Grove Care Limited

The Grove Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 September and 1 October 2015 and was unannounced. The previous inspections of The Grove Residential Home were in November 2013 and March 2014. There were no breaches of the legal requirements at those times.

The Grove Residential Home is a care home for up to 36 predominately older people who are living with dementia. One bedroom that is registered to accommodate two people however was only used by one person. At the time of our inspection there were 34 permanent people in residence and one person who had been admitted for a short stay (a respite stay).

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

Summary of findings

People were safe. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Any risks to people's health and welfare were well managed. Pre-employment checks were robust and ensured that unsuitable workers could not be employed to work in the service. The management of medicines was in line with good and safe practice.

The staffing numbers on duty each shift were calculated to enable each person's care and support needs to be met. Staff were well trained to enable them to carry out their roles and responsibilities. New staff had an induction training programme to complete and there was a programme of refresher training for the rest of the staff. There was a collective aim within the staff team to provide a high quality service. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were supported to make their own choices and decisions where possible. Staff understood the need for consent and what to do where people lacked the capacity to make decisions. We found the home to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. There was a real commitment by the catering staff and the care team to ensure that people enjoyed their food and received the nutrients and vitamins they needed to maintain good health. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

People received a service that was caring and met their individual care and support needs. They said they were well looked after and this was also confirmed by relatives we spoke with. The staff team had good friendly relationships with the people they were looking after. People were able to participate in a range of different activities, both in-house and in the local community. People were supported to be as independent as possible.

Care records were kept for each person and provided detailed information about how the person wanted to be looked after and how their care was to be delivered. People were involved in decisions about their care as much as possible and their families were also consulted. People were encouraged to raise any concerns they may have.

A range of measures were in place to audit and monitor the quality and safety of the service. Action plans were developed where improvements and changes were required. These measures ensured that any improvement actions were followed up and implemented. The registered manager demonstrated a real commitment to improvement and had also engaged the whole staff team to 'strive towards excellence'.

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 was safe.

People received care from staff who safeguarded them from coming to harm and would take the appropriate action if their safety was compromised. Any risks to people's health and welfare were well managed.

Staffing levels were appropriate and enabled them to keep people safe. Robust recruitment procedures ensured that only suitable staff were employed.

People's medicines were managed satisfactorily.

Good

Is the service effective?
The service was effective.

Staff received training that was relevant to their job role. All staff were committed to providing a high quality service and involved in ensuring the service was effective. Staff were regularly supervised to ensure their work performance was effective.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with sufficient food and drink that met their individual requirements and were supported to see other health and social care professionals as needed.

Good

Is the service caring?
The service was caring.

Staff were caring and kind and supported people in a way that promoted their well-being. People were treated with dignity, respect and compassion.

Staff helped people maintain their independence and recognised their individual care and support needs.

Where people were at the end of their life they were supported to have a dignified death. The staff team also supported the family.

Good

Is the service responsive?
The service was responsive.

People received the care and support they needed. They were looked after in the way they liked. Care plans provided an account of what support was needed and how this was to be provided.

People were able to participate in a range of social activities. They were involved in community activities and enabled to live as full a life as possible. They were listened to and staff supported them if they had any concerns or were unhappy.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had a clear vision about the future of the service and how it would continue to develop for the benefit of people at the service.

Feedback was encouraged, people were listened to and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn, develop and support people as a team.

The Grove Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 29 September and 1 October 2015. The inspection was undertaken by one adult social care inspector. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies.

Notifications are information about specific important events the service is legally required to report to us. We had not asked the provider to submit their Provider Information Return (PIR) before this inspection.

During our visit we met and spoke with six people living in the service and two relatives. We spent time with the registered manager and the deputy. We spoke with three care staff, the activities coordinator and housekeeping staff. We received feedback from three health and social care professionals. The views and opinions expressed have been incorporated in to the main body of the report.

We looked at three people's care documentation, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, audits, quality assurance reports, satisfaction survey reports and minutes of meetings.

Good

Is the service safe?

Our findings

People were safe and there were measures in place to ensure their safety. People said, "I have no worries here", "The staff are always around and looking out for me", "I am safe here. I wasn't at home and had several falls" and "The staff always treat me kindly. Never a cross word". Relatives also said they felt the service was safe and made the following comments: "When I go away from here I know she is safe and will be treated well" and "I have absolutely no concerns for my wife's safety".

New staff had a safeguarding training module to complete as part of their induction training programme. In addition there was a refresher training programme to ensure that all staff kept up to date with safeguarding issues and knew what to do if safeguarding concerns were raised. Those staff we spoke with knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the registered or deputy manager. Staff referred to the provider's whistle blowing policy and knew they could report directly to the local authority, the Care Quality Commission or the Police.

Both the registered manager and deputy manager had completed safeguarding alerters training with South Gloucestershire Council. They were also on the waiting list to do the level three management and investigation of safeguarding training. They spoke about situations where they had raised safeguarding alerts with the local authority and had put action plans in place to prevent a further reoccurrence. Local authority staff told us that the service worked well with them and always looked for solutions to safeguard people's welfare.

Safe recruitment procedures were followed to ensure unsuitable staff could not be employed at The Grove. Recruitment records contained at least two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. All references were followed up to ensure they had been written by relevant people who could confirm previous work performance. These measures meant people using the service were not put at unnecessary risk.

A range of risk assessments were undertaken as part of the care planning process to ensure people received safe care and support. These included the likelihood of falls, of developing pressure ulcers, nutrition, medicines and the possibility of self-neglect. A detailed moving and handling assessment was undertaken with those people who needed support to move from one place to another. A safer handling plan was devised and this set out the equipment to be used and the number of care staff required to carry out the task.

The service had a business continuity plan in place. This set out the arrangements if for any reason the home had to be evacuated or there was failure of any services. We discussed the need for personal emergency evacuation plans (referred to as PEEP's) with the registered and deputy manager and immediate action was taken to start getting these in place for each person.

The service was fully staffed and had two new care staff starting in October 2015. The registered manager and deputy were looking to promote one more senior member of care staff to cover for a staff member going on extended leave. They did not use agency staff (unless they were used to provide one to one supervision of one person) and any sickness or holiday cover required was covered 'in-house'. Shifts were worked 8am-2pm, 2pm-8pm and 8pm-8am. Based on the needs of the current people in residence, there were four care staff on duty during the day and three waking night staff overnight. In addition other staff were on duty. This included activity staff, catering and housekeeping staff, maintenance, the registered manager and the deputy manager. The deputy manager continually monitored the staff rota's to check staffing numbers and staff had to clock-in and clock-out of their shifts.

There were clear policies and procedures in place to ensure that medicines were safely handled and administered correctly. Medication administration records demonstrated people's medicines were being administered as prescribed by the GP. Staff told us they contacted the GP if a person refused to take their medicines on three occasions and also if they were administering 'as required' medicines on a regular basis. These were usually medicines for pain relief or constipation. Records were maintained to describe the circumstances in which these medicines had been administered.

A member of the care team had taken a lead role in the management of medicines. They ensured medicines were

Good

Is the service safe?

reordered appropriately and medicines were always available to be administered as prescribed. They also ensured that medicines, including creams and ointments, were not over ordered, in order to reduce wastage. Accurate records were kept of all medicines received in to the home and of those returned to the chemist for disposal. All medicines were stored in locked medicines trolley or cupboards in the treatment room. Suitable arrangements were in place for storing those medicines that required additional security. Staff had to complete medicines training and be deemed competent in the safe administration of medicines, before they were able to administer medicines unsupervised.

There had been no errors involving medicines in the last 12 months. Medicine administration records (MAR charts) were checked on a daily basis to ensure there were no missing signatures. We were told that if a member of staff continually forgot to sign the MAR charts they would receive extra supervision and maybe refresher training.

At the time of our inspection no one needed their medicines to be administered covertly. This is where medicines had to be disguised in a drink or food and administered in the person's best interests. The registered manager was able to tell us in these circumstances the situation would be fully discussed with the person's GP, relatives and any other relevant health and social care professionals. A best interest decision would be recorded as agreed between all parties.

Good

Is the service effective?

Our findings

People told us they received all the help they needed. They said, "You get everything done for you. I couldn't ask for more", "I am very well looked after" and "The staff seem to know exactly what to do, they are very good and patient". Relatives said, "I went and visited three other care homes before I came to The Grove. I was impressed with how they said they would look after my wife. She can be very difficult at times but the staff look after her extremely well at all times" and "I cannot fault the care my wife receives".

New staff had an induction training programme to complete when they started working at the service. The programme was in line with the new Care Certificate and had to be completed within a 12 week period. The programme consisted of 22 modules and staff had to complete them all. Training was delivered via an e-learning programme, work books that had to be marked, DVD's and practical learning sessions. The induction programme was signed off at the end of this period. New staff were allocated a mentor (an experienced member of staff) and a buddy. Specific mentorship training had been completed by five staff including the deputy manager. One of the team leaders told us they were currently mentor to three members of staff.

All staff had a programme of training they had to complete and this was updated regularly. All training was dementia focused. Those staff we spoke with confirmed they received regular training and that the opportunities at The Grove were "very good". The registered manager said that all staff were engaged with the training programme, including the night staff. As well as the mandatory training programme the staff team had undertaken training in care planning, pressure ulcer care, nutrition and end of life care.

There was an expectation that all new staff would sign up and complete further training following their induction and probationary period. They were supported to achieve diplomas in health and social care (formerly called a national vocational qualification (NVQ)) if they had not already achieved this. Ten staff members had signed up to start their diploma's 'NVQ's' on 13 October 2015 at level two. Other staff we spoke with were already working towards their level three and level five awards.

Staff received regular supervision and an annual appraisal to discuss their work performance and any development needs to ensure they had up to date knowledge to meet people's needs. Staff we spoke with said they were well supported and enabled to do their jobs effectively. They also said the management team were interested in their welfare too and "bent over backwards" to be flexible if they needed time off work for family reasons.

Staff completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lack the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of the people who live in a care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person's best interests. Those staff we spoke with during the inspection had sufficient understanding of the legislation and how it affected their day to day work. The registered manager advised us there were nine DoLS authorisations in place and a further 23 DoLS applications had been submitted to the local authority but were waiting to be processed. Records were kept of when these authorisations were due to expire and who the person's representative was.

Staff were clear about asking people for consent and said if a person declined an activity they would try again later or try different staff and would always report to the deputy or registered manager if there was a continued refusal.

People were provided with sufficient food and drink. Their specific nutritional requirements were met and appropriate measures were in place if the person had been identified at risk of malnutrition or dehydration. Staff asked people about their likes and dislikes and ensured that this information was relayed to the kitchen staff. The kitchen staff were advised if a person's body weight decreased and fortified foods were supplied. Where needed, people would be provided with a diabetic diet or soft foods. Food and drink was available at night times for those people who had not eaten well during the day.

People said, "Lunch was very nice. We had lovely Yorkshire puddings", "The food is very good – plain straight forward food" and "I get more than enough to eat and drink".

Good

Is the service effective?

There was a four week menu plan in place and this was changed in line with the seasons. Menu cards were available to help people make visual choices about what would like to eat. Menu choices were made in advance but people were able to change their mind if they wanted the other option. Where people did not want one of the main meal choices, they could choose an alternative. People were able to choose whether they had their main meal of the day in the middle of the day or in the evening.

The registered manager spoke about the improvements they were making. With the chef, they were looking at the calorific content of each meal and ensuring they could cater for different medical needs, for example gluten free diets. They were also reviewing all the menus to ensure all the meals were well presented, looked appetising and were dementia focused. This meant that food was presented so people would receive the visual prompts they needed and know what they were eating

People were supported to access other health and social care professionals. Each person was registered with a local GP and the district nursing services visited to complete any nursing tasks. We spoke to one healthcare professional who said they were contacted by the staff team in a timely manner and staff always carried out any instructions they gave. The staff arranged for them to be seen whenever they needed a medical or nursing opinion. Another healthcare professional said the staff ensured that referrals were made to community nurse specialists for mental health advice and support. They said The Grove "managed the care of people with moderate to high dementia care needs well". Both healthcare professionals rated the service as "good" and stated they would recommend the service for a relative (The Mum's Test). Examples of other healthcare professionals involved in people's care included opticians, audiology, foot care specialists, speech and language therapists (SALT), occupational therapists and physiotherapists and hospital psychiatrists.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care they received. They said, "The staff are extremely kind and friendly", "The staff are all very nice and polite. They know I like to be called by my full name", "The staff know that sometimes I like to get away from everybody else and be on my own. They know if I am getting anxious" and "I am very well looked after and do not want for anything". Relatives said, "I am very pleased with the way my wife is looked after. They (staff) do a brilliant job" and "The staff are always very welcoming, polite and genuinely care. They care about me too". Both healthcare professionals said that people were well looked after at The Grove.

People were supported to maintain their independence and to continue doing those things that they liked to do. This promoted a sense of well being for them. One person liked to go 'along the road' and collect the daily newspaper each day. The person said this was important to them and allowed them to have a daily walk and chat with staff in the local store. Care staff knew when the person left the service and when they were due back. We saw many examples of positive interactions between the staff team and people. One person was asked if they would like to join in a group game and they answered, "I don't want to have a go thank you". The staff respected this decision. We observed care staff dealing sensitively with a person who was showing signs of agitation and was unable to find their way about. We also saw that the staff dealt sensitively with a personal hygiene and grooming issue with one person and with repetitive requests for information. We found that people were treated with kindness and were responded to promptly.

Staff treated people with dignity and respect. One member of staff told us they liked to spend 1:1 time with each person in order to get to know them well, find out how they liked things done and what activities they would like to do. All staff we spoke with clearly knew the people they were caring for, and were able to describe in detail their likes, dislikes and preferences. There was a keyworker system in place. A keyworker's role is to provide a link between the service and the family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. This role enabled people to express their views and for their views to be listened to and acted upon.

There was a hairdressing salon on the first floor of the home called "Fabulous" and a hairdresser visits the home on a weekly basis. Outside of the salon there was a cabinet displaying beauty products from time gone by and other memorabilia. One person said, "I like to have my hair set regularly". People and their relatives were being encouraged to put together memory boxes of things that were important to them. These were to be kept in the person's bedrooms and not outside by the bedroom door. This is because the purpose of them was to be used with the person to help recall memories and important events in their lives. Previous dementia guidance was that the siting of memory boxes outside of the person's bedroom door would help them locate their room. They will contain items personal to that person and will be used to engage with the person when they may be anxious or agitated.

People's daily routines were flexible and some chose not to get up until later in the morning and others liked to be awake during part of the night time period. Those we spoke with told us they could choose how and where to spend their day. One person told us "I like sitting in this chair because I can see all the comings and goings". Another person said they liked to watch the television and "liked to watch the soaps in the evening".

Staff promoted people's independence where possible but balanced this against the level of risk. We saw that one person made many trips independently from the dining room out into the courtyard garden. Staff told us this person became agitated if they tried the door and it was locked. When the person was able to independently open the door and go outside, they then walked around the courtyard, stopped to speak to the caged birds and then returned with a sense of well being. Other people made independent trips from the home to the local shops, the library and a nearby park. We observed people being assisted with kindness and sensitivity when they appeared to have lost their way.

The Grove aims to provide a 'home for life' for people but the registered manager was aware of the need to be realistic to ensure that the person's nursing and medical needs would be met by visiting healthcare professionals. Where 'do not resuscitate' decisions had been made the correct documentation was in place. This had been completed by the GP, the person (where appropriate) and their families. Where people were receiving end of life care, their wishes were documented, and plans were in place to

Good

Is the service caring?

make sure their care was delivered in accordance with their needs and wishes. One healthcare professional said, "The staff team are totally committed to providing excellent end of life care and want to look after people until they pass away".

The service was currently looking after one person with end of life care needs and the staff team were working with the family and healthcare professionals to meet their needs.

Appropriate nursing equipment was in place to maintain the person's comfort and skin integrity. Staff told us they wanted people who were at the end of their life to have a dignified death and said it was important to also look after the person's family as well. The service had received a number of complimentary letters from relatives in respect of how they had supported people at the last stages of their life.

Good

Is the service responsive?

Our findings

Pre-admission assessments were completed for people who were considering moving into The Grove. Where possible, people or their relatives were invited to visit the home, have a look at the facilities on offer and to meet the staff team. When the registered manager, deputy or team leader visited people in their own homes, or in the hospital they used a tablet computer to show a video of the service, the bedrooms and the 'Memory Lane' facilities in their nursing home (Blossom Fields) next door. All the facilities in Blossom Fields were available for the people who lived in The Grove as was the activities arranged in that service. They also had a number of meal cards and activity photographs to show prospective 'residents' in order to help them and their relatives make an informed choice.

Staff used a comprehensive assessment tool to find out about people and ascertain what help and support they needed. The document covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and dietary requirements. It also included the person's lifestyle choices and preferences. The document was started before admission however remained a working document whilst staff gathered information about the person.

The assessments were used to devise the person's care plan. Each person's plan was person centred and 'bespoke' to account for their specific needs. Detailed, well written and to up to date care plans were kept for each person. It was evident from the plans that people and their relatives had been consulted on the care plans, and their wishes, needs and preferences were incorporated into the plans. For example, one relative told us their spouse did not like to have a shower and preferred to have a bath. This was clearly stated in their care plan. The care plans also recorded 'things that may worry or upset me' and 'things that relax me'. The plan for one person stated how they wanted specific items of personal belongings set out in their bedroom when they were away from their room in other parts of the house. This evidenced people and, or their families were involved in deciding how they want to be looked after.

Care planning was goal orientated. The registered manager gave an example of how they had worked around an issue where it was difficult for the service to meet the person's expressed wishes. The person had requested to have fillet steak every day but this had been negotiated for birthday celebrations and other specific dates to the satisfaction of both sides.

Care plan reviews were undertaken regularly. Where people were receiving end of life care, their wishes were documented, and plans were in place to make sure that care was delivered in accordance with their needs and wishes. Relatives told us they were kept updated and informed of any changes in between these reviews.

Handover information between staff ensured that important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored. A communication book was used to record handover information as staff did not always receive a verbal report at the start of their shift. Staff told us they always referred to this book as they were "clocking-in". Daily care reports were recorded by the staff and these were regularly checked and audited by the senior staff.

A new activity co-ordinator had been in post since the summer and said "I like finding out what people enjoy doing". They had introduced a number of 'active' activities, for example armchair aerobics and dancing and use of the courtyard garden area in the warmer weather. External activity providers and 'volunteers' support the co-ordinator in providing activities. The activity programme was on display on the notice board in the hallway. The activity co-ordinator said this could be changed to "reflect what people wanted to do". During the inspection a group of people participated in an arts and craft session in the morning and in the afternoon a member of the care staff organised a game of quoits with a group of seven or eight people. One person was asked "Would you like to have a go" and then scored the highest score much to her amazement and enjoyment.

There was a writing club held every Monday. Staff had supported one person to write to their daughter who lived overseas and the service had received a letter of thanks from them. Staff had also supported a group of people to write to two MP's to invite them to The Grove so they could see what it was like to live with dementia. Both offers had been declined due to work commitments. The registered manager told us about one person who "worked

Good

Is the service responsive?

alongside" the domestic staff and helped to clean surfaces and do damp-dusting. They were provided with their own cleaning box, dusters and safe cleaning products (just water) and in doing these tasks "felt useful".

There was a display board in the front lounge showing photographs of events that had taken place. There were pictures of the 'Master Chef' menu tasting day in May, an arts and crafts day held in April and dress up days for fathers day and Wimbledon. Several people had been supported by the staff to access community facilities - the local library and a dementia friendly garden and park area in Winterbourne. A group of people from The Grove had gone out to the village hall and taken part in the Village Bake Off in the summer and had won a prize. There was a men's club every Friday, a women's group every Thursday and a monthly church service. People would be supported to attend any of the local churches if they requested. One healthcare professional told us, "The Grove understands the importance of meaningful social activities and the impact this has on people's well being".

A daily newspaper 'The Daily Sparkle' was available for people to look at. This had a reminiscence focus with items such as today in history, the way we were, do you remember…. as well as general knowledge quizzes. There was also a monthly Grove Care newsletter. This included photos of events, people and staff's birthdays and other celebrations. There was also information about the employee of the month and what feedback they had received from people and their families.

People said if they were unhappy they would tell someone. The relatives we spoke with said they would have no hesitation in speaking to "the manager" if they needed to make a complaint, and they felt confident that any concerns raised would be addressed. One relative said, "The service here is first class and the staff are so committed to getting everything right. No reason to complain at all".

Good

Is the service well-led?

Our findings

We received positive comments from some people who lived in The Grove and their relatives about the management of the service. Comments included, "It is alright here. Everything seems to run smoothly", "We are always asked for our opinions. I think the manager is very capable and does a good job", "All the staff seem to get on very well together. We are one big happy family here" and "It is not truly like home but the staff do their very best to make it as near as possible. I would be lonely if I lived on my own so I don't want to live anywhere else". One relative said they had visited several homes before their wife moved to The Grove and had been impressed with "the professionalism of the manager, the facilities and cleanliness and the smooth running of the home".

The providers vision and values were to ensure The Grove provided a service that was safe, effective, compassionate and of a high quality. There was also a continual commitment to improvement. This vision was "owned" by the registered manager, the deputy and all the care staff. There was a collective responsibility by all the staff to ensure the quality of the service provided. Healthcare professionals we spoke with said "The Grove is a very well run care home", "People are at the centre of everything they do" and "All the staff are excellent. The care staff are respected by the managers and live up to the extra responsibility they are given". The registered manager attended local care home support forums where they were able to exchange ideas about current best practice, things that had worked well and things that had not.

There was a staffing structure in place led by the registered manager and a deputy manager. There were four staff teams made up of a team leader, senior care staff and care staff. The registered manager stressed that communication was essential to ensure that information was passed up and relayed down to all staff. The registered manager and deputy also knew the importance of being "out and about" in the home so they knew what was going on and could monitor people's care and staff work performance. Both the registered manager and deputy stepped in and covered shifts when necessary and could do this because they knew people's care and support needs.

All staff completed a care quality training programme called "Striving for Excellence" in July/August 2015. The training was based on the five questions, Is the service safe, effective, caring, responsive and well led? Staff were encouraged to provide feedback. The registered manager gave an example of how they had made improvements assessing risk in relation to the Mental Capacity Act and had balanced this against people's rights to make positive choice (going out in to the courtyard garden). The registered manager kept examples of 'outstanding' evidence in a file and presented this to us during the inspection. It was evident that staff researched best practice and rolled this out in the service to "make things better for the people that lived there". Examples have been given below.

Key members of staff were given delegated responsibility to monitor how things were going in certain areas. A member of the care team was the falls champion. A falls prevention campaign had been in place for the last two years and had identified poor footwear and poor eyesight as the main cause of falls. Monthly audits were completed of any falls and preventative actions taken were highlighted. This work had brought about a significant reduction in the number of falls that occurred. One member of staff was responsible for completing the infection control audits and had completed a one year infection prevention and control training course. There had been no infections in the home. A third member of staff had taken a lead role in nutrition. They were working closely with the chef to ensure meals were 'dementia focused and the calorific content of all meals was calculated. They were also working towards being able to cater for those people who had medical needs and specific dietary needs so their meals would look no different that everyone elses.

There were weekly manager's meetings held in Blossom Fields (the provider's nursing home next door). During these meetings the management teams of both homes looked at current issues and agreed actions and decisions made. The management teams in both services were able to act as 'critical friends' for the other service and shared ideas for improvements. People's views and also the views of relatives and staff were discussed in these meeting. Examples included the introduction of the home's newsletter and in response to feedback from a relative the making of a list of things to bring in to The Grove for new people. The registered manager was also considering introducing a welcome pack of toiletries for new people as in a hotel.

Good

Is the service well-led?

People and their families were encouraged to provide feedback. One relative talked about the social functions they were invited to and the resident and relative meetings. These gave them the opportunity to "have a say", to be "kept up to date" and to know what had gone well and where improvements were being implemented. For those people who were unable to attend the meeting notes were posted on the notice boards. Another relative said they had previously raised a number of issues with the staff team and "I was listened to and the appropriate action taken".

The service had received written compliments via email, letter and thank you cards. The following comments had been made: "when we visit we are made to feel very welcome", "Mother is very relaxed and content", "The residents are happy as are the staff" and "Thank you very much for the care of X (names person)". A supply of service user/relative feedback questionnaire forms were kept in the front porch and there was a suggestion box sited near the manager's office where feedback could be left.

There was a complaints policy in place and this was last updated on 27 August 2015. The policy set out the arrangements that would be followed if a complaint was received. Any complaint would be acknowledged within two working days and investigations were held within 28 days. The policy stated that all complaints were responded to in writing. The registered manager said that any complaints were used as an opportunity to learn, adapt, improve and provider better services. The service had received one complaint in April 2015 and this was because there was no activity coordinator in post. This had been rectified. CQC have not received any complaints about this service.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Spot checks on the night staff were completed by a member of the management team on four occasions in 2014 and on four occasions in 2015. These were done to ensure the night staff were completing the duties expected of them and were providing care and support to people. The night checks may be completed by senior managers from Blossom Fields and The Grove managers may undertake night checks of Blossom Fields.

There was a programme of audits to be completed on a monthly, three monthly and six monthly basis. Named staff members were responsible for completing these checks. All audits resulted in an action plan with timescales set to remedy any identified improvements.

The registered manager talked about the recent environment audit and the planned improvements – to finish off the internal redecoration and refurbishment and then to repaint the exterior of the building. The refurbishments had been done using dementia care guidance to ensure that best practice was followed, in order to provide people with an environment that enhanced the quality of their lives. Improvements that had been made so far included making a IT Hub area (so people could be supported to make video calls to their relatives) new flooring and provision of a new wet room and new bathroom.

Other audits were carried out in the service including infection control, care documentation, staffing issues and medication. The registered manager was in the process of revamping the auditing system in line with the five key questions (Is the service safe, effective, caring, responsive and well led?) and our key lines of enquiry.