

Elizabeth Finn Homes Limited

# Grove Court

## Inspection report

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Date of inspection visit:  
13 September 2016

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

We inspected this service on 13 September 2016 and the inspection was unannounced. Grove Court can provide accommodation and personal care for up to 60 older people, some living with dementia. At the time of our inspection there were 55 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with 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.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work within the care profession.

Staff knew what to do if they suspected someone may be being abused or harmed and medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs, including dementia training. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's preferences and needs so that they could engage meaningfully with people on an individual basis. The service offered people a chance to take part in activities and pastimes that were tailored to their preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that complaints they made would be addressed by the manager.

The service had good leadership; we found an open and positive culture that supported people in a person centred way. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and was supported by the operations manager and the providers visited the service regularly to check the quality of the service. People were asked for their views so that any needed improvements were identified and made where possible.

## 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 had received training in how to recognise abuse and report any concerns. The provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to their health, welfare and safety.

The service managed and stored medicines properly, and there were sufficient procedures and practices in place to help ensure the home was clean and to reduce the risk of cross infection from one person to another.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity and their freedom of movement restricted, the correct processes were in place so that decisions could be made in the person's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred to do. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

# Grove Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 September 2016 and was unannounced. The inspection was carried out by one inspector, a specialist nurse adviser and 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 the experience of supporting an elderly relative.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with 13 people who used the service, three people's relatives, the manager, two nurses, five care staff and the catering manager and two housekeeping staff. We asked four health care professionals for their opinion of the service.

We also looked at eight people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

People living at Grove Court all told us they felt safe living there. When we asked what made them feel safe one person told us "They [the staff] keep an eye on me, if I look a bit wobbly there's somebody to step in and take my arm." We noticed that another person had a pressure mat in front of their chair in their bedroom. When we asked about the mat, they said, "I fell once, so I should call if I want to get up, I do call and they come." Asked if they felt safe living at the service, they said, "Oh, yes dear, they're really good, I don't worry about anything."

Staff told us they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was on display from the local authority detailing how to report a concern.

One member of staff said, "I would go straight to [the manager]." And another said, "I know who to contact if the manager isn't here, I had the training and the contact details are around." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process. Staff told us that they had confidence any concerns they raised would be taken seriously and action taken by the manager.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments in place were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire. Firefighting equipment was available and emergency lighting was in place. We saw fire escapes were unobstructed.

All hot water taps were protected by thermostatic mixer valves to protect people from the risks associated with very hot water. Heating to the home was provided by radiators and all of them were covered to protect people from the risk of being burnt burn from the hot surface.

We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

There were sufficient staff on duty to keep people safe and protect them from harm. One person told us, "They [staff] are always around to help if I need it." One relative told us, "my [relative] gets the best care. I don't have to search for staff if they need help."

The manager told us that they felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety. This was confirmed by the rota's we looked and our observations; staff responded to people's request for help and support without delay. People had access to call bells in their bedrooms and told us that staff responded promptly when they called. One person touched their call bell and told us "It doesn't take long for someone [staff] to turn up once I have pressed this."

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service. The employment files we looked at showed that all the appropriate checks had been made prior to employment.

Medicines, including controlled drugs, were managed safely by the service. We observed staff administering medicines to people and saw that they did it in a patient and caring manner. Staff asked a person for their permission before administering eye drops. They also offered a person their as and when required (PRN) pain relief medicine in a kind and appropriate manner, "Are you in pain? Do you need pain relief today?" And asked another person, "Here's your tablets, they'll help your heart, please take them for me." Where people needed PRN there were protocols in place to inform staff when to use them.

People told us they got their medicines as prescribed, one person said, "They [their medicines] come as regular as clockwork." And another person told us, "My pills are here when I need them."

Records showed that the nurses had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely. We saw evidence of effective auditing of medicines. Daily and weekly audits ensured the availability of medicines. Any discrepancies were addressed which resulted in the safe system of administration we witnessed.



# Is the service effective?

## Our findings

People told us that staff made sure that they got what they needed and that they were supported well. One person said, "It's perfect, I'm well satisfied." Another person, a recent arrival said "Obviously I'd rather be in my own home, but as that's no longer possible; this place is the next best thing."

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

We asked people using the service and their relatives if they felt that their needs were being met by staff who knew what they were doing. One person told us, "They [the staff] never fuss me, if I don't fancy having a bath when they ask they say OK I'll check in case you change your mind." One relative told us "[My relative is] makes [their] own decisions and the girls [staff] respect that." Another relative said, "This place is great, they [the staff] do what they say they will."

We found staff to be knowledgeable and skilled in their role. Staff told us that they underwent a full program of training, one said, "We're trained to take care of these people as we would our own gran, that's as it should be." Changes to working practices and systems were not imposed without notice or discussion, we saw that they were clearly announced in advance and explained and discussed at regular staff meetings.

Throughout our inspection staff could be seen moving unhurriedly around the building. They acknowledged people and, unless they were otherwise occupied in a specific task, would exchange pleasantries with people they encountered. They made sure that no one was rushed and all were courteous, pleasant and friendly with the people they supported.

The manager told us that the care staff were supported to gain industry recognised qualifications in care, an National Vocational Qualification (NVQ) in care or more recently a Qualifications and Credit Framework (QCF) award. This meant people were cared for by skilled staff, trained to meet their care needs.

We asked people who lived in the service and their visitors if they felt staff had the training they needed to do their job and meet their needs. One person said, "They [the staff] are beyond excellent, they know what they're doing and get on with it." A relative told us "The new staff soon pick things up, they are helped by those that have been around a bit longer."

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

People can only be deprived of their liberty 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).

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager understood both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. They told us that they understood under what circumstances they would need to make applications to be given the authority to deprive people living in the home of their liberty in order to keep them safe and had made them where necessary, which assured us that they had taken action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of deprivation of liberty.

None of the doors were locked or inaccessible and people were free to come and go as they pleased. They were asked to let staff know if they intended to go out and were reminded to sign out and in again on their return so that staff were aware of people's whereabouts.

People's individual records included an assessment of capacity and consent to care and treatment forms. People had their capacity assessed and staff supported people to make their own decisions and keep control of their lives. A staff member told us, "it's not up to me to tell people what they should do, I listen to what they say and help them to get what they need, the way they want it."

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. Throughout our inspection we saw staff supporting people to make choices and to ask people if they wanted support; gaining their consent to care before they took action.

We observed lunch in three locations, two dining rooms and outside in the "summer house." The food looked hot, appetising and was reported as being very tasty. The dining rooms were well lit and the tables were attractively laid with linen table cloths, cutlery, salt olive oil and pepper, everyone had been provided with their choice of drink.

Although people's views on the meals in the service were mixed, the comments were about the presentation of meals and not lack of quality. One person said that they felt that food was 'Jazzed up, too much!' They felt that good plain food would be preferable. Another person said, "The food's very good. Always well cooked and tasty." Another person said "It's very good. There's always a choice and if I don't like something they will always find me an alternative." Both views were echoed throughout the day.

That day's menu was on the tables. They were illustrated with and were varied and offered people three courses with a choice of three main meals, including a vegetarian choice. The food was served to everyone individually on warm plates, looked appetising. People were asked what they wanted from the menu once they had settled in the dining room. One person told us, "We don't order the day before, but as I don't like these choices, I have ordered two fried eggs on toast." The care worker came and told the person that the chef was preparing these and it would not be long to wait. As well as the main hot dessert choice, people were shown the trolley where there was a range of cold desserts and cheese and biscuits.

We saw people being supported to eat, one care worker sat with a person and helped them to eat their

lunch in a calm and supportive way, talking to them and allowing them to finish one mouthful before offering another. Another person being assisted with their lunch by a member of staff. They made good eye contact and communicated well whilst helping the person to eat. The atmosphere in the dining rooms was relaxed and unhurried. Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The day was warm and sunny and, as a planned activity, four people were supported by two staff members to enjoy their meal outside in the summer house, which was located in the attractive, well-kept grounds. Staff served meals at the table in waitress fashion. The people who ate there told us that they enjoyed the food and the mealtime experience.

People are able to voice their opinion about the quality of meals provided through monthly Gourmet Club meetings, where people can talk food; take part in tasting sessions, plan special meals, discuss what's good or not so good about meals times and make suggestions for improvement. On the sideboard in the dining room there was a 'Comments ' folder, this contained entries like, 'Outstanding soups, varied and always good' and 'The food has been excellent, professionally cooked and delicious. Thank you to all staff'.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice. Care and kitchen staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with the GP surgery that provided support and assisted staff in the delivery of people's healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests. One person said, "The doctor comes when I ask." Another told us, "A doctor is fetched if I'm not feeling too good." A relative told us that since their relative had lived in the service their health had improved and they were less worried about not being able to see them every day.

Healthcare professionals visiting the service during our inspection told us that the staff were helpful, "I organise my list and put the names in the diary and the carers get the residents ready for me." Another said, "This is one of the best homes that I come into, I see the residents in their room and the carers often come in and check the resident is okay, not just the hourly checks, here they monitor them more, they also contact me if anyone has passed away."

## Is the service caring?

### Our findings

People and their relatives commented positively about the staff. They told us they were kind, caring and well trained. A visitor told us "The staff are beyond excellent, they [the staff] are caring and supportive." One person living in the service said, "This place is caring and that's the most important thing, isn't it?" Another person told us, "This is an excellent service, I know what good should be and that's what I expect."

The atmosphere in the service was relaxed. People and their visitors had unrestricted access to the well managed grounds and the facilities. Nor were people restricted from leaving the building and were encouraged to sign out when they left and back in again on their arrival home. Throughout our inspection we noted several friends and relations arriving and leaving and people living there coming and going freely. This showed that people's relatives and friends were able to visit without being unnecessarily restricted.

We saw that interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people living with ill health and having difficulty getting around. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. A relative said, "My [relative] is at peace here. [They don't] have to worry about getting things done and can relax and let others help [them]."

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company.

Staff spent time sitting in the lounge chatting and being sociable with people and as they went about their work did not miss opportunities for interaction. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. Staff were familiar with how people liked to be supported and which of their experiences in life which were important to them. This helped staff communicate effectively with them.

There was a light hearted atmosphere in the service. When asked about forming relationships and feeling involved one person told us "I'm comfortable with the staff, they treat me like I want to be treated, we all get on and have a laugh together."

The manager told us that people were encouraged to be involved in planning their care where they were able. One person told us, "They [staff] say, what do you think... is there anything we could improve?" Relatives told us they were included in discussions about their family member's care. One relative said, "There are reviews of [our relative's] care plans, we have our say and it's taken seriously." Another relative told us, "If I have any comments to make I find a senior staff member and we have a chat."

A staff member told us, "The company expect high standards of care and we try to give this, I enjoy working with the people here and giving them good care."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, "I am deaf and nearly blind but staff are kind and polite." Any personal care was provided promptly and in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Each person's room had a small name plate and a door knocker on the door. Indicating that it was the person's front door and their home, prompting staff to stop and knock on the door before entering.

## Is the service responsive?

### Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative told us that their relative, "Has everything they need, my [relative] needs a special cushion to protect [their] skin. It's always there when [they] need it, One person said, "I'm a positive person but I have bad legs and am forgetful. So they [the staff] keep an eye on me, too good sometimes; they pop up when I'm walking around the garden."

People and relatives also told us that they had been provided with the information they needed during the assessment of need process before people moved in. Care plans were developed from those assessments and recorded information about the person's likes, dislikes and their care needs.

Care plans were detailed enough for care staff to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent, such as in choosing their own clothes and maintaining personal care when they could. One person said, "I like to do what I can, but am happy if they help me with things I find hard to do."

The records showed that the care plans were reviewed regularly with the people concerned and their family. The manager told us that they reviewed care plans regularly or whenever a need arose, when there were changes in people's health or supports needs for example.

One care plan we reviewed gave clear and detailed information about the person's needs. We spoke with the person about their choices, they said, "I let them know when I'm going out, but there is a rule that says I can't have a bath on my own, I have to wait for a carer." They went on to tell us that this had been risk assessed in their care plan and it was using the bath alone that was a concern, they said it was because they needed to use the bath chair lift to get in and out of the bath. They agreed that staff needed to make sure they were safe and that, although they would prefer to do it alone, understood that staff needed to be there.

There was an employed activities coordinator in post who was proactive and used their local knowledge and influence to help in devising an interesting program of activities, outings and entertainment which people were encouraged to take advantage of. One person told us "There is always something to look forward to, The dog is visiting today. I love that, I miss my old girl. In a couple of days I'll be having afternoon tea in the summer house and listening to good music!" A relative told us "My [Relative] likes to stay in [their] room, but is reminded of anything that's going on and often goes down to join in."

Other relatives we spoke with were enthusiastic about the entertainment and activities offered to people. One person's relative told us "The activities are excellent; there is a real choice of a wide range of things. Speakers come in; there are classical music recitals, scrabble and even a mini railway display in the garden!" Another relative told us, "[My relative] stays in [their] room, [they] likes [their] own company, but they [the staff] come and spend time with [them] and sometimes bring in cats and dogs to pet, which they love."

There was a meeting of the Friends of Grove Court Association on the morning of our inspection. We were invited to sit in on their meeting. It was clear that they were committed to contributing to the people's wellbeing. They hold regular 'songs of Praise' sessions and host coffee mornings and discussions as well as running a fundraising fete and similar events. One of the outcomes of the meeting was that the association would fund the cost of a grand piano that was offered to the home. It was delivered to the service on the day of the inspection and one of the people who live there took advantage of it's arrival.

The committee members had good knowledge of the people who live in the service, gained from running the 'shop trolley' and socialising with people in lounge.

We saw people take part in everyday activities of their choice. We saw people reading papers; magazines and playing cards and dominos, crosswords and board games were available if people wanted to have a go.

The service also took steps to support people to continue to follow their chosen religion, church services were held and people are invited to join in with 'Songs of Praise' once a month. We were assured that if someone wanted to attend a church of their choice arrangements would be made to make that possible for them.

People were supported to keep in touch with others that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. When asked about visiting times a relative told us, "I come and go as I please and there is no fuss if I want to take [my relative out]." Input from families was encouraged and relatives told us they were always made welcome when they visited. When asked about links with other specialities, one nurse told us that the St Elizabeth Hospice in Ipswich had created a scheme to support palliative care in nursing and residential homes. They said that they have contacted the hospice and the registered nurse always came out quickly to visit the person who needed support and offered advice and support.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The organisation's complaints procedure was displayed openly throughout the service and we saw that complaints were recorded in line with these procedures. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that they had no concerns about making a complaint and that if they needed to make one they knew what to do and who to talk to. One person said, "I have never complained, I am comfortable and well looked after." A relative told us "If I'm worried I know who to speak to and it's always dealt with to my satisfaction."

## Is the service well-led?

### Our findings

The service is well led. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, "Over the last few months it's improved [the service], it was always ok but she's good [the manager]." A professional healthcare visitor told us that the home was well managed and that all the staff communicated effectively with their service.

We saw that the manager, who had been in post for 10 months, had a good rapport with all grades of staff. We observed them talking to staff members and relatives, they listened and gave good eye contact. The manager was knowledgeable about the people living in the service, they spent time talking with people daily and monitored staff and the delivery of care closely.

All the staff we spoke with told us they felt supported by the manager and were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems. A nurse told us, "I like working here, we work as a team and I get support from the unit manager and the Clinical Manager,"

Each morning at 10am a '10 at 10' meeting is held, the Manager and a member of staff from each department attends. We observed the meeting on the day of our inspection, the staff present were from the administration, maintenance, housekeeping, catering and the unit manager (RN) from the ground floor. Each person present was asked by the manager to give a brief account of any issues or problems. The Manager listened and took notes from their comments and asked for clarification when needed. The issues discussed included admissions due to the home, the refurbishment of one of the rooms and tracking the training of some of the catering staff. Staff we spoke with felt the meetings were useful in making everyone aware in what was happening and expected during the day.

People were given the opportunity to tell the provider what they thought about the service they received so that the manager could push improvements in the way they were cared for. People and their families were asked their views about the way the home was run through completing annual surveys. They were also given the opportunity to attend meetings, where they received information from the providers and give their comments about the running of the home. One person while telling us how they felt about the home and its environment said, "It's perfect, I am well satisfied." A relative told us, "There are residents and relatives meeting, they are well attended. They're [the service] quite open with the comments, good or bad, they don't try to cover anything up."

The Grove Court monthly journal kept people and their families updated about what had been happening in the service and what was planned. The copies we saw talked about activities and outings people had taken part in with photographs, articles of interest, puzzles and a programme of the next months planned activities. They were well produced and informative.

There were systems in place to monitor the quality and safety of the service. The manager carried out



regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

We saw from the records that people's health and wellbeing was protected because health and safety checks such as fire drills and essential maintenance checks, the lift and hoists were up to date and regularly scheduled.