three care staff, one activities co-ordinator and the registered manager.

# Summary of findings

Grove House home for Older People provides accommodation for care without nursing for up to 46 people who are living with a dementia, older people and people with a physical disability. On the day of our inspection there were 43 people living in the home. There were four units in the home. The registered manager told us the units were referred to as courts. Three of the courts cared for people living with a dementia.

There was a registered manager in place for the home and had been in place since May 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We received complimentary feedback about the service, staff and the registered manager from people using services, family and visiting professionals. We observed positive interactions between staff and people using services. Staff were seen to be speaking kindly to people, offering them choices and time to make decisions.

People who used the service and their family told us they felt safe and well cared for in the home. We saw evidence of training provided to staff in the protection of vulnerable adults. Staff we spoke with were able to tell us appropriate procedures to take if they suspected abuse was taking place and they were aware of the whistleblowing policy for the home.

We saw evidence of completed Deprivation of Liberty Applications in place for one person who used the service. Most staff were able to tell us about the Deprivation of Liberty Safeguards [DoLS] however, one of

the staff members we spoke with could not provide us with the assurance that they understood DoLS for people living in the home. The Mental Capacity Act [MCA] and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

We found people who used the service received care that was relevant to their needs. This was because care files had been reviewed and updated regularly. Staff told us they referred to people's care plans to provide them with the information they needed to care for people safely and effectively.

There was evidence of staff training and the home had plans in place for staff training over the coming months. Staffing levels were monitored regularly to ensure appropriate staffing numbers were in place to care for the needs of people living in the home. New approaches to recruitment had been introduced which included the involvement of people who used the service.

Staff attended team meetings and confirmed they were able to take an active part in these. Effective systems for monitoring the quality of service provision were in place and we were shown examples of actions taken such as complaints investigations and audits of care files.

Activities were an important part of everyday life in the home. The registered manager encouraged activities on a one to one basis as well as group activities. Examples given were all people who used the service attended a village fete the weekend prior to our inspection and one person had shown an interest in attending painting classes, this had been organised in the local community by the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe. People we spoke with told us they felt safe living at Grove House Home for Older People. Staff we spoke were aware of and could explain the correct procedure to take if they suspected abuse had taken place and confirmed they had received training on this subject.

Staff we spoke with on the day of our inspection told us there was enough staff to carry out their role. Staffing levels were monitored to ensure there was sufficient staff to care for people living in the home.

Good



### Is the service effective?

The service is effective. People living at the home were cared for by staff that were aware of individual needs and preferences. Relatives told us they were involved in the planning and review of care.

We saw staff had access to policies and procedures in relation to Deprivation of Liberty Safeguards [DoLS]. We staff evidence of completed documentation relating to a DoLS application. One of the three care staff members we spoke with could not provide us with the assurance that they understood Deprivation of Liberty Safeguards for people living in the home. We spoke with the registered manager about this who confirmed they would look into this immediately.

Records showed that people who used the service had their needs assessed and plans were in place to monitor their nutritional needs.

The home worked well with other agencies to ensure people who used the service received access to appropriate health care service and received care in a consistent way.

We saw effective monitoring of peoples dietary intake in the courts in the home that detailed people's intake of meals and whether or not they had required an alternative or special diet.

Good



### Is the service caring?

The service is caring. All people we spoke with told us they were happy with the care they received in the home. We observed meaningful and positive interactions between staff and people using the service.

Privacy and dignity was promoted. A health professional who visited the home told us they were, "Offered privacy to speak with service users, their dignity was respected".

Good



### Is the service responsive?

The service is responsive. People had their individual needs assessed prior to admission to the home to ensure their needs could be met.

Family members were encouraged to visit the home and were seen on the day of our inspection. People we spoke with told us the home had an 'open door' attitude and they visited at varying times of the day.

There was a comprehensive activities schedule in the home which included group and individual activities. We observed meaningful activities taking place on the day of our inspection.

Good



# Summary of findings

Care files identified people's individual needs and support in relation to their care. Staff confirmed care files were updated and reviewed regularly to ensure they were up to date and relevant to people's needs.

## Is the service well-led?

The service is well led. People who used the service were protected because systems for monitoring the quality of the service were in place. We were shown details of regular audits taking place.

Unannounced visits by the regional manager took place where checks were made on risk assessments, audits on care plans, training, supervision and the home's improvement plan

Staff received regular supervision and spot checks of their performance and told us the manager was approachable and supportive.

The home had received a number of recognised award and certificates which identified good practice taking place. Examples were, Investors in People, Dignity in Care and The Social Care Commitment.

**Good**



# Grove House Home for Older People

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We inspected Grove House Home for Older People on 8 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

Prior to our inspection we reviewed information that was provided by the home which included details on for example; numbers of people living in the home, good practices, innovation schemes and numbers of compliments and complaints received. We also spoke with 11 health care professionals who had visited the home and contacted a commissioner of care from a local authority to obtain their views. This helped us inform what areas we would focus on as part of our inspection.

Our inspection was led by an Adult Social Care inspector and accompanied by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of people living in care homes providing nursing care to people living with a dementia.

During our inspection we talked with people who used the service and visiting family members. We spoke with a range of people about the service. They included care staff, the activities co-ordinator, cook and the registered manager. We spoke with nine people who used the service and seven family members. We carried out observations in all public areas of the home and undertook a Short Observation Framework for Inspection [SOFI] observation in one of the units during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also looked at care records for four people who used the service, staff records for three currently employed members of staff, records relating to staff meetings. We also looked at duty rotas, comments compliments and complaints file, accidents, falls information, weekly audits checks and quality checks carried out by senior managers on the home.

The registered manager told us the four units in the home are referred to as courts.

# Is the service safe?

## Our findings

The service was safe. We undertook observations in all four courts in the home and saw staff responded to people's needs in a timely manner. Four of the five staff members we spoke with told us they felt there were enough staff on duty to care for people's needs. One person told us, "Yes there is enough staff, there are busy times but we get through it. [Named registered manager] will give us extra staff if it is needed".

We spoke with people who used the service in all four courts in the home about the numbers of staff on duty. One person told us they, "Had nobody to chat to as the staff come into my room do what they have to do and then go". This person told us the staff were very good however there was a shortage of staff. Another person said there was "Not enough staff, not enough to chat to but they drop everything and come when the buzzer is pressed". Family members we spoke with told us, "The staff are caring, good. They are very good with the residents, spot on".

We looked at how the service was being staffed to ensure people living in the home were cared and their needs met. We asked the registered manager to show us the duty rotas. We saw evidence of staffing numbers for all courts in the home and the duty rotas for domestic staff and the kitchen. The manager told us there was always a manager on duty including 'sleep in' cover overnight. A visiting relative told us the registered manager was regularly in the home over the weekend. We were shown evidence of a needs assessment tool the home used to ensure there was sufficient staff on duty to care for the needs of people using the service. The manager told us this was completed each week and they had access to extra hours in the budget if people's needs had increased. This showed there was a system in place to ensure people living in the home were cared for by adequate numbers of staff.

The home had an effective system for ensuring there were sufficient staff on duty to meet the needs of people who used the service. However we noted there was some use of agency cover on the duty rotas we looked at. We asked the manager about this who told us that agency staff were used to cover sickness or holidays if their own staff team could not cover shifts. We were told the same agency was used where possible and they would aim to use the same staff to ensure consistency. One person using the service we spoke with commented about agency staff. They told

us, "Staff have the skills but the agency staff don't" and, "The agency staff come on, they don't always do what they should do. The staff who are there all the time know how to care for me". We spoke with the registered manager about this who told us they would discuss agency staff with people living in the home. One suggestion made by the home was that discussion could take place during resident meetings in relation to staffing.

We spoke with people living in the home and asked them if they felt safe. People we spoke with told us they had no concerns about their safety. We were told, "I feel safe they [the staff] are nice people they look after us" and "Yes I feel safe; If I had a concern I would be frightened of saying anything to the carers in case I am thrown out. But I would feel ok saying it to the manager and I would go to the manager with my concerns. I can speak up for myself". Visiting family members we spoke with told us they were happy people in the home were safe and well cared for. A comment received was My [named person] is definitely safe and well cared for, I wish they had done it [moved in] a few years ago". All visiting professionals we spoke with prior to our inspection told us they had no concerns in relation to people's safety in the home.

There were effective systems in place to safeguard people who used services from the risk of abuse. This was because the home had policies and procedure in place for dealing with allegations of abuse. All the staff we spoke with were able to tell us about the signs of abuse and the actions they would take if they suspected abuse had occurred. One staff member told us, "I Would discuss it with my working partner, record it and report it to my senior". We saw details of how to raise concerns in relation to safeguarding on display in the entrance hall of the home for staff and visitors to access. Training details provided by the registered manager identified 78% of staff had received training in the protection of vulnerable adults. The registered manager told us safeguarding training was mandatory and was discussed in supervision with staff members. We looked at the safeguarding file for the home and saw evidence of previous investigations that had taken place. The registered manager was able to discuss with us the procedure to take to investigate any concerns of abuse.

Comprehensive pre-admission assessments were carried out prior to people entering the home. This meant that staff were able to determine whether they were able to

## Is the service safe?

meet people's needs safely and effectively. The care files we reviewed identified people's specific needs to keep them safe in the home. A visiting relative we spoke with confirmed that their family member had received a pre-admission assessment prior to coming to the home.

We observed a relaxed and calm atmosphere in all four courts in the home. We saw staff responded kindly to people who used the service and people living in the home were relaxed and comfortable with staff. Staff were seen supporting people to access public areas of the home and were supported to go outside safely if they wished.

# Is the service effective?

## Our findings

The service was effective. Staff we spoke with were able to tell us about how they ensured people living in the home were involved in decisions about their care. One person told us, “They [people who used the service] have a monthly review, family are invited, the changes are discussed and care is kept up to date”. Another said, “Reviews are done monthly with the service user [people who used the service] and then agreed”. A visiting family member confirmed reviews were taking place and they had been involved in the discussion and decisions. They told us, “They [staff] keep in touch any they let me know if there are any changes. My [named person’s] care is discussed and agreed to”. We observed staff offering choices with regards to peoples meals during our inspection. One person who used the service told us if requested a preference for their meal this would be accommodated.

Prior to our inspection with spoke with a number of health professionals about whether the home appropriately involved them in the monitoring of people who used the service. We received positive feedback from them. Examples of comments made were, “I go in every Wednesday and other days too if I need to see someone. The carers are really caring they know about the residents, their history and relatives. Anything I ask them to do they do”, “I have no worries about the home it is very good. All suggestions are picked up. They work with us very well. They are very person centred”, and, “My working experience with both staff and residents has been very positive, and the residents I have encountered seem content with their living environment”.

People living in the home were able to confirm that health professionals were attending the home for reviews. However one person we spoke with told us, “When I told staff about my health concerns, I felt that was the end of it and it didn’t get passed on. I think they think I am putting it on”. It is important to ensure people who use services are monitored and reviewed by health professionals to ensure people’s care is effective and delivered in a timely, appropriate manner”. One staff member we asked about monitoring people’s health told us, “If someone was dropping weight for example or their appetite was reducing I would highlight it to my senior and involve the GP”.

A number of visiting health professionals we spoke with told us the home worked closely with them and involved

them in reviews of people who used the service’s care that was specific to their needs. One professional told us they had no need to, ‘Doubt staff knowledge or skills and care appears at a reasonable level’. We were told the GP visited on a weekly basis to see people who used the service but were accessible in between this if they were required. Professionals told us staff carried out instructions they were given and reported any concerns back to them.

People using the service told us, “I am very happy here. They [the staff] look after me properly. The staff know what they are doing”. A visiting family member told us, “The staff are caring, good they are very good with the residents [people who used the service], spot on. God forbid if I ever got a dementia I would come into this home”.

The registered manager told us people using the service had access to monthly consultation meetings and were able to provide feedback for the newsletters that were produced. The home had an ‘open door’ policy and the registered manager was a regular presence on the courts for people to talk to. We saw there was a comments box in the entrance hall to the home for people to provide feedback in a confidential way if they so wished.

Access to training in the service was good. Staff training records identified that staff had completed training that was relevant to their role to develop knowledge and skills. Training such as; medication, dementia care, first aid was planned and we saw a training matrix which identified topics covered for example moving and handling, protection of vulnerable adults. Mental Capacity Act and person centred training.

Staff we spoke with told us they received a comprehensive training package and this was updated regularly. One person told us, “All my training has been done and is up to date”. Staff told us competency checks were completed in the home and example given was for medications. The registered manager told us, “The home had access to a scheduled training plan from the provider and dates for staff training was planned for the year”.

Effective systems to support staff were in place. All the staff we spoke with told us they were offered supervision regularly in the home. We saw evidence of records relating to supervision in all of the staff files we looked at; these had



## Is the service effective?

been signed and dated by both staff members involved. Topics covered were employee welfare, review of previous supervision, professional developments and line management.

We noted that the service had policies in place in relation to the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The home had robust systems in place to protect people who may be subject to a DoLS. We spoke with the registered manager we explained the circumstances around one DoLS and the application for a second. We asked to look at the documentation relating to this application. We saw evidence that appropriate assessments and checks had taken place which had been signed and dated. This demonstrates a good understanding and use of the policy and procedures in place in the home to protect people who used the service from an unauthorised DoLS.

The majority of the staff we spoke to had a good understanding of MCA and DoLS. We were told, "It is where a person lacks capacity to make decisions and choices. DoLS is where someone's liberty is taken away for example if you give them tea when they want coffee" and, "It is where a person is not able to make decisions and their right to make decisions. DoLS is to not allow someone their human rights for their own safety". However, one person we spoke with was not clear on their understanding of DoLS. We spoke with the registered manager about this who confirmed they would look into this immediately. Staff confirmed there were policies and procedures in place for them to follow regarding MCA and DoLS. We did not observe any potential restrictions or deprivation of liberty during our inspection.

People living in the home received meals in the home that had been prepared on site. We noted the home had an up

to date five star rating for food hygiene and we were shown around the kitchen facilities. The registered manager showed us a file that was used by the cook to prepare meals that identified the nutritional values of all the meals prepared in the home. This could help to effectively calculate people's nutritional intake. Menus were reviewed regularly. Details of people's nutritional profiles were provided by staff for the kitchen. Nutritional profiles detailed people's likes, dislikes, allergies weight records, and nutritional scores.

Individual's nutritional intake was monitored. Evidence of weight recording and nutritional scores were documented in the four care files we looked at. People had care plans in place relating to nutritional needs and these had been reviewed regularly by staff. One of the files had details of the local Foundation Trust guidelines for swallowing for staff to follow to ensure people received safe and effective care. We saw effective monitoring of people's dietary intake in the courts in the home that detailed people's intake of meals and whether or not they had required an alternative or special diet. The registered manager told us this documentation was monitored and reviewed regularly by management in the home.

We undertook a SOFI observation in one of the courts over the lunchtime period. We observed food to be attractively presented and tables had been set with condiments and drinks for people living in the home. All people we spoke with commented on the good quality of the food and confirmed they were offered choices and that staff responded to people likes and dislikes. We asked staff about monitoring of diet intakes. We were told, "We weigh people once a month, if someone was dropping weight or reducing appetite I would highlight it to my senior and involve the GP" and, "If there was concerns I would put them on a food and fluid chart and involve the dietician and GP".

# Is the service caring?

## Our findings

The service was caring. We spoke with people living in the home and received positive comments about their care such as, “Staff are caring and look after me; when I am in bed the staff move me in a caring manner”, “Staff are around and I felt safe in their hands. Staff help me with personal care, I am happy with the way staff do this”, “Magnificent, the carers are lovely excellent” and, “I am very happy here they [staff] look after me properly. I was lucky to get in, it is a popular place”.

A relative told us, “My [named person] thinks it is really good, he has no complaints at all. Grove House has opened up a new world for him. He is definitely safe and well cared for I wish he had done it a few years ago”. Another said, “I am very impressed with the home it suits her needs. She can wander around in space with security. They care for her. She is encouraged to do normal daily routines in a safe environment. The home has a relaxed slow pace it is civilised, not a noisy environment”.

Health professionals told us they were positive about the care people received in Grove House. Examples were, “Staff know the service user and their history. They are responsive to people’s needs. I normally see service users in their rooms and am given privacy and dignity. They are a nice bunch really, they seem very well organised” and “Documentation for example behaviour charts are always filled in. We can see what has been going on with them. The staff do everything asked of them” and, “For the people I am involved with, the level of care appears adequate, and has improved with the current management”. Staff we spoke with demonstrated an understanding of the care needs for people who used the services and where to access information about them to help them deliver effective care. An example comment received was, “Care is person centred. All people have support plans”.

We observed positive, kind and caring staff interactions with people who used the service. Positive interactions were seen for example, one member of staff noticed one person was dancing in their chair therefore they were assisted up to dance in the lounge. Another staff member was observed carrying out hand massage with another

person in the lounge. Both situations appeared to be a positive experience for people who used the service and staff were observed responding to people’s needs in a timely way.

Privacy and dignity was promoted. The manager told us they had recently introduced, ‘Do not disturb’ signs for people’s bedroom doors. This was to ensure when people were receiving personal care they were not disturbed and their privacy would be respected and maintained. During our inspection we observed these signs in use in the home. A health professional who visited the home told us they were, “Offered privacy to speak with service users, their dignity was respected”.

Information for people using the service and their relatives was available. We saw in the entrance hall various leaflets providing information for people using the service or visitors to the home. One leaflet provided information on the care provided to people living in Grove House, staff training and gave example of frequently asked questions detailing information about the service.

The manager told us people’s personal information was stored safely in a locked cupboard in each court in the home. We observed staff accessing care files on the day of our inspection and we saw they were stored securely. The care plans we looked at contained detailed information to help staff care for people in an individualised way for example people’s personal care, diet, mobility and social interests were detailed. All files contained people’s life stories which detailed specific information relating to likes, dislikes, achievements and the future. In one of the care files we looked at we saw documentation relating to an incident with two people living in the home. We asked the registered manager about this who provided us with evidence of appropriate actions taken by the home to ensure people were safe and monitored by the staff team.

During our inspection we undertook a SOFI observation in one of the courts whilst lunch was being served to people who used the service. We observed positive, meaningful interactions between staff and people who used the service. People were spoken to in a kind a respectful manner. People living in the home were asked for consent staff before carrying out any activity. An example of this was a person was asked by a member of staff if they could apply an apron to protect their clothes prior to their lunch being served.

# Is the service responsive?

## Our findings

The service was responsive. Staff told us people were involved in decisions about their care. One staff member said, “There are monthly reviews and the family are invited. Changes are discussed and the files are kept up to date”. The registered manager told us, “Care plans include individuals and family, they are person centred”. Family members told us they were involved in developments of care plans and reviews. One person commented, “The staff keep in touch with me and let me know if there are any changes”. Staff confirmed regular reviews were taking place to ensure people care needs were being met.

We were told by staff that preadmission assessments were carried out on people prior to them moving into the home. This would ensure people's care needs could be met by the service. A relative confirmed this had taken place and detailed information such as care needs was discussed.

We observed staff responding to people's need when they requested it and we heard buzzers being answered promptly by staff. An example was a person required personal care during the lunchtime period; staff responded to these needs and dealt with them promptly and effectively. During our inspection we noted staff responded kindly to people who used the service. In one of the units we noted staff were present in the public areas of the unit and responded to people's requests for example offering a warm drink when they were requested. People we spoke with told us, “The staff know what is going on with the service users”, “I can have a shower when I want”.

The home had appropriate systems in place for dealing with complaints. We were shown a compliments, comments and complaints file. There had been no complaints but the manager was able to discuss the process and the policy in place for dealing with and managing complaints. People living in the home told us, “I have no complaints in any shape or form, I don't grumble as it is always nice. If I had any complaints I would raise any complaints to the office”. Family members were aware of how to raise concerns. An example was, “I have no complaints at all but if I did I would go to [named manager] he is very approachable”. A visiting health professional told us, “Over recent months I think I have seen an improvement in the level of cooperation with and understanding of our teams specific requirements”.

The home had a system for ensuring relatives were informed of changes at the home. We were shown a newsletter from July 2014 that was sent to all relatives of people living in the home. This had photographs of people taking part in the homes activities, details of upcoming events and notices for example birthdays and new staff appointments. Relatives confirmed they received these updates providing them with information about what is going on in the home.

We saw evidence of results from a satisfaction survey that had been completed in 2013 that people living in the home were asked about their experiences and the care that they received. We saw positive feedback in this which included satisfaction with the management team, the care people received and people living in the home are treated with dignity and respect. The registered manager told us new satisfaction surveys were due to be sent out to relatives and people who used services in the near future.

The home had an effective system to gain feedback from people living at Grove House and their relatives. We saw evidence of positive feedback on display in the entrance hall to the home in the form of thank you cards. Comments seen were, ‘Just wanted to let you know how much I appreciated the care and compassion that you showed to my [named person] during her very short stay’, ‘Just to thank each and every one of you for all the care you gave to [named person]. She used to say how marvellous you all were and, ‘Thank you for all the love and care you all gave to [named person] during her time with you. We are sorry she is moving but her needs are now of a more nursing nature’.

We were told regular relative meetings took place with people who used the service and their relatives and we were shown copies of minutes from them with topics documented including, employee of the month, menus and activities taking place. Visiting relatives told us they had not been to one of the meetings.

A visiting relative told us, “I have no complaints at all if I did I would come forward with no hesitation. The home has an open door policy, we come at all times”. Another person told us, “The home made it clear we can come anytime we can just pop in”. We observed regular visitors to all court in the home on the day of our inspection and they appeared to have positive, relaxed relationships with the staff in the home.

## Is the service responsive?

Meaningful community activities were taking place in the home. The registered manager told us activities were a very important part of everyday life in Grove house and they were involved in this year's community access programme. We were told the home had recently created a secure outdoor garden for people who used the service and that people were involved in the planting. We looked at this space. The garden was easily accessible and provided a secure environment for people using services to access. There was evidence of involvement by people who used the service and one person told us they had been involved in planting in the garden. They had also recently created a communal space called 'Grove House Arms' this included a pool table and a bar and we were told this space was used for social gatherings for all four courts in the home. We saw a detailed activities programme on display in the entrance hall to the home which included photographs of previous events.

People who used the service were provided details about the service and advice on moving into the home through a 'service user guide'. We saw there was a copy of this on display in the entrance hall to the home for people to read. We looked at a copy and saw people living in the home

were provided with details on the layout of the home, facilities available to them, care, how to raise concerns and activities on offer such as the library and religious worship if they required.

All the people living in the home had recently attended a village fete over the weekend. Some people who used the service were visiting the local church for a luncheon club and the local school sports day on the day of our inspection. One person who used the service who had enjoyed painting therefore the home had organised weekly visits to an art session that was held in the local community. Both staff and people who used the service told us activities were also provided on a one to one basis. People living in the home confirmed they took part in daily activities and that there was always something to do. The activities co-ordinator told us, "I look at the map of life and as far as possible we tailor activities to meet their need. I wouldn't force activities".

The home had two volunteers that came into the home on each weekend to continue with the activities programme for people who used the service.

# Is the service well-led?

## Our findings

The service was well-led. There was a registered manager for the service who had been in place since May 2012. We received positive comments about the registered manager from people using services, family, staff and visiting professionals. Some comments received were, “The manager is very approachable and open to ideas. He is very caring about his residents. It is one of the good homes”, “The manager is polite and cooperative”, “[Named manager] is fine, the home is well led”, “The current manager and his team appear to be striving towards an improved level of leadership” and “It is lovely place I have no concerns at all. The manager is very good he came about one year ago. I always say I will go into Grove House when I am 85”.

We observed positive interactions between the registered manager and staff. We observed he was visible in all four courts on the day of our inspection and appeared to have positive interactions with people who used the service, visitors and staff. Staff we spoke with told us they were happy with the registered manager and had seen a positive improvement since he came into post. One person told us, “He is down to earth and approachable. Morale has lifted, he is there for staff and residents”, Another said, “The manager is smashing he is approachable and flexible. If there is ever a problem I can speak with him”.

The provider had effective systems in place to monitor and assess the quality of their service. We were shown details of regular audits taking place. Unannounced visits by the regional manager took place where checks were made on risk assessments, audits on care plans, training, supervision and the home’s improvement plan. We noted that a recently completed audit had taken place with evidence of actions plans. The manager told us each month different topics were covered in the home.

The home was reviewed by the fire officer in January 2014 and fire drills occurred in the home on a regular basis to

ensure staff had the skills to deal with an emergency situation. The registered manager told us the home had plans in place to update the fire system in the home which included identified fire zones in the alarm system.

The registered manager told us the home had plans to make the home more dementia friendly and there was an on going refurbishment programme taking place. We were told they were planning to obtain bar tables in the ‘Grove House Arms’ and more appropriate signage to aid people who used the service. Initiatives taking place in the home were discussed including the importance of community involvement. Examples of people accessing the community included regular visits from the religious faiths and invitations to attend local school events.

The home had been successful in gaining recognition in a number of awards that identified positive caring practices taking place. These included; Investors in People, Dignity in Care, The Social Care Commitment, National Association for Providers of Activities for Older People (NAPA), Skills for Care, Universities of Bradford and Stirling dementia resources, Dementia Pledge and Social Care Institute for Excellence (SCIE).

People using services, their relatives and staff had opportunities to have their views heard as they were given satisfaction surveys. The registered manager told us head office was due to send out annual surveys to people who used the service to obtain their views of the home. The registered manager told us they held regular meetings with people who used the service and relatives. Suggestions made by them were taken forward; an example given was people who used the service were involved in the recruitment process for the home for new staff members.

We were shown evidence of staff meetings taking place and staff told us their views were listened to by the management. Staff confirmed the management also carried out spot checks on their practice in the home which meant people who used the service were cared for by a supervised staff team.