

# Methodist Homes Gledhow

## Inspection report

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Gledhow  
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Date of inspection visit:  
24 May 2016

Date of publication:  
08 July 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Our inspection took place on 24 May 2016 and was unannounced. At our last inspection on 26 February 2015 we rated the service as requires improvement and identified breaches of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not acted in accordance with the Mental Capacity Act 2005 in assessing people's capacity to make decisions. We also found there were insufficient suitable staff deployed, and staff were not supported to enable them to be effective in their duties. We asked the provider to send an action plan showing how these regulations would be met. At this inspection we found the provider had taken action and was now meeting these legal requirements.

Gledhow Care Home is a purpose built property. The home is located in a residential area close to local amenities and public transport. There are car parking facilities. There are gardens surrounding the home that are accessible to the people who live there. The accommodation is on two floors with a passenger lift connecting the two. There are 51 single en suite bedrooms. There are several lounge and dining rooms located throughout the home. On the day of our inspection there were 46 people using the service.

There was a registered manager in post on the day of our inspection. 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.

People told us they felt safe living at Gledhow and were confident in staff's abilities. We saw the provider was thorough in ensuring full background checks were undertaken before new staff commenced working with people, and staff understood how to look for signs of potential abuse and how to report these in a timely way.

We found staff were present in sufficient numbers to provide safe care and support. We saw people received assistance in a timely way when it was needed, and people told us this was usually the case.

Risks associated with people's care needs were well assessed and documented in care plans, meaning staff had access to information which helped them minimise these risks or take appropriate action to help keep people safe. Medicines were managed safely and where people were able to do this independently they were appropriately supported to do so.

Newly appointed staff received a thorough induction which ensured they were given the skills to be effective in their role. On-going support was given through regular supervision, appraisal and refresher training.

We saw people were supported to access a range of health professionals when needed, including GPs, specialist nurses and falls teams. Care plans contained appropriate assessments of people's capacity to make decisions and staff understood how the Mental Capacity Act 2005 impacted on the care and support they provided. People told us how they were able to make choices in their daily lives and we saw evidence of

consents recorded in their care plans. The provider had made applications for Deprivation of Liberty Safeguards for people where appropriate.

People gave us good feedback about the meals they were served, and we saw they were consulted at regular intervals about menus. We observed the lunchtime meal during our inspection and saw it was a relaxed and sociable occasion, with people receiving patient support from staff when this was needed.

People and visiting relatives gave excellent feedback about the staff and said they would recommend Gledhow to others. We observed a high level of positive interactions between staff and people, and saw people who chose to spend time in their rooms were regularly visited by staff.

People were regularly involved in making decisions about the design and décor in the home, supporting the registered manager's ambition for the service to reflect somewhere homely rather than a care setting wherever possible. Individual units within the service had been named to reflect a more homely feel and support people's dignity and sense of independence.

There were a number of initiatives undertaken to ensure people's lives at Gledhow were fulfilling. People were encouraged to think about ambitions for ways in which they spent their time or things they had felt unable to do for some time, and staff worked to find ways to help people have these experiences.

We saw evidence people and their families were involved in the processes of writing and review of their care plans. Plans contained information about important people and events in people's lives as well as likes, dislikes and preferences.

The provider had robust systems in place to ensure complaints and concerns were recorded, investigated and responded to in a consistent manner. We saw feedback had been received confirming complaints had been resolved to people's satisfaction. In addition we saw the provider received regular compliments about the service.

People had access to a good range of activities, and were given a weekly programme in advance to help them choose what they wanted to participate in. People who preferred to stay in their rooms were visited by the activities coordinator to engage in one to one rather than group activities. Records kept about people's involvement were comprehensive but the information was not fully utilised.

People, visitors and staff were complimentary about the registered manager's leadership and we saw they were a visible and well-known presence in the service. Staff told us the management team were approachable and felt they were given opportunities to contribute to the running of the home.

The registered manager held regular meetings with both staff and people who used the service and their relatives. We saw these were well documented and showed how feedback was used to generate action plans to help improve the quality of the service. Annual surveys were also used to check opinion and identify actions that could be taken to drive further improvements.

The registered manager oversaw a regular programme of audit activities to ensure various aspects of performance in the service were checked and action taken where needed. These included analysis of events such as accidents and falls to ensure emerging trends were identified and action taken to reduce risk.

## 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.

People told us they felt safe receiving care and support at Gledhow. Staff knew to remain vigilant for signs of potential abuse and how to report any concerns. They were confident appropriate action would be taken as a result.

The provider had policies and procedures in place to manage staff recruitment safely. Staffing levels were sufficient to meet people's needs.

Medicines were managed safely. Storage was secure and we found stocks matched records of administration. People with capacity to do so were supported to manage their own medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were given an effective induction and supported to keep their skills up to date through a programme of refresher training. They had regular opportunities to discuss their performance and personal development through a programme of supervision meetings and appraisals.

People's capacity to make decisions was robustly assessed and documented. Where people lacked capacity appropriate means were used to make decisions on their behalf. The provider had processes in place to ensure Deprivation of Liberty Safeguards (DoLS) were applied for when needed.

People were supported to access healthcare professionals such as GPs and district nursing teams when needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives expressed high opinions about the staff's caring nature. People told us their privacy and dignity was respected and we observed good relationships between staff and people who used the service.

The provider had consulted people in the refurbishment of the service and considered their dignity and independence in decisions made. We saw there was an emphasis on creating a homely environment where people were content to spend time.

We saw people who chose to spend time in their rooms were regularly visited by staff.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the writing and review of care plans that reflected people's needs, preferences and lifestyles.

The provider had systems in place to ensure complaints and concerns were resolved in consistent and timely ways.

There were initiatives in place to support people to maintain past hobbies and interests and set new goals. Places and events important to people were celebrated in creative ways.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was a well-known, approachable and visible presence in the home, and staff, people who used the service and their relatives expressed confidence in their leadership and vision.

People who used the service and staff were given regular opportunities to contribute to the running of the home through well attended and meaningful meetings and annual surveys.

The provider had systems in place to monitor and improve the quality of the service and take action to address any emerging negative trends.

# Gledhow

## 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.

Our inspection took place on 24 May 2016 and was unannounced.

The inspection was undertaken by one adult social care inspector, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for a person using this type of service. Their experience was in older people's care.

Before the inspection we reviewed all the information we held about the service including past inspection reports, notifications of incidents sent to us by the provider and the information sent to us in the 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.

We contacted the local authority and Healthwatch to ask if they had any feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spent time looking at records relating to people's care and the running of the home, made observations in all areas of the home including communal lounges, dining areas, bathrooms, toilets, the kitchens and some people's rooms. We looked in detail at the care plans of five people and the medication records of 12 people. We spoke with the registered manager, the deputy manager, area manager, chef, seven staff including nurses, nine people who used the service and four visiting relatives.

# Is the service safe?

## Our findings

People who used the service told us they felt safe at Gledhow, and did not feel anxious when receiving care and support there. Comments included, "There's never any problem using the hoist", "They're gentle, they don't hurt me" and "I'm happy, I feel safe."

Staff we spoke understood their responsibilities in remaining vigilant for evidence of potential abuse and reporting any concerns without delay. Staff told us they were confident the registered manager would act appropriately on concerns brought to them, and knew they could also contact other agencies such as the local authority and the CQC. The provider had a whistleblowing policy which was clearly displayed on noticeboards in the home.

We looked at the recruitment records of five members of staff. These contained application forms and interview notes which evidenced how their suitability for their role had been established. Identity checks had been carried out and we saw evidence of references from previous employers and up to date Disclosure and Barring Service (DBS) checks. The DBS is a national agency which holds information about people who are barred from working with vulnerable people. The DBS helps employers make safer recruitment decisions.

People told us there were usually enough staff on duty to meet their care and support needs safely. One person said, "There are enough staff most of the time, they have a lot to see to. I might have to wait a short time but the longest is about ten minutes." Another person told us, "They are always busy but always come if you need them. I accidentally pressed the buzzer in my room and they came instantly." During the inspection we observed people received assistance when requested and saw call bells were answered promptly.

Staff also felt they were present in sufficient numbers. One member of staff told us, "There does tend to be enough. We can be busy at peak times, but if we are organised we are ok." Another staff member said, "There are usually enough people. We have bank staff on call if we need them. We can do what we need to on shift."

Care plans we looked at evidenced risk was comprehensively assessed and documented. We saw risk assessments in place covering such areas as nutrition, skin and tissue viability, falls, choking, continence and personal hygiene. These were clear and gave staff information to assist in mitigating risks to people. Where people were at higher risk we saw an extended risk assessment was prepared, giving staff additional information relating to specialist support from other health professionals which would assist in helping to keep the person safe. Where risk assessments required people were regularly monitored we saw this was fully documented, for example regular weighing of people who were at nutritional risk.

The provider had policies and procedures in place to ensure people's medicines were managed safely. Medicines were securely stored in well-maintained dedicated rooms which were clean and kept at an appropriate temperature. We saw evidence the temperature of the rooms and medicines fridges was

regularly monitored.

Medicines Administration Records (MARS) contained a picture of the person to help staff identify who medicines were for, information relating to specific times medicines were to be given, for example 'before food', and information relating to any allergies the person had. We looked at 12 MARS and saw they were correctly completed with no gaps. Some medicines are given 'as and when' needed, and we saw there was clear guidance provided for staff to ensure people received these safely when needed. One person we spoke with told us, "They are always asking if I want any pain killers."

We looked at stocks of medication and found these matched the MARS, meaning no doses had been missed or duplicated. Some medicines contain drugs which require more secure storage and monitoring, these are known as 'controlled drugs'. We checked records and stocks of controlled drugs and found these up to date and correct.

During the inspection we observed a medicines round. We saw staff ensured people received their medicines safely, observing they had been taken before updating the records. One person managed their own medicines, and we saw capacity and risk assessments in place for this activity.

We made observations around the service during the inspection. We looked in all communal areas, the kitchen, some bathrooms and toilets and some people's rooms. We concluded people were protected from risks associated with infection control as all areas and furnishings were kept clean and free of damage.



# Is the service effective?

## Our findings

At our last inspection we rated this domain as 'Requires Improvement'. We identified two breaches of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not always acting in accordance with the Mental Capacity Act 2005, did not always ensure there were enough staff and was not providing sufficient support to staff. At this inspection we found the provider had completed the improvements we asked them to make.

In the PIR the provider told us, "Our NVQ (National Vocational Qualification in care) trained level presently is 61.5% with an additional three people pending completion. Staff are split into three teams and this is regularly monitored to ensure an appropriate skill mix. Equality and diversity is incorporated into MHA's (Methodist Homes) values statement and all staff are made aware of our standards and expectations within our internal induction programme."

Relatives we spoke with expressed a high level of confidence in the ability of the staff to provide effective care and support for people. One relative told us, "The care has exceeded all our expectations, especially the nursing care." Another relative told us, "They know the PEG (percutaneous endoscopic gastrostomy) routines very well. I am really impressed."

The provider had a comprehensive induction programme in place for new staff which was well documented. New staff had access to a range of training, and completed workbooks to evidence their learning, which was checked by senior staff to ensure staff had the required level of competency. Learning logs included reflection on what the staff member had learned, and reviews were signed by both the staff member and their trainer.

Staff were paired with more experienced staff to observe care and support and support their learning. We saw people only became active members of staff when they and senior staff were confident their training had been successful. One member of staff who had recently started working in the service told us, "The induction is good, everything started from scratch. I did some e-learning before I started, then I was paired up with a mentor for a few weeks. I did a fire drill, that was very organised and I have asked for some palliative care training."

Staff files evidenced a range of training received including moving and handling, fire safety, safeguarding, the Mental Health Act 2005, diversity and inclusion, infection control and pressure ulcer care. We saw this had been kept up to date. Nursing staff we spoke with told us they had received recent training including first aid, end of life care and catheter management.

We saw evidence staff had regular supervision meetings and annual appraisals with line managers. Records we looked at showed these were meaningful conversations in which staff were able to talk about their performance, concerns and any training needs. Staff we spoke with said they found these meetings valuable, and said they felt free to speak openly.

Care plans we looked at showed people had timely access to healthcare professionals when this was needed. We saw records relating to regular contacts with community psychiatric nurses, GPs, speech and language therapists, specialist nursing teams and falls teams. A person who used the service told us, "If I'm unwell they give me a tablet or get the doctor."

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Training in this area had been kept up to date and staff we spoke with were able to discuss how they offered choice, were mindful of looking for least restrictive options in care and support and what restrictions may constitute deprivations of liberty. The registered manager had made staff knowledge in this area a focus, and had created a display of succinct relevant information in 'bubbles' on a wall in the staff area of the home. They told us, "This is something which people see every day and just gives little reminders. It has been successful, and we are going to use this to support other training in the future."

People we spoke with told us they felt in control of everyday matters, and could make choices relating to a range of matters including the care and support they received, what they wore, what they ate and when they got up and went to bed.

Care plans we looked at contained comprehensive mental capacity assessments which clearly indicated whether people had or lacked capacity. Where people lacked capacity we saw DoLS applications were made appropriately when needed. Where these were in place there was clear documentation in people's care plans including any conditions in place.

Care plans also contained a range of consents including consent for photography, administration of medicines, use of bed rails and access to records. Where people lacked capacity to give consent we saw the documents had been signed by family members.

We saw staff ensured people had regular opportunities for hot or cold drinks during our inspection, and observed a number of occasions when they encouraged people to take drinks to help offset effects of the warm weather. People who were at specific risk of dehydration were having their intake recorded and checked effectively.

There was a four weekly rolling menu for meals, and the registered manager told us about ways in which people who used the service were able to influence the meals. They said, "We ask about food on every survey and discuss the menus at all resident meetings. The chef comes and helps serve the food every day and gets feedback about what is popular and what is not." We saw the staff had access to snacks for people if they wanted them, and the registered manager told us they were in the process of developing a 'light bite' menu so that people could choose from a range of snack meals in the evenings if they wished.

People told us they were offered choices of meals from the menu, and could ask for alternatives if the set choices were not their taste. We received broadly positive feedback about the meals, with comments including, "The food is very good", "The food is too good, I've put on weight," and "The food is alright, they will make me something else if I want it."

We observed the lunchtime service and saw it was a relaxed and sociable occasion with people chatting with one another. Tables were attractively set and there was music playing to provide atmosphere. Staff were attentive and we saw exchanges between them and people were friendly and supportive. People were asked if they needed assistance with their meals, and when help was asked for we saw it was patient and focused on the person.

## Is the service caring?

### Our findings

In the PIR the provider told us, "All staff undertake 'living the values' training which explains and reinforces that dealing with residents in a respectful way is essential to their well-being. We celebrate resident's special days; we promote materials and activities surrounding reminiscence. We encourage residents to reflect and enjoy their lives inclusive of their families and their achievements. We encourage residents to access social groups, churches, visit shops and keep in touch with their local community. We treat every resident with the same dignity and compassion as if we were looking after our own relatives. Our residents are encouraged to personalise their room to reflect themselves and their individual choices. We welcome visitors at any time and encourage our residents to invite their relatives for meals and social gathering. We send families emails and photographs to promote positive communication especially for those who live a long distance away."

Without exception people told us they had a high opinion of the staff. One person said, "They are kind and caring." Another person said, "They are wonderful, I would recommend this place to anyone." We observed interactions between people and staff throughout the inspection and saw a consistent balance of patience, friendliness and professionalism which contributed to a homely and relaxed atmosphere. One person told us the staff had been very compassionate when their husband was terminally ill, taking them to another home to visit him regularly. They said, "When [name of person] died they were very good, very kind and caring."

We saw a number of creative ways in which people had been considered and involved in the running and design of the service. The registered manager showed us a new hairdressing room which had been designed to look like a high street salon. They told us, "We have a resident here who used to be a hairdresser, so they were a natural choice to be on the project team when we were creating this room. People will get appointment cards just as they would when they went to the hairdresser from home. It should be a social event to look forward to, not a functional occasion."

Gledhow was split into four units, and the registered manager told us people's dignity and independence had been a consideration in how they were named. They said, "They are known as Gledhow Grove, Gledhow Road, Gledhow Lane and Gledhow Close. It gives it more of a community feel. When people speak about where they live it sounds like a home address. It's very important this looks and feels like somewhere you're content to be, not a hospital. We have a post box in the entrance to enhance this, like a village post box. People who want to write letters post them in there and we then put them in the mail."

We saw the home had recently been refurbished, and saw evidence of people being consulted about colour schemes, soft furnishings and pictures. Bathrooms had been fitted with units to allow discreet storage of equipment such as gloves, aprons and pads to help meet the provider's aim of maintaining a homely feel wherever possible. We saw people's rooms were highly personalised including individual furnishings, pictures, books and music collections.

Staff told us how they respected people's privacy and dignity at all times whilst they were working. One staff member told us, "I make sure doors and curtains are closed when helping people with personal care. If it's

just me and the person I ask if I can lock the door so no one can walk in by accident. I use towels to keep people covered as much as I can when they are washing. I am always discreet if I need to ask someone if they need the loo, and never talk about someone's confidential information where other people may hear."

We saw staff knocked on people's doors and announced their presence before going into people's rooms and provided discreet assistance such as making sure toilet doors were properly closed when people went to use them. When giving people assistance staff spoke patiently and encouragingly and let people take their time. One person who needed the assistance of a hoist told us they had been scared at first but staff had been reassuring, which had helped them get used to the process.

Many people chose to spend their time in their rooms, and we saw staff regularly visit and chat with them. On one occasion we saw a member of staff enter one of the ground floor lounges and tell a person, "I am working upstairs today, so I thought I'd pop in and say hello. We wouldn't have seen each other otherwise."

Visiting relatives told us they felt a strong connection with Gledhow. One relative told us, "We feel blessed we found this place. There is so much good about it, the care is brilliant. I would feel lucky to be somewhere so good if I needed care." Another told us they had continued to visit after their family member stopped using the service. They told us, "I just called in to say hello, they still remember me. They took such good care of [name of person]; they really knew him, really cared."

## Is the service responsive?

### Our findings

In the PIR the provider told us, "We have developed the care plan documentation to ensure it is a live document to ensure responsive and prompts assistance and good information for staff and residents at all times."

Records we looked at showed people and their families were involved in writing and regular review of care plans, which were based on thorough pre-assessment of their care and support needs. We saw signatures and comments added, for example, one family member had requested a further review of the person's pain management. All care plans contained a 'my life story' section which documented important milestones and achievements in their lives, family and friendships and more detailed information about their likes, dislikes and preferences.

The provider had a policy and procedures in place to ensure concerns and complaints were recorded and responded to in a timely and effective way. We looked at records of complaints and saw information relating to who had made the complaint, the issue or concern, actions taken, outcomes and any further action had been recorded. Concerns not formally raised as complaints were also recorded and managed through the same process, meaning the provider was open to and acted on feedback given. We saw people's satisfaction with the outcome was also sought and recorded. One person had replied, 'I was impressed you came to see me so quickly and acted so quickly to sort things out.' Another had said, 'I am grateful you put an action plan together straight away. Communication has been so much better since we met.'

People we spoke with said they had not had reason to make complaints but said they would be confident in speaking to any member of staff about concerns they may have.

The provider had also received a number of compliments about the service. We looked at recent examples which included, 'We are so grateful for the nursing care you provide. Staff are calm, efficient and professional, it has made the move to a nursing home so much more straightforward than we expected,' and 'We felt moved by your genuine heartfelt desire to not only make [name of person]'s last few days comfortable but also to extend a special, quiet and private place for us to say goodbye.'

There was an activity co-ordinator in post who was responsible for organising both communal activities and ensuring that people who preferred to remain in their rooms also received one to one contact. They told us they had access to an adequate budget to enable them to purchase materials and plan outings, and also had begun to build a group of volunteers from relatives and other community groups who could help deliver more specialised activities which reflected people's individual hobbies and interests.

People's likes, preferences and aspirations were captured and fulfilled through an initiative called 'Seize the Day'. The registered manager told us the starting point for this was to find out what would make a day enjoyable for people and then building on it. Records showed people were asked 'What can we do that you feel you have never done and would like to, or that you did do and don't feel able to now?' For example, the registered manager told us one person said they had always wanted to return to the Caribbean for a visit.

The registered manager said, "We thought about this and decided to bring the Caribbean to her. We cooked food from the region, decorated the lounges accordingly and found a steel band to come and play for the residents." We saw photographic evidence of well attended, lively events which had resulted from this initiative displayed in various locations throughout the home.

In addition the provider also had an initiative called 'Come Fly With Me', which built on people's reminiscences of holidays and other travels they had undertaken. People nominated places important to them which were marked on a map displayed in the home. These were then selected at random to form theme days, with discussions, activities and food tastings linked to that place. The registered manager told us, "We were in Australia for Come Fly With Me recently. We had a bush tucker trial, with residents daring each other to try some of the things we had brought in."

People we spoke with told us there was plenty to do at Gledhow, and they were kept aware of what was on the activity programme. People received a weekly newsletter which detailed what was scheduled each afternoon and evening, and told us there was a good range of activities including outings, shopping trips, concerts, visiting church and community groups and creative events. On the day of our inspection we saw a number of people making pizzas which were served with the evening meal. We saw people engaging with the activity and observed a lively atmosphere throughout.

We looked at records of people's participation in activities, which were detailed and included level of participation, mood state, memory, orientation to time and place and physical ability. Records were made by day and activity rather than by person, which meant that the provider was not always using the information to its full potential in keeping people's care and support plans responsive to their changing needs. We discussed ways in which this information could be more effectively used with the registered manager during the inspection.

## Is the service well-led?

### Our findings

In the PIR the provider told us, 'The manager presently is completing Level 5 in management certificate. We hold regular staff meetings to ensure the manager delivers key messages about the home and staff have an opportunity to offer suggestions/improvements. The results of the resident/staff surveys are shared with all and used to develop the service. Our central quality team ensure that care standards are monitored and recommendations fed back to the home constructively. The manager has an open door policy and has daily hands on approach to aid communication, as well as documented handovers. We proactively build relationships with CQC, safeguarding, Local Authority to ensure that any key changes are received in a timely manner.'

There was a registered manager in post who was a visible presence in the home. People and visiting relatives told us they had confidence in the leadership in the home, and said they regularly saw and spoke with the registered manager. One person said, "It's well run, everything runs smoothly with no chasing around." Another person told us, "You can't fault this place in any way. I would recommend it to anyone."

There were systems in place to measure and drive improvements in the quality of the service. We saw a range of audits were completed including reviews of accidents and incidents, falls, care plans, medicines, call bell response times and general environmental checks. Records we looked at showed these were used to identify any emerging trends, with action plans produced to ensure the process of eliminating or minimising concerns was well managed. In addition to audits controlled by the registered manager we saw evidence of regular provider support in the form of quarterly audits which focused on different areas of service delivery each time. These also produced clear action plans for the registered manager.

Staff told us they felt the registered manager and management team were supportive and approachable. The registered manager had been open about the outcome of our last inspection and staff told us they had been encouraged to contribute to and embrace improvement, and felt they and the registered manager had a shared sense of purpose. There was a positive and enthusiastic culture in the home. One staff member told us, "I'm picky where I work. I'm happy to come to work here; I wouldn't stay if I wasn't." Another staff member said, "We discuss issues as a team."

We looked at records of staff meetings and saw these were being held regularly for care staff, nursing staff, domestic and laundry staff and kitchen staff. Signature sheets showed the meetings were well attended. Minutes showed a range of relevant issues were covered including the setting of team goals in response to the findings from staff surveys.

People who used the service and their relatives also had regular opportunities to meet with the management team and discuss life at Gledhow. We looked at the minutes of recent meetings and saw discussions included introductions of new staff and announcements about anyone leaving, the results of resident and relative's surveys, activities, meals and menus and the general running of the home.

We looked at the outcomes of the most recent annual resident survey, carried out in 2015. This had asked a



range of questions about life at Gledhow and the general running of the home. An action plan had been produced which showed how any item which had not produced at 100% satisfaction response would be addressed, by when and how people's satisfaction with these actions would be measured. For example, 91% of people had responded positively to the statement 'I can take part in activities/hobbies if I want to.' We saw the registered manager was identified as being responsible for change and had responded 'A new activities coordinator is being evolved and the activity packages are developed around choice and innovation.' Satisfaction with the actions taken was to be checked as part of the 2016 survey, which had not begun at the time of our inspection. We saw the registered manager had completed the action plan in February 2016.

Staff also took part in an annual survey, and we saw the action plan arising from this prominently displayed on a noticeboard. These also included organisational goals identified by the provider, which showed how feedback from staff had been considered and used as a driver for improvement.