

B & M Investments Limited

# Greenhill Care 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Greenhill Care Home is a residential care home that provides accommodation and personal care for up to 67 older people some of whom live with dementia within a purpose built unit within the home. At the time of our inspection there were 64 people living at the home.

The inspection took place on 13 October 2016 and was unannounced.

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

People received care and support that met their needs while encouraging their independence. Risk assessments were in place for all aspects of people's lives and these helped to ensure that people's choices were not restricted. People felt safe living at the home and staff knew how to respond to any concerns that may affect people's wellbeing. People were supported by sufficient numbers of staff who had been recruited through a robust process. People's medicines were managed safely and where possible people were encouraged to manage their own medicines.

Staff received a robust induction and on-going training to help ensure they had the appropriate skills for their role and further development opportunities were made available. People only received care once they had provided their consent and for those people unable to provide this, staff followed the appropriate procedures. People were provided with a variety of food and staff ensured people at risk of weight loss were appropriately monitored and supported. People had access to health and social care professionals as needed, and when they requested them.

People were treated with dignity and their privacy was promoted. People were involved in planning and developing their care and people's confidentiality was promoted. People were able to pursue their individual interests as well as engage in meaningful activities both within the home and in the local community. People knew how to make a complaint, and where complaints were raised these were responded to promptly.

People were positive about the management of the home and the views of people were sought in relation to the management of the home. A robust system of auditing, monitoring, reviewing and improving the quality of service was in place, and the registered manager clearly led a service that promoted a positive and open culture.

## 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 both with living in the home and with the staff who supported them.

People were supported by sufficient numbers of staff who were recruited following a robust recruitment process.

Risks to people's safety and wellbeing were managed, but did not remove people's independence and choice.

People's medicines were managed well, and people were supported to take their medicines as the prescriber intended.

### Is the service effective?

Good 

The service was effective.

People were supported by a competent and professional staff team. Staff felt supported by the management team and were able to take on roles and responsibilities to enable them to develop their skills further.

People were asked for their consent prior to care being provided and where they were unable to provide this due to lacking capacity, staff ensured the relevant guidelines were followed when consent was sought.

People were supported to eat and drink sufficient amounts, and had their weights regularly monitored.

People were supported by a range of healthcare professionals when required.

### Is the service caring?

Good 

The service was caring.

People were supported by staff in a caring, dignified and respectful manner.

People's personal preferences, interests and wishes were documented, and staff were aware of how to meet these varying needs.

People received care from staff they obviously knew well and felt comfortable with that was delivered in a sensitive manner.

People's confidential information was stored securely.

### Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

The service was innovative and flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were able to undertake daily activities that they had chosen and wanted to participate in.

Complaints were used as an opportunity to improve the quality of care that people received.

### Is the service well-led?

Good 

The service was well led.

Systems used to quality assure services, manage risks and drive improvement were effective.

People, staff and relatives were able to provide feedback to the Registered Manager about how services were provided.

The Registered Manager was accountable and managed the home in an open, honest and transparent manner.

People were aware of the management arrangements at the home and felt confident in approaching a member of the management team any time.

People's care records were accurately maintained and notifications required to be submitted were carried out when required.

# Greenhill 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.

The inspection was carried out on 13 October 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who lived at the home, six staff members, two visiting health professionals, the registered manager and a representative of the provider. We looked at care plans relating to six people who lived at the home, and three staff files. We also carried out observations in communal lounges and dining rooms across both units in the home and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People told us they felt safe living at Greenhill Care Home. One person said, "I feel safe here. The building is secure and the staff are nice, I do trust the staff, they are honest and open. I feel safe because of them." This view was shared by people's relatives with one relative commenting, "The care is safe and [Person`s] health and general wellbeing has improved since they came here."

Staff were aware of how to keep people safe from harm, and were able to describe to us what signs they looked for when providing personal care to people, such as unexplained bruising or abrasions. One staff member told us, "I know exactly when I look at my residents how they feel. They don't have to talk with words they talk with their face, body and behaviour." Staff were clear about reporting their concerns to senior staff or management, and were aware of agencies outside of the home they could report their concerns to. One staff member said, "Safeguarding, they're like family, so I would keep them safe like I would my own family and worry about anything that wasn't right for them."

Information relating to keeping people safe from harm was prominently displayed around the home for visitors and relatives to refer to, and all staff received regular updated training to keep their knowledge up to date. Where there had been incidents reported to the registered manager, these had been investigated and responded to appropriately. The management team and provider continuously monitored the number of falls, incidents and injuries in the home to ensure they were aware of any themes emerging and could respond accordingly.

Risks associated with people`s daily living were recognised and risk assessments were in place with clear guidance for staff to follow to mitigate these risks. People were advised and encouraged to use equipment and other measures to mitigate the risks such as walking sticks, frames and chairs, however their choice was respected, after the risks had been explained and documented by staff. For example one person told us, "Oh, the staff are nice, but they always tell me I should not do so much and I should have a rest between my walkabouts because I am at risk of falls. I had one fall at home before coming in, but I know it is risky, and I am still doing it because I can." However, this person had at their disposal a range of mobility equipment to use if required, and staff were observed to remain in close proximity to them if they were needed. Where other risks to people's daily living were observed, for example people at risk of developing pressure sores, we saw the appropriate equipment was in place and used and assessments were regularly reviewed and updated to minimise the risks.

There were sufficient numbers of staff available to meet people's needs. Call bells when rang were responded to swiftly, and people in their rooms had their bell placed near them. Staff were constantly visibly present in the communal areas of the home, however also were able to spend time with people on a one to one basis if needed. All people, staff and relatives we spoke with were positive about the staffing levels in Greenhill Care Home. For example, one person said, "Your hear such terrible stories about other places, but here there is enough staff on hand to give us the quality of life we demand, but with the privacy we deserve." One person's relative told us, "Yes there are enough staff, it helps to have it just right so that [Person] gets that level of care they need." One staff member said, "We are never short staffed and we don't use agency."

Our team is very good."

We reviewed recruitment records for three staff members and found that safe and effective recruitment practices were followed which ensured that staff did not start work until satisfactory employment checks had been completed. Staff confirmed that they had to wait until the registered manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure that staff members employed to support people were fit to do so.

People told us they received their medicines when they needed them and that staff kept them informed of what each medicine was for. One person told us, "I do have my medication on time. I used to be a nurse so I do watch them [staff] and they know what they are doing. I know what medication I am taking and why. They always give me the right ones." We saw that staff ensured they observed the person take their medicine before moving on to the next person, and that medication administration records (MARs) were completed when people's medicines were administered and contained no gaps or omissions. We checked the physical stocks of tablets against the stock records held in people's MARs and found no errors or anomalies. This demonstrated to us that people had received their medicine as the prescriber had intended.

Where people were able to manage their own medicines, staff ensured they were able to do so safely, and all people were given the option of managing their medicine when they were first assessed. People who were prescribed 'As required' medicines for symptoms such as pain were asked whether they felt they needed a tablet, and staff acknowledged their decision. People's medicines were regularly reviewed by the doctor and where people were prescribed varying dose medicines, such as those to thin people's blood, any required changes to the prescribed dosage had been updated. We found there were robust arrangements in place to manage medicines into the home with two staff booking and countersigning medicines into stock to minimise errors, and clear records were held for medicines destroyed or returned to the pharmacy. This meant people's medicines were managed safely.

## Is the service effective?

### Our findings

People told us that staff were trained to meet their needs. One person said, "Whatever they have they need to bottle it because all the staff from the top to the bottom know exactly what they are doing." A second person confirmed this view and told us, "They not only work together as a team, but they help one another, they share the learning which I think is why they are so good at it."

Staff told us they felt supported and received training relevant to their role. Staff when recruited were provided with a comprehensive induction which was also regularly reviewed to ensure staff were competent to work alone. One staff member said, "I didn't have to work alone after I started until I was confident I knew exactly what I had to do. All the managers are nice and supportive and I never felt worried to ask for support and then I have been given a lot of opportunities to learn and develop new skills." A second staff member said, "The training here is very good. It made me more confident. I was very scared at the beginning because people are so vulnerable, but now I am able to understand people's needs."

The management team regularly reviewed staff competency through face to face supervisions and observations of their practise. They were able to provide feedback to the staff member about areas for development, and also about providing further opportunities for training. All the staff at Greenhill had received their fundamental training in key areas such as safeguarding, mental capacity, nutrition, dementia awareness and moving and handling. However, staff were also provided with additional training to support an individual strength, such as becoming a champion for the service in a key area. One staff member told us, "I was given the opportunity to train as a dementia champion. I developed my skills to then train and mentor the other staff and act as a person to go to." We saw that staff had also become champions in other areas such as safeguarding and infection control. All the staff we spoke with told us they felt supported by the management team. One staff member said, "The manager is my mentor and role model. They are the best manager I ever had. Supportive and very fair."

People told us staff sought their consent before they assisted them. We observed numerous occasions where staff approached people and offered them support and assistance. Staff clearly explained what they wanted to help people with, and waited until the person agreed. Care plans and reviews we looked at had been signed by either the person or their representative, which demonstrated that consent had been sought. People confirmed that their consent was routinely sought. For example one person said, "They are thoughtful and don't just march across to do something, they explain and talk, from the simple to the complicated, it's the same approach and if I say no, then its no."

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).



When people were considered to lack capacity they were assessed and a best interest decision was made. Decisions were made through consultation with the registered manager, relatives and a relevant professional. Where people then required a DoLS authorisation to maintain their safety, for example, using bedrails to prevent them falling from bed, the appropriate applications had taken place. Staff and the management team demonstrated to us their understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. One staff member told us, "We assume everyone has capacity and act in their best interest always. We give people choices and don't assume people cannot choose just because they have dementia."

The registered manager had completed the relevant DoLS applications to the local authority and were awaiting approval. Where DoLS had been authorised, this was not a barrier to people leaving or enjoying activities outside of the home environment. For example, people who had an authorisation for them to not leave the home unsupervised were freely able to walk around the substantial grounds, go on trips, visits and excursions with family. One person's relative regularly visited the home and regularly took one person out and about to enjoy each other's company. Staff were clearly led by a Registered Manager that believed restrictions placed on a person to keep them safe did not mean they had to stop enjoying all the things they had enjoyed before moving to the home.

People told us they enjoyed the food at Greenhill Care Home. One person said, "I cannot fault the food here, it's always nice and plenty of choice." A second person said, "The food is nice. I am a fussy eater and if I don't like something from the menu I can ask for something else." Food was cooked each day using fresh ingredients and based upon people's likes and preferences. The chef cooked a variety of choices, and ensured they kept back portions of meals to offer a variety to those who refused their meal on the day. People's varying dietary needs were catered for and the chef was able to recall the various gluten free, dairy free, diabetic or cultural diets that people currently had or previously had whilst living in the home. For people who were at risk of weight loss the chef prepared high calorific diets to help support weight gain in people through a healthier diet, and the home clearly did not have an ethos of using synthetic dietary supplements to manage weight loss.

A range of snacks were available to people throughout the day, with fresh fruit available and the kitchen baking cakes daily. For those people living with dementia who may not sit for long periods to eat, the kitchen prepared finger foods that people could eat and return to. However, on the unit for people living with dementia throughout the inspection there were biscuits, fruit, crisps among other items that people could snack upon. The chef was visible throughout the day talking to people throughout the home about their meal, any alternatives they may want that day, and seeking feedback. People told us the chef was enthusiastic and always willing to look for new ways to make meal times more interesting by listening to feedback. For example one person said, "The chef is a gem, they always come around and checks if I liked my food." A second person said, "I don't think we have ever been better fed, the food is something I look forward to and every day the smells from the kitchen just make me hungry."

People's nutritional needs were monitored and responded to where they were at risk of weight loss. We saw that staff monitored regularly people's weight and where people continued to be at risk staff referred them to the appropriate professional for specialist assessment.

We saw that appropriate referrals were made to health and social care specialists when needed and there was regular contact with and visits from the local mental health team, GP, dieticians, chiropodists and opticians. On the day of our inspection the GP was visiting the home to carry out their regular surgery for example, as well as a visiting optical clinic, blood testing and nursing teams. One visiting professional said, "We look after a few homes locally, but this home sets the bar for quality care."

# Is the service caring?

## Our findings

People and relatives told us that staff were kind, warm and caring towards them. One person said, "I like feeling that I matter to them." A second person said, "I feel very privileged to have found this place, the staff are all so very kind."

People told us that their views were listened to and people when assessing people's health needs staff took the time to fully understand how people wished to receive their care. People told us they felt involved in discussing their care needs and that they were active in making important decisions.

Care plans were person centred and reflected people's preferences. Likes and dislikes were recorded for staff to refer to so they could deliver the care according to people's wishes and preferences. For example, there was a record of when people wanted to go to bed or get up in the morning, if they preferred male or female staff. One person said, "I can get up or go to bed when I want. They [staff] bring me a cup of tea in the morning, then I take my time and buzz when I need help."

Information about people's specific behaviours and how staff were to react when people displayed certain behaviour was documented and understood by all staff. For example one person's care plan detailed, "[Person's name] will often shout for 'help' when they are in bed. This is just for reassurance that a carer is about." Staff said that they still responded to the person in the same manner; however it meant they didn't have to rush in and alarm the person further.

People and the staff who supported them clearly had developed a rapport which was shared by people's relatives when they visited. We saw that people spoke and staff listened to them attentively, without distraction. Staff clearly understood the importance of understanding people and listening to their views and opinions. For example, one staff member said, "I spend time with people to find out what they like and dislike. Asking the right question the right way will get them the care they like to receive."

People's dignity and privacy was promoted by all staff. We saw that staff knocked on bedroom doors and asked whether they could enter. They closed doors behind them when giving people personal care. Staff promoted equality and diversity and encouraged people to continue to live their life as they wanted and continued to respect people's right to privacy. One person told us, "I like it here. It's great. I can continue my relationship with my partner and staff will respect my privacy. They never come in my room if I don't say yes."

People's personal confidential information was stored securely and not left lying around in public areas of the home. Staff were aware of the need to maintain confidentiality in relation to people's personal needs, and were seen to speak in softened voices when discussing any of the people living in the home. This helped to ensure people's personal information remained secure.

People and staff were aware of advocacy services that people could use should they wish to do so to, however nobody at the time of the inspection had used an advocate.

## Is the service responsive?

### Our findings

People told us their life was positively influenced by the care and support they received from staff at Greenhill care home. They told us they led an active and interesting life because how flexible the service was to their needs. One person told us, "I never thought my life will start again after I moved in here. Staff give me the opportunity to do what I like and keep busy. I am very happy here." Another person said, "I really enjoyed my stay here. I came here because I needed help to get back on my feet and be able to go home. They [staff] were so good that I have re-gained my independence and I can go back to my home. I will miss them. This place is marvellous."

Staff worked enthusiastically to support people to lead the life of their choosing and as a result people's quality of life improved and was optimised to the full. We heard numerous examples where people's condition improved after moving in the home. One person told us, "I am much happier here than I was living alone. I use the tea house in the garden and I make tea for everyone who comes along. It's like a little tea party when the weather is nice." I cannot wish for a better place." One person's relative told us, "This place is fantastic. [Person] was in a different home for three years and had become withdrawn and unhappy. Since they moved here they are a completely changed person, happy and full of life." They continued, "It is so nice to see [person] laughing and content, knowing and recognising staff, having a joke and being naughty at times. [Person] is again the person who they used to be years ago and that's fantastic."

All the people we spoke with told us that they were able to develop and influence the assessment and review of their needs. They confirmed a thorough assessment of their needs was completed and that both they and their relatives were central to the assessment. One person said, "I had an assessment before I came in and again when I arrived, we sat down with [relative] myself and a staff member and we went through everything [care plan]. They wrote everything down. I do get the care I need and want and it made me feel better." All people's relatives we spoke with also confirmed they were able to contribute. One person's relative told us, "When we first looked at bringing [Person] here, the managers and staff were keen on getting to know them and spent time talking to all of us so they understood how they ticked." This meant that people were in control of their care which was delivered and shaped to their individual needs and wishes.

People's care plans emphasised their own views about their strengths and levels of independence, health and what their expectations were about the quality of their life. Staff spoken with were all aware of the importance of being aware of what people felt was important to them, and delivered care to them in that manner. For example we found that one person lost confidence following a fall they had when living in their own home. After they moved to Greenhill Care home, staff supported them to re-gain their confidence and live an active life. This person told us, "My confidence was knocked when I had a fall in my own home. Since I moved here my confidence returned and I regained my independence. I know staff are around to help if I need it and this gave me my confidence back to do the things I like." Another person who proudly told us their age said, "I need a lot of attention, and they are giving it to me. Because of them [staff] I am still here and their care keeps me alive and very happy to be here."

We found that care plans were detailed, up to date and provided key information for staff about how to meet people's needs that included areas such as maintaining safety, providing personal care and supporting people with dementia. These were regularly reviewed as people's needs changed, and staff had an acute awareness of how to support people and were able to describe to us in detail people's current needs.

Staff handovers were held to ensure all staff were aware of the most up to date information about people for that day. Each person's needs were discussed and key events or observations regarding physical, emotional and social needs were addressed. Information was shared effectively between staff such as shift planning and the deployment of staff and delegation of tasks and responsibilities could be managed and planned ahead, such as contacting GP's, chasing prescriptions and supporting people. As each shift was well planned and managed and this enabled tasks to be completed effectively and in a timely manner to respond positively to all people's needs.

There were lots of activities offered to people throughout the day including going out. Staff knew what people liked to do. Some people liked to go out all of the time and other people wanted quiet calm time and this was supported. There were several places in the service that people could spend time and do activities depending on what they wanted to do and whether they wanted to be on their own or in company.

The grounds of the home allowed people to walk freely when they chose, and within the home there were secluded and intimate areas for people to receive visits with families and communal areas for people to socialise. The tea house in the garden offered families the opportunity to meet their relatives, but also for people living at the home to meet and socialise. It was clear that this was a valuable meeting place, and although not used on the day of our inspection people told us how important it was. One person's relative said, "It has been lovely to get out of the home, and be in the tea room because it felt as if we were miles away and spending real time together."

A quiet room was well decorated with a variety of sensory stimulation equipment, such as lighting, music and various soft touch items for people to feel. Throughout the day people were seen to use the room where they were content and calm enjoying the activity they were pursuing.

The environment provided for people who lived with dementia offered stimulation and objects of interest all around the corridors, lounges and people's own bedrooms. Staff spent time getting to know people, both in relation to their health needs, but also their life experiences, interests, hobbies and personalities. They adapted and changed the environment to suit the needs of the people living there. For example there was an area which was decorated with drying clothes on a line, ironing board and cordless iron. People stopped in their walkabouts and took the clothes folded them and ironed. Another area had kitchen equipment with dishes and utensils ready in case people showed an interest in working in the kitchen. We observed that people were encouraged to assist with various gardening tasks, cooking and socialising. This meant that activities were tailored to meet the individual needs of the people and were focused on their interests and past working lives. This helped people to gain confidence and maintain their interests.

The walls of the dementia unit were adorned with various individual projects and tasks that staff had supported numerous people to create. For example, one person had visited numerous places around the world. Staff had supported them when they arrived at the home to research each place and recall memories from their trips which were then displayed. We spoke with this person, who at the time was not able to recount all the detail of the various places, but it was clear from their expressions that they thoroughly enjoyed people taking an interest. Another person showed a vibrant interest in politics, and shared a passion for elections and past political leaders. With a recent nationwide election taking place, staff had spent time with the person, recalling and investigating various government figures, and had created a

display for others to also enjoy. One person's relative said, "The activities here are never the same, it just depends sometimes on the day what people want to do."

We observed throughout the inspection that for people who were alone, staff continually popped in and out of their room for a chat, or to help them with an activity. Where people were within the communal areas, staff constantly checked they were content and intervened appropriately to support if they needed this. We observed one person becoming gradually more restless, walking continuously around the unit. A staff member approached them and took them outside for a walk, knowing that they enjoyed being among the plants and flowers. The person visibly calmed and became more settled as the staff member unhurriedly escorted them around.

We found that this approach and support was offered to every person who had behaviours that may have been challenging. Staff identified triggers and organised meetings where they discussed and developed strategies to reduce the emotional stress identified as leading to people's agitated or distressed behaviour. As a result there were very few incidents when staff had to intervene and all the staff we spoke with were able to describe the techniques and strategies they used to help people keep calm. Staff held regular reminiscence sessions using a variety of resources such as music, photographs, fabrics, and food tasting and these provided opportunities for people to communicate their preferences. Staff incorporated the information they gathered and their observations in people's daily routine. When we looked at the number of incidents that had occurred within the home that suggested people became bored, or unstimulated we found this to be very low. What we found was that by staff being aware of people's individual histories, they were able to intervene appropriately and at the right time which clearly benefitted those living in the home.

There was a clear focus on the importance of families and where people wished for them to be involved in both the care, but also the social aspect of the home, that clearly benefitted people living there. People's families told us they felt welcomed by all staff, and that the inclusive approach had benefitted all the people living at the home. One person's relative said, "I feel welcome here every time I come through the door. Starting from the manager to every staff, they are all smiling and kind. The care is safe and very effective. [Person`s] health and general well-being improved since they came here." We saw that when people's relatives visited they embraced staff, and when they went to visit their own relative, they invariably stopped to warmly greet other people in the home. The environment of the home was friendly, warm and family orientated and this approach clearly benefitted all those who lived and worked in the home.

All the people and relatives we spoke with were aware of how to raise a complaint both within Greenhill and also with the provider if needed. The Registered Manager told us they used complaints or concerns as a way of learning and improving their services. All complaints reviewed were investigated and responded to within 20 working days which was within the provider's policy. None of the complaints looked at had been escalated by the person, which suggested people were satisfied with the manner they were investigated. For example, one complaint received highlighted that staff did not inform a person's family that they had a fall, although documented and reviewed accordingly. Once highlighted to the management team, the issue was investigated, responded to and discussed through the learning sessions within the team meetings. As a result, staff identified they needed to improve communication within the team and ensure families are kept informed. We found that this had occurred and where people had experienced a fall, incident or change to their health, staff had informed them.

People were kept informed of developments in the service and there was a strongly developed residents and relatives forum. Regular residents and families meetings were held and led by staff, however in addition a meeting is chaired by a relative and staff are not allowed to participate. This allows for people to speak freely regarding any issues, and have their concerns reported to the manager by the Chair of the meeting.

This enables the Registered Manager to remain objective about the service responding to feedback about how they can act and improve. The Chair of the meeting additionally walked around the home, and feedback to the Registered Manager their findings and jointly develop an action plan to address any issues which is reviewed at subsequent meetings.

## Is the service well-led?

### Our findings

People received quality care that was well managed. People told us the registered manager promoted a culture of openness and honesty, that they were approachable and listened objectively to people's views. One person said, "[Manager] is hands on, doesn't hide away in the office but is always around, they're visible. What I like is they take things personally, we are not just numbers but we matter to [Manager]." One person's relative also confirmed this and told us, "The manager is very good and this place is well- managed."

Staff were provided with the opportunity to discuss improvements to the service or any matters that may relate to changes within the home. All the staff we spoke with felt they could openly discuss issues or raise concerns and they would be listened to. Staff confirmed they had regular team meetings and felt these were positive and informative. For example, one staff member said, "We have regular staff meetings and we agree actions which when completed we review and share the outcomes." People and relatives were also kept informed of developments in the home through meetings, newsletters and discussions with the registered manager.

Staff told us they felt valued by the provider and registered manager. There appeared to be a strong team ethos in the home and we observed staff supporting and assisting one another without issue. Morale in the home was good, and staff attributed this to the registered manager's leadership style. For example one staff member said, "Managers are very supportive and they say `thank you` and `well done` if we work hard. This makes me feel valued and appreciated." A second staff member confirmed this approach and told us, "I really like working here. I have been here for many years and I will probably retire from here. It is a lovely working environment. Great team, very good manager." This culture in the home that was understood and shared by all meant people received high quality care by staff who demonstrated the same attitudes, values and behaviour.

The registered manager carried out regular audits to review the quality of the service provided and worked from a continually developing quality improvement plan that aligned itself to the standards that CQC review as part of their inspections. The provider visited regularly to audit key areas of service delivery, such as the environment, care planning and infection control, but also senior managers with specific skills undertook observations of care. For example, one senior manager with a background in dementia care had observed staff whilst providing care to people and while assisting them to eat their meals. Through their observations they were able to support the Registered Manager to make improvements where needed to improve not only the safety of care provided but also the quality.

Surveys for people, relatives and staff had been carried out to seek their views on the quality of care provided. The results of the previous year's survey and accompanying actions were displayed in the reception area. At the time of this inspection the current year's survey was being carried out however the results would once again be displayed.

Records relating to people's care and treatment were accurately maintained. Daily records of care provided to people were updated when required, and people's care plan and risk assessments accurately depicted

their current care needs. Records relating to the management of the service were regularly reviewed and updated.

Notifications of significant events that occurred within the home were made to the Care Quality Commission as required without delay.