

Bupa Care Homes (CFChomes) Limited

Elm Grove Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This unannounced inspection took place on 24 and 25 August 2016.

Elm Grove Nursing Home provides residential and nursing care for up to 60 older people. Adjacent to the main house, in the same grounds, there is a specialist unit for people living with dementia, the Chesnut Unit, which is separately staffed. There are extensive grounds and a secure garden people can access from the Chesnut unit.

There was a registered manager. 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.

There were two breaches of legal requirements at the last inspection in May 2015. At our comprehensive inspection on 24 and 25 August 2016 the provider had followed their action plan which they told us would be completed on 2 September 2015 with regard to the insufficient number of staff and peoples dietary requirements and preferences and these Regulations had been met.

People had their medicines administered by the staff and generally they were safely managed but we recommended improvements could be made. People told us they felt safe in the home. Staff knew how to keep people safe and were trained to report any concerns. People were supported by staff that were well trained and had access to training to develop their knowledge.

People were treated with kindness and compassion and they told us staff were very good when they supported them with their care. Relatives felt welcomed in the home and told us the staff were kind but sometimes people had to wait for assistance.

People were provided with personalised care and were supported to make their own choices and decisions where possible. Staff knew what people valued and how they liked to be supported. Peoples care was regularly reviewed. External healthcare professionals supported people when required and people living with dementia were well supported by the visiting mental healthcare team and their GP.

People told us the food was good and there was a choice of meals. When people required assistance with their food staff supported them and gave them time to enjoy their meal. People had a range of activities to choose from which included quiz games, exercise classes, arts and crafts, musical afternoons and ball games. There were good links with the local community and trips out were organised.

The area director and the registered manager monitored the quality of the service with regular checks and when necessary action was taken. People and their relative's views were taken seriously. They contributed in meetings and regular reviews of the service and improvements were made. Staff felt well supported by the

registered manager and the deputy manager who were available to speak to people, their relatives and staff. Staff meetings were held and staff were able to contribute to the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not consistently safe.

There were times when staff were not deployed to ensure people's needs were always met and they sometimes waited for assistance.

People's medicines were not always managed safely to ensure treatment was effective.

People were safeguarded as staff were trained to recognise abuse and to report any abuse.

People were protected by thorough recruitment practices.

Is the service effective?

Good 

This service was effective.

People's dietary requirements and food preferences were fully met for their well-being.

The registered manager recognised the dementia care unit could be more dementia friendly and orientation guides previously there were to be reinstated.

The staff were well trained and were able to look after people effectively.

People had access to healthcare professionals and had ongoing healthcare support.

Is the service caring?

Good 

The service was caring.

People were treated with compassion, kindness and respect.

Staff treated people as individuals and interacted with them positively.

People were involved in making decisions about their care and supported and encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed and were involved in decisions about their care when possible.

Staff knew people well and how they liked to be cared for.

People took part in activities and went out in the community.

Complaints were taken seriously and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

The home was managed well and people and staff were well supported by a strong management team.

Regular quality checks ensured that people were safe and improvements were made.

The registered manager was accessible to staff and people and knew what the visions for the service were.

Regular resident and staff meetings enabled everyone to have their say about how the home was run.

Elm Grove Care 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 24 and 25 August 2016 and was unannounced.

The inspection team consisted of one adult social care inspector and a specialist dementia adviser.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We received 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. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern.

We spoke with 17 people living there, six relatives, the registered manager, the deputy manager, the regional director, two nurses, four care staff, the activity coordinator and a chef. We looked at five care records, recruitment records, medicine administration records, staff rosters and quality assurance information. We contacted a GP practice and social and healthcare professionals that visited the service to obtain their view of the service.

Is the service safe?

Our findings

At our comprehensive inspection on 7, 11 and 12 May 2015 the registered person had not ensured there were sufficient numbers of staff to keep people safe and meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 24 and 25 August 2016 this requirement had been met. The service had used a dependency tool from the Royal College of Nursing to calculate staffing levels and recruited additional staff. We looked at the staffing rosters and any shortfall of staff due to leave or sickness had been filled to meet the dependency tool levels and people's needs. However the deployment of staff could be improved within the general nursing units as there were times when people waited for assistance.

There were sufficient staff to meet people's basic care needs. However staff were not always deployed in a way that met people's needs in a timely manner. Three people, two visitors and a member of staff said there was a shortage of staff on the general nursing unit. In one unit a person was waiting to go outside in the garden but there was insufficient staff available to take them. There were 13 people there who were highly dependent and most were living with dementia. One relative told us a person in another general nursing unit waited more than 30 minutes for staff to come and assist them when they required hoisting to use the toilet. Another relative said a person sometimes waited to be hoisted to use the toilet in the afternoons between 3:30 and 5pm.

The registered managers of the three Bupa homes in close proximity worked together with regard to ensuring there was sufficient staff in all the services. The service had two 'bank' nurses they could use when necessary and also used agency nurses. The registered manager told us the provider was supportive when additional staff were needed. A recognised dependency tool from The Royal College of Nursing was used to assess people's care needs and calculate the number of staff required.

Safe recruitment practices were followed before new staff were employed. The correct checks had been completed to safeguard people and ensure staff were suitable and of good character. The recruitment records we checked were complete. Potential new staff were interviewed and introduced to people in the home who had written their own comments about them to assist with the recruitment.

Most people understood the reason and purpose of the medicines they were given. Medicine management was reviewed twice daily to help ensure errors were noted and actioned. The record staff completed asked them what was seen, the action taken and who reported it. We observed good practice for the administration of medicine patches where a body chart identified alternate sites for each patch to ensure different sites were used. There were protocols in place when medicine was given 'as required' an example seen was for one person's allergic reaction to nuts. The medicine needed was available and staff knew what to do in an emergency. One person had pain assessment records completed to ensure their pain was well controlled and the correct medicine was given. Medicine protocols were reviewed monthly and when there were any changes.

One person did not get their medicine as prescribed and another person's record did not indicate when a medicine should be given. In the dementia care unit we found the care plan instruction for an eye drop medicine prescribed after a cataract operation was different to the prescription for one person. The medicine administration recorded twice daily for two weeks and the care plan recorded 'give for four weeks'. The drops were given three days short of the four week period and were sometimes given three times a day. Inaccurate administration of treatment may mean incomplete recovery. There was no record of when a person prescribed an implant medicine every 12 weeks had the last one administered or when the next one was due. When care staff administer topical creams nurses recorded a 'c' on the administration chart to denote administered by care staff but there was no indication which care staff member administered the prescribed cream. We recommend medicine is managed safely and relevant guidance is followed to achieve this.

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People told us they felt safe in the home. Staff understood their safeguarding responsibilities and completed annual safeguarding training. They explained what they would do to safeguard people by reporting any incidents to the manager or the local authority safeguarding team.

There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Bupa had a whistleblowing 'Speak up' policy and a dedicated telephone number for staff to report concerns which was also available by intranet, and was publicised on posters in the home. All staff had been told about the new policy. Records indicated the correct action was taken when required and CQC was informed. A recent safeguarding referral to the local authority had been made on the dementia care unit which was also reported to CQC and both families were informed.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. Any unexplained bruises were investigated and possible causes recorded. The manager looked at preventative measure after each accident. Accidents and incidents were recorded well and audited monthly. Falls monitoring showed monthly accidents and how they could be reduced. Staff and visitor accidents were also investigated to assess preventative measures.

People had individual risk assessments for their personal safety in the care plans. Individual risks were identified and minimised to maintain people's freedom and independence. The care plans had clear risk assessments for people, for example; falls and moving and handling. The risks were reviewed monthly and any changes were noted and action taken to minimise risks and deterioration in health and wellbeing.

Health and safety information included risk assessments for all areas, equipment and products used. Safety issues identified by staff were dated and it was clear when maintenance issues were completed and checked by the registered manager. The maintenance staff had completed health and safety training. The bi annual review of health and safety and maintenance of the service was completed in August 2016 and most areas had been assessed as complete. Legionella action points arising from a risk assessment were required to be completed and remedial work to external areas. The new water sprinkler system had been reconnected since the review.

Fire safety checks and staff fire training were up to date. The deputy manager told us the fire training was good and regular fire drills were completed. They told us there was a good rapport with the fire safety service for advice and support.

There were infection control procedures for staff to follow and they were trained to prevent cross infection. Staff used personal protective equipment and disposed of soiled linen appropriately. All areas were clean and there were no offensive odours. People told us the home was always clean.

There was a business continuity plan in place for emergency situations and this was reviewed upon any significant change. People had individual evacuations plans for us in an emergency to enable staff to move them safely if required.

Is the service effective?

Our findings

At our comprehensive inspection on 7, 11 and 12 May 2015 the registered person had not fully met people's dietary requirements and food preferences for their well-being. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At our comprehensive inspection on 24 and 25 August 2016 this requirement had been met. The catering staff had a record of people's dietary requirements, their likes and dislikes and what support they needed. People's dining experience had improved and staff were allocated to the dining rooms where they supported people in a calm and unhurried manner to have a meal of their choice.

Meal time experience had improved and people were assisted in all the units in a calm and unhurried manner. Catering staff knew about people's nutritional needs and diets. There was a new system where the catering staff had a copy of everyone's dietary requirements which included their allergies, food likes and dislikes, the level of support they needed and any special requirements, for example a beaker with a straw. People told us they liked the meals provided.

Menus were displayed in pictures on the wall where choice was evident. Adaptive cutlery and plate guards were being used. Real time choices were offered for drinks. Staff were assisting people in an unobtrusive way and offering clothes protectors. Staff were fully engaged with people. People were offered a plated meal choice of two alternatives. A person reluctant to go to the dining room was gently coaxed by a member of staff who said, "You might want to eat if you see it." They subsequently declined both meals and were offered a bowl of porridge which they ate and accepted strawberries and cream with a cup of tea. Drinks were available in the lounge, dining room, foyer and people's bedrooms and staff encouraged people to drink throughout the day. Snacks were also available to encourage people to eat regularly. A relative that regularly had meals in the home said the food was, "really really good."

Care records had risk assessments for malnutrition and weights were monitored. A malnutrition universal screening tool (MUST) was used which assessed people's weight and identified anyone at risk from malnutrition. Daily records recorded how much people had eaten which included snacks where there was a risk of malnutrition. Staff described how food was made available throughout the day and the benefits of snacks when people were reluctant to eat. Food diaries and weight charts were maintained when people were at risk from malnutrition. The chef was informed about people's weight loss at the weekly clinical risk meeting with the managers and senior staff.

People's needs were not always met by the design and adaptation of the premises. There was no signage to promote orientation in the dementia care unit. Toilet doors were blue but there was no other indication. There were no locks on toilet doors to promote privacy and dignity. Memory boxes were sparse in content and there were no picture references on bedroom doors to enable people with thinking impairment to locate their room. There were no 'rummage' boxes available to provide people with meaningful activity. The registered manager told us some of the orientation signage had been removed during recent refurbishment of the home and they would ensure this was replaced to include safety locks on toilet doors. Peoples

bedrooms were generally well personalised with pictures of their friends and family and their own ornaments.

There were many areas for people to sit and good use of an alcove in the dementia unit used as a 'newsagent' where people could pick up a book or magazine. There was a flat accessible safe garden area leading from the dementia unit so walking around was easy for people. The dementia unit garden was work in progress but provided raised flower beds with some sensory areas and large art work to provide stimulation and encourage conversation. Staff were encouraging people to take a walk in the garden. The registered manager had plans for improving the walks around the large gardens from the general nursing units to enable easier access for wheelchairs.

Staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The registered manager and deputy manager had a good awareness and understanding of DoLS. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interests or is necessary to keep them from harm.

Staff described the principles of the MCA and gave examples of how this was put into practice. They told us about 'best interest' meetings where people did not have the capacity to make a decision and family and professionals met to decide the best plan for them. They also described how people chose to live their life each day by making some decisions. There had been two new DoLS applications this year and one authorised DoLS. We discussed with the deputy manager the applications and how people were supported with the least restriction. CQC had been informed of the DoLS in place for people.

People were supported by staff with the appropriate skills, experience and knowledge to meet their needs. There was 96% compliance with all staff training assigned to them. Staff were sent a letter to remind them to complete their training and the training information indicated most training was up-to-date. We spoke with staff about their training and supervision. They told us there was annual mandatory training for example; moving and handling, safeguarding adults and fire safety. There was also the opportunity for specialist training. Staff told us they were offered training during supervision. One member of staff told us, "Training is really good", "the deputy manager is really good and passionate about dementia care", "We have all done Dementia First training and there is a staff member on night duty who is a Dementia Link Worker." The deputy manager also informed us the provider was funding additional dementia care studies for them to increase their knowledge to support the service and train the staff.

One care staff member told us they had regular individual meeting with the deputy manager called 'supervision'. Staff completed a minimum of four supervision meetings annually and two appraisals. New staff had a comprehensive induction. Two new care staff told us their induction had included 'shadowing' an experienced staff member for two weeks and they had completed all the mandatory training set by the provider. They had found supervisions sessions with senior staff beneficial and both said the essential dementia care training was good. One nurse told us they were "happy" with the training provided and had completed specialist training updates to include syringe driver and 'Peg' food administration training. The staff training schedule informed us most staff had completed medicine awareness training or medicine management training. All the staff we spoke with told us their training was up-to-date.

People had access to health and social care professionals. The care plans recorded visits by health and social care professionals and the advice and action required to support people's changing needs. Community mental healthcare professionals supported people in the dementia care unit and staff maintained regular contact with them and people's GP for advice. A healthcare professional told us staff

knew peoples life histories and how to engage with people living with dementia. They told us staff were professional when discussing people's behaviours that challenged them. The healthcare professional had provided some training for the staff this year and found they were well engaged and wanted to learn.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us, "The staff are very kind and helpful", and "The staff are very careful hoisting me I am not frightened now." One relative told us, "Care is good here and the staff are kind." Another relative told us the staff were kind and they looked after them when they visited as well as the person. One relative said the staff are, "absolutely kind I can't fault them" and "the ambiance is calm." A mental healthcare professional told us staff were very helpful and spoke to people nicely, they had no concerns about the care provided.

In the dementia unit we observed one member of staff was assisting a person with a walking frame and they were both talking and smiling together. Visitors were also talking with the member of staff and included the person in the positive engagement. One person told us they were "happy" there and that everyone was "very kind" and they "feel safe and well looked after." One visitor told us a person was well looked after by kind staff. They had known them since their school days and they regularly went out with them until the person's dementia deteriorated.

One relative said the staff were, "friendly and kind, always smiling." We overheard a member of staff talking to a person who said they were "feeling poorly", they spoke gently and asked if they could help. The person was comforted by this and they walked to the person's bedroom. The member of staff told the shift leader the person felt unwell and the shift leader went to check them.

The provider informed us the registered manager or deputy manager visited all areas of the home on a daily basis and monitored people were treated with kindness and compassion and their dignity was respected.

The care records enabled staff to understand people's individual choices and preferences. People had personal profiles in their care plans about their preferences and a map of their life with basic information. This was part of a person centred approach to support people. One person living with dementia had really enjoyed quizzes and they had a wide and varied knowledge of different types of music and this had been recorded to help staff support them. They had enjoyed pampering sessions and were pleased with the colour of their nail varnish. Staff had noted that the person joined in with most activities with some encouragement. The person's 'Healthier Happier Life' prompts informed staff the person could verbalise if they were in discomfort or pain and they were able to change their position in a chair or bed. The person was helped with their personal care. They liked to have a blanket on their bed instead of a duvet and the ensuite bathroom light on with the door slightly ajar at night. The laser sensor in the bedroom alerted staff when the person was out of bed and may be at risk of falling.

People had a keyworker who made sure they had everything they needed. Each person had a notice board in their bedroom with their keyworker and named nurse identified so they knew who was responsible for their care and any concerns they had. People we spoke with knew their named keyworker and nurse. We observed a member of staff explaining carefully to a person living with dementia what their medicine was for and how to take it giving them reassurance. Another member of staff kindly asked a person if they wanted to save their dinner for later as they said they were not hungry. The person was happy to do this and the staff member told us they would offer them something else a bit later when they felt hungry.

The activity co-ordinator was very enthusiastic and told us they attended resident/relatives meetings so they knew what changes people wanted. At the last meeting in August 2016 one person complimented the catering team on a "wonderful job." The meeting minutes also informed people and their relatives they would be invited to monthly care plan evaluations where appropriate but to speak to their named nurse or keyworker if they wanted to arrange a meeting.

The provider informed us when people moved between services a transfer letter was completed with any relevant documentation and was sent in a secure and appropriate way.

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans were personalised and helped staff provide person centred care on what the person needed support with. One person living with dementia had episodes of anxiety and aggression. There were no triggers identified for the incidents and staff had managed them well with reassurance and support for the person. Some of their medicine was prescribed 'as required' when they were anxious and there was a set protocol for staff to follow to ensure staff made the same correct decision when to give the medicines. Mental health professionals supported the person when required. A care staff member told us the person walks quickly around the home and was at risk from falling. There was a falls risk assessment in place and a care plan to inform staff how to minimise the medium risk of falling. One staff member described how they had completed a record about another person's behaviour when they were anxious to help provide information for the mental healthcare professionals to assess the person and provide the most beneficial treatment for them.

People had their position changed in accordance to their needs to prevent skin damage. People at risk from dehydration had a record of their fluid intake with a daily total to assess whether sufficient fluids were given. One person living with dementia on the general nursing unit had 30 minute checks to help keep them safe. Any bruises or marks on people's skin were photographed and a body chart identified the area to enable staff to monitor it and ensure any new marks were identified. One person was prone to bruising and had a very dry skin where staff applied topical prescribed cream. One person who was prone to constipation and had a stool chart completed to enable staff to monitor the type of stool and whether constipation needed any treatment. The person had also been referred to the continence assessor to ensure they had the correct continence aids. Wound care was recorded and a photograph taken to monitor progress. Clear evaluations of one wound care plan included the support from a tissue viability nurse.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We had a copy of handover sheets when we visited and staff were provided with detailed information for example, the times one person's Parkinson's disease medicine was due and the people who required assistance with their meals. Managers and senior staff communicated daily at the 'Take 10 meetings' held between 10 -11 each morning, usually only taking ten minutes to ensure all departments were aware of any ongoing concerns and peoples whereabouts that day.

A member of staff described how each day there was a 'Resident of the day' sometimes two residents. This meant the relatives or a person's supporters were invited by letter to join in with the person care plan review each month. A record of all monthly planned reviews identified which day each person's had their review. We spoke with a relative who had visited for a monthly review and found them helpful and was able to support the person.

People had a record called 'My day My Life, My Portrait' where a normal day for them was described. This

was helpful for staff to understand how they wanted to live. There was a list of prompts with regard to one person's daily life, for example they enjoyed music, dancing and were tactile. Their favourite colour was pink. Their life was described, the job they had done, where they had taken holidays and the name of a pet they had.

A communication care plan referred to one person's need to wear bifocal glasses and a hearing aid. The person liked word search and the care plan told staff to sit beside them and give them time to find the right word. They also wanted to be involved in planning their care and in their choices and decision care plan. The person had been assessed as having fluctuating mental capacity and was able to make simple decisions with staff support.

One person's record we looked at had what a normal day looked like which included their interests and a portrait of their life to enable staff to have meaningful conversations with them about their interests. The agency care staff member with them knew the person well and they played dominos, went out in the garden with them and talked about their favourite sports. One person told us they had 'pampering session' with the activity staff when their fingernails were painted and liked watching sport on Sky television.

People had a range of activities they could be involved in. The activity coordinator was very enthusiastic and dedicated to making sure people enjoyed a variety of activities. People were able to choose what activities they took part in and suggest other activities they would like to complete. There was a weekly activity plan with daily details of activities planned for each morning and afternoon, for example, quizzes, crafts, exercises, decorating small cakes and pamper sessions. The three activity staff also provided entertainment during some evenings and weekends. In addition to group activities people were able to maintain hobbies and interests and staff provided support as required. Individual engagements with people were planned and included talking and using the iPad to listen to music or watch a video with staff. One relative told us the person liked their radio programme on a certain channel and staff ensured this was done for them. Another relative told us there were lots of activities to join in and the person had made crafts and been out in the garden. The activity coordinator told us about a person who wanted to volunteer their help in a local charity shop and staff had supported them to do this for six weeks. The activity coordinator had designed a book for use by new activity coordinators within the organisation.

We observed people in the dementia unit lounge, staff assisted them to the toilet and one staff member came in and was chatting about the music. People were engaged in activities with the activity coordinator throwing a ball while they asked people questions. There was no care staff support with the activity which would have made it more interactive. In the afternoon the music therapist and the activity coordinator were observed in a lounge full of people enjoying interactions with them waving feathers, banging tambourines and singing along to well-known songs of the 50's and 60's. People also had trips out into the community for example Westonbirt Arboretum and the local garden centre. The activity coordinator took people out in their car and in taxis. One relative told us they didn't think the person had enough individual engagement in their bedroom as the staff were too busy.

The service had links with the community and invited them to events there. For example the recent garden party where a local band provided the music and local people joined in. Marquees for the event were provided by a local military group. One person living at the home had given a talk about their own military career to the military group. The service had raised money for various local charities and they had written thanking them. People's art work had been displayed in a community event and people had joined in with the local Signpost group for various parties. A representative of the local paper had judged the homes Easter bonnet parade where people had made their bonnets. People joined in weekly with the Community Hub at Chesterton House nearby.

People knew how to raise concerns and there was a complaints procedure. One person said they would speak to the registered manager if they had any concerns. Residents/relatives meetings were held regularly and people could raise concerns there. Complaints were taken seriously and were recorded and appropriately responded to. Meeting minutes were retained and feedback or suggestions were displayed on the 'You said', We did' format board for everyone to see. The latest 'You said' was that people had wanted bathroom cabinets and wanted to know who their named nurse and keyworker were. Both had been added to the 'We did' format as completed.

Is the service well-led?

Our findings

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The deputy manager told us they worked with the registered manager as a team to support people and the staff. The registered manager informed people during resident meetings about the service and was open and honest. A care staff member told us they found the deputy manager approachable. One nurse told us the registered manager and deputy manager were both "fantastic" support. One person told us the registered manager comes round regularly to speak to them to make sure they were satisfied with the service. A new care staff member told us the registered manager had listened to them when they wanted to implement a safety idea to cool people's tea when serving it. Another care staff member told us how the deputy manager and the registered manager were "amazingly" supportive.

The registered manager had an open door policy and encouraged staff to report any concerns or gain advice. There was a culture of openness and transparency and managers were aware of their responsibilities to safeguard people and follow duty of candour procedures. The registered manager informed us a newsletter was attached to staff monthly payslips to further update staff. The method was used to highlight themes for the month and topics had included the correct method for staff hand hygiene and information relating to DoLS.

Staff meetings were held each month, dates had been planned and displayed at the beginning of the year. The minutes for the meeting in May 2016 indicated several topics were discussed which included raising concerns through the 'Speak up' system, dementia training and care plan reviews. Governance included passing on information where the provider had knowledge of health and safety incidents which affected people and preventative measures were passed on throughout the organisation. Staff were reminded of BUPA benefits where an anytime health telephone line provided confidential consultation with the Bupa team of GP's and nurses every day. This was open to all staff and their immediate family to help them stay healthy.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. There was an annual resident and relative satisfaction survey completed where people and their supporters had given their opinion of the service. This helped the provider to understand how people judged the service. A quality assurance resident's survey was completed in December 2015 where 56 people were surveyed and the overall satisfaction with the service was 81%. Since then improvements had been made to peoples dining experience and activities. Positive comments were about how kind and loving the staff were and people were happy living there.

The Carehomes UK internet site rated Elm Grove 9.3 out of 10 for quality using 24 comments from people, friends and relatives in the last two years. The comments from 10 people or relatives/friends since the beginning of 2016 were positive about the care and facilities provided. The comments included the following; "It has been good living here in the home. We are taken care of well", "I am extremely impressed with the care my husband is receiving", "Very good. Nothing is too much trouble. My wife has settled really

well" and "The staff are approachable, helpful, polite and always treat the residents with kindness and respect."

Physical Inclusion Network Gloucestershire (PING) had completed a visit in June 2016 and the registered manager had addressed some of the issues for improvement. For example all people using a hoist sling had their individual named sling they had been measured for to promote infection control and safety. When people were downstairs in the communal areas their slings were stored nearby for convenience.

The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager completed many regular audits to include care plans, medicines and infection control. The information was provided in a six monthly Quality Metric Report. The report measured the outcome of care delivered in relation to key themes. The themes for example included numbers of pressure ulcers, significant weight loss, GP reviews of medicines, complaints, chest and urinary infections and how many care plans had been reviewed. The quality assurance included monthly visits by the area director to review the service. Reviews included conversations with people, relatives and where possible visiting external professionals to seek their views on the service. A social care professional that visited in January 2016 told us they had no concerns about the service and noted the recent refurbishment of the home and the clear organisation by the new manager. There was a six monthly Internal Compliance audit completed on 1 August 2016 and everything was completed. There were no actions to address.

Monthly clinical metrics data was collated by the home and reported centrally to the provider and was reviewed at all levels. Data was collated and analysed for many area to include for example; accidents and Incidents, pressure ulcers, nutrition and weight loss and medication errors. There was a clear governance pathway within the organisation where the area director visited the service monthly. This enabled close working with the home to monitor and support service development, improvement and shared learning. Bupa quality assurance processes were designed to drive continuous improvement.

To keep up with good practice the registered manager had received reminders of policy updates from the provider. Clinical practice training was in place for registered nurses. All registered nurses had a portfolio and the requirements for revalidation were regularly reviewed with them. The knowledge from the local Care Home Support Team was promoted and they had advised the service on nutrition and support for people living with dementia.

The registered manager had plans to introduce a training co-ordinator based within the home and expand the daily ten minute manager meetings to include seven days of the week.