The Cote Charity

Griffiths House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Griffiths House is registered to provide accommodation and personal care to eight people. There were eight people living in the home at the time of the inspection. The service supports older people living with dementia.

This was the services first inspection since registering with us in July 2016.

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

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. The care plans provided staff with information to support the person effectively. People were evidently involved in the planning of their care. Other health and social professionals were involved in the care of the people living at Griffiths House.

The atmosphere in the home was inclusive, which promoted a homely and family feel to the service. People were the focus of the care.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex, these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and the deprivation of liberty safeguards.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. Safe systems were in place to ensure that people received their medicines as prescribed.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. There was a real commitment to ensure staff had the appropriate training to support people effectively. Staff were supported in their roles. Systems were in place to ensure open communication including team meetings and daily handovers. This ensured important information was shared between staff enabling them to provide care that was safe, effective and consistent.

People were involved in activities in the home and the local community. These were organised taking into consideration the interests of the people.

People's views were sought through care reviews and resident meetings and acted upon. There were

systems to ensure that complaints were responded to.

The registered manager and the provider completed regular checks on the systems that were in operation in the home to ensure they were effective.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff. There was a positive culture where people felt included and their views were sought.

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's medicines were managed safely and risks to people's health and welfare were well managed. Where risks had been identified, management plans were in place. Staff were provided with sufficient and up to date information, which assisted in keeping people safe.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

The home was clean and free from odour. Staff knew what they had to do to minimise the risks of cross infection.

Is the service effective?

Good

The service was effective.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

People were supported by staff that knew them well and had received appropriate training. Other health and social care professionals were involved in the care of people and their advice was acted upon.

The premises were decorated and maintained to a very good standard and met the needs of people living with dementia.

Is the service caring?

Good

The service was very caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their

approach. There was a real inclusive atmosphere with staff and people living and working together to promote a homely and family atmosphere.

Staff knew people well and were able to tell us how people liked to receive their care. People were supported to maintain contact with friends and family. People were encouraged to live the life they wanted.

Is the service responsive?

Good

The service was responsive.

People's care was based around their individual needs and aspirations. Staff had really taken the time to get to know people and their families. People were supported to take part in regular activities in the home and the community.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans. Staff actively listened to people and they were involved in all aspects of the running of the home.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

Good

The service was well led.

Staff felt supported and worked well as a team. Staff told us they enjoyed working in the home and there was good communication with the focus being on the people that lived at Griffiths House. Staff were motivated, passionate and committed to providing a personalised service for people.

The registered manager and senior management were visible in the service and were approachable.

The ethos was that Griffiths House was very much people's home. People, their relatives and staff felt there was a real sense of being part of a family.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Griffiths House

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 17 October 2017 and was announced. We gave the service short notice of our visit because we wanted to make sure the registered manager was available.

One inspector carried out the inspection. This was the provider's first inspection since registering with the Care Quality Commission in July 2016.

Before the inspection, we asked the provider to complete 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 reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with three people who used the service and two relatives. We spoke with the registered manager, the team leader and two members of staff. We contacted the dementia well-being team for their feedback. Their comments are included in the main body of our report.

We looked at the care records for three people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff. We also looked at recruitment records for two newly appointed members of staff.

Good

Is the service safe?

Our findings

Some people were unable to tell us about their experience of living at Griffiths House. This was because some people were living with dementia. However, we observed that people were settled and safe in their surroundings and were comfortable in the presence of staff and each other. One person told us, "Yes I feel safe, I no longer worry as there is always staff to help me", and another person told us, "Yes I feel very safe, it's my home." Relatives felt the service was safe and staff were attentive to people's needs. A relative told us all the staff working at Griffiths House were very good. They told us that it there were any concerns then the staff would contact them.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed. Medicines were stored securely in lockable cabinets in people's bedrooms or in an air conditioned room in locked cabinets. Arrangements were in place for medicines that required cool storage and for medicines that required additional security.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. This included risks due to choking, poor nutrition, pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed. Other professionals such as speech and language therapists had been involved in advising on safe practices and equipment required. Staff described to us how they ensured people's safety in all aspects of their care.

The home was secure, there was a key pad to the front door. Staff told us this was to keep people safe due to their vulnerability because of their dementia and not to restrict people. They told us there were opportunities for people to go out with staff or their relatives. There were also sensors on bedroom doors and mattresses to alert staff if a person was out of bed. Staff told us this was to ensure people were safe where they were at risk of falls. These could be turned off if people had been assessed as not needing them. Bathrooms had sensor lights that were triggered when a person entered their bathroom. This was to keep people safe and reduce the risk of falls because this area automatically lit up which meant the person did not have to struggle to find the light switch.

Where people were at risk of falls, there were systems to ensure that other professionals were involved such as the GP and referrals to the falls clinic. Staff had a good knowledge of people and were able to recognise when they were unwell. This included identifying conditions that could cause an increase in falls, such as a urine or chest infections. It was evident the staff had reviewed risk assessments in response to accidents and incidents. This included reviewing the environment and requesting a medicine review with the GP.

Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and the importance of sharing information where they had concerns. Staff confirmed they would report concerns to the registered manager, the deputy manager or the team leader and these would be responded

to promptly. Staff knew who to report any concerns to outside of the service. They told us there were policies on responding to an allegation of abuse and whistle blowing. The registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep the person safe. This included notifying to us.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. Fire risk assessments had been completed. Fire equipment was checked at regular intervals. Staff had completed fire training and had taken part in fire drills.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person had fallen) to ensure these were working correctly and routine checks on electrical and gas appliances. Certificates and records were maintained to confirm these checks had been completed.

Staff were thoroughly checked to ensure they were suitable to work at Griffiths House. These checks included obtaining a full employment history and seeking references from previous employers. We saw Disclosure and Barring Service (DBS) checks had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support.

Sufficient staff were supporting people. There was an established team of seven staff working at Griffiths House. There was always a minimum of two staff working throughout the day and night. The team leader told us they regularly worked alongside the staff especially during busy times such as meal times. In addition, to the care staff, there were housekeeping staff, two activity co-ordinators and catering staff. Staff told us they could always call on staff from Katherine House in the event of an emergency.

The home was clean and free from odour. All staff had received infection control training. Policies and procedures were in place to guide staff on safe practice. Housekeeping staff were employed to assist with the cleaning of the home. People and relatives confirmed the home was always cleaned to a high standard and there were no lingering odours.

The home had been assessed in June 2017 by the local Council in respect of food hygiene practices and had been awarded five stars. This is the highest rating a service can achieve. This was clearly displayed in the hallway of the home. The kitchen was clean and well organised. Cleaning schedules were in place and records maintained in respect of good food hygiene practice.

Good

Is the service effective?

Our findings

Relatives we spoke with during the inspection felt there was a very good team working in the home supporting people. One relative told us, "I like all the staff, there is not one that I cannot talk to about mum". Another relative said, "They (staff) are all very attentive and I know they provide good care". Relatives confirmed they were kept informed of any changes to the person including any health care needs.

People were registered with a GP and had access to other health professionals such as dieticians, physiotherapists, occupational and speech and language therapists and the dementia wellbeing team. Their advice had been included in the plan of care and acted upon. Staff told us people were supported to see a dentist, optician and a chiropodist. A chiropodist was visiting on the day of the inspection. Where people had been seen by a visiting health care professional, staff had recorded any treatment or follow up required.

People's nutritional needs were being met. Where people had been assessed as being at risk of malnutrition, clear plans of care were in place. For those people who had been identified as being at risk, increased monitoring was in place such as food and fluid charts. People were weighed monthly. Systems were in place to enable the registered manager to audit and check that staff were following the correct procedures in respect of monitoring people's weights where there was weight loss. Referrals had been made via the GP to speech and language therapists (SALT) for swallowing assessments where people were at risk of choking.

People were provided with a choice at all meals. There was a selection of cereals and spreads to put on toast at breakfast time. At lunch time people were provided with a choice of three cooked meals. Where people wanted a lighter snack such as a sandwich, this was provided. For the evening meals, people were offered a light tea, such as soup or something more substantial like an omelette. The food was prepared in Katherine House, which was on the same site as Griffiths House. Catering staff assisted with the serving of the meals.

There was a menu board outside the kitchen so that people could see what was available. In addition, care staff asked people what they would like each day. People told us they enjoyed the food. A relative told us they were impressed with the food provided and they were often invited to stay for lunch and always offered refreshments. They told us that for special occasions such as birthdays, refreshments and cake was provided. Relatives were seen using the small kitchen making drinks for themselves.

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 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. Each person had been assessed to determine whether an application should be made. The registered manager told us the local authority had assessed two people and authorisations were in place. Staff were aware of the conditions for these people such as daily walks around the grounds. Applications had been submitted for the other six people in the home. These had not yet been authorised as they were waiting for a representative of the placing authority to complete their assessment.

People's care plans clearly described how the staff supported people to make day to day decisions, for example about what to wear, to eat and drink and how they wanted to spend their time. Staff were aware of those decisions that people could and could not make for themselves. Examples of this included decisions about health care monitoring when people were not able to understand the relevant information.

Staff told us best interest meetings were held where people lacked mental capacity and this included seeking the views of the person's relatives and professionals involved in their care such as the GP. Records were maintained of best interest meetings detailing the decision making process and who was involved. Staff had received training in the MCA and DoLS. One member of staff was unable to tell us about people that were subject to a DoLS. We shared this with the registered manager who assured us additional training would be provided.

A member of staff confirmed they had completed an induction and it was very comprehensive. They said they had worked in care previously and they found the training offered by the provider to be a lot better than their previous work place. The provider's induction process encompassed the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained. Staff were supported to build on this qualification by completing further qualifications such as a diploma in care.

There was a commitment to ensure staff had received training around supporting people with dementia. A member of staff told us they had recently completed training on dementia, which had included a virtual experience of living with dementia. This was where staff experienced what it was like to have one or more of their senses effected. They told us it had been very emotional and frustrating and provided them with some very valuable learning on what it may be like to live with dementia. Staff were knowledgeable about the effects that dementia could have on the person and their family.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding adults, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. Staff confirmed they were supported in their roles and could speak to the registered manager at any time. Staff completed an annual appraisal, which looked at their performance and future training needs.

Griffiths House is a purpose built property to provide accommodation and personal care to eight older

people living with dementia. The accommodation is open plan and all on the same level with five bedrooms leading off from the large open planned communal space and three bedrooms situated off a large corridor. Comfortable seating was available along the corridor for people to sit and rest or watch the coming and goings in the home. The lounge/dining area was the hub of the home. There was a small kitchen that people could use to make light snacks, hot drinks or do activities such as baking. There was comfortable seating in a circle in the main lounge with additional seating around the edges. A fully assisted bath and ceiling hoist was also available to support people with their bathing needs. There was secure outside space, which people could access independently.

The registered manager told us they had visited other dementia services taking advice on the layout, the colour scheme and the delivery of care. They had also consulted with the dementia wellbeing team. People's bedroom doors were painted bright colours and those areas where people did not access such as the sluice or cleaning cupboard these blended and were not so obvious. This meant it was easier for people to find rooms such as their bedroom or the bathroom.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them. Throughout the day, we observed all staff, from housekeeping staff, the cook and the care staff, spending time with people engaged in conversations. Staff knew they needed to spend time with people, to be caring and have concern for their wellbeing. Staff told us there was sufficient staff to enable them to spend time with people.

Staff were aware of people's preferences and daily routines. This included the name they wanted to be known by. Staff were addressing people by their preferred name when talking with them, using appropriate volume and tone of voice. We were introduced to people and an explanation was given to them on why we were visiting the home.

Staff spoke about people in a caring and positive manner and they were knowledgeable about people's life histories and important family contacts. People had information about their life histories and what and who was important to them. Relatives had been involved in these. It was evident from talking with staff relatives were very much part of the care of the person. The team leader told us they regularly met up with families to discuss the care being provided. One relative had an arrangement where once a month they were telephoned to provide them with the information they needed. It was evident there was a commitment to provide family with the information they needed to be assured their loved one was being cared for appropriately.

Staff did not wear uniforms. The registered manager said this had been very effective in reducing barriers between people and the staff, which also helped in making Griffiths House feel more homely and inclusive. Staff took their breaks and ate their meals with people again promoting a homely and family atmosphere. Night staff wore night attire to help people get a sense of a night time routine. Staff told us this had helped people feel calm and orientated them to the time of day. Staff told us that people chose when to get up and go to bed. Some people woke during the night, staff told us they spent time with them providing hot milky drinks or a snack in the case they were hungry and needed reassurance. Care documentation included people's daily routines and their particular likes. This included the number of pillows and whether they liked the light on. This reflected that people's individual choices and preferences were respected.

We saw that people's rooms were personalised and decorated individually. People had their own furniture, ornaments and personal items such as televisions and photographs. People's names and photographs were on their doors so they could easily identify their rooms. One person told us, "I love my room and the view". All bedrooms had large windows making them feel light and airy. One person told us they really enjoyed their outlook from their window and would watch the squirrels and foxes.

People were encouraged to be as independent as possible. Staff told us people were often involved in laying the tables, assisting with household cleaning and making drinks and snacks. Care records included what the person could do and what they may need help with. Staff understood the importance for people to maintain their skills, which aided their general well-being and feeling of worth. One person liked to wash their own small items of clothes. To help the person do this the staff had purchased a clothes horse to dry their

clothes, which was placed in their bathroom. Staff told us it was really important for the person to complete this for themselves.

Staff and the team leader told us it was important for people to make choices on what they wanted to wear, eat and how they wanted to spend their time. People were offered choices with their meals and further alternatives if they did not like what was on the menu. Staff told us they always sought people's consent prior to completing any personal care or assistance. This showed the staff listened to people and acted in accordance with their wishes.

We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and explaining to them what they were doing. One person told us they were able to spend time in the lounge when they wanted company but could equally go and lay on their bed when they wanted to be on their own. People looked well cared for. This included ensuring people had their glasses, some ladies had painted nails and others had jewellery that matched their outfits. People's hair looked clean and groomed. This showed that people's dignity and privacy was maintained and respected.

Relatives told us they could visit whenever they wanted and were made to feel very welcome. There were facilities they could access to make hot drinks and snacks. People told us they could meet with their visitors in their rooms or the lounge areas. We were also told that sometimes staff would visit with their children or grandchildren. This was to promote the homely and inclusive atmosphere. Families could also bring in their pets. A member of staff told us family could stay if their loved one was unwell. The staff had gathered items such as toiletries that relatives could use if needed.

Some people had previously lived in Katherine House and had built relationships with people that resided there. People were supported to visit each other with people from Katherine House being invited to Griffiths House and vice versa for meals and to participate in the activities and social events that had been arranged. People were also involved in raising money for charity and recently had a coffee morning to raise money for a national charity. Photos were displayed of the event within the home. People were actively involved on the day making teas and coffees, greeting people and selling raffle prizes. Again, this promoted a very inclusive atmosphere. People had discussed this at a resident meeting on how they would like to be involved.

People had access to Wi-Fi and staff supported people to research items of interest such as where they lived or music they may be interested in. Staff were able to communicate knowledgeably with the person about their interests.

The charity's resident chaplain visited the home regularly to assist in meeting people's spiritual needs. People's cultural and religious needs were recorded in their care plan. Staff had completed training in equalities and diversity as part of their induction. Staff understood these principles in their approach to provide person centred care.

People had been asked about their end of life wishes, how they wanted to be supported and who needed to be contacted. The staff would liaise with other professionals including palliative care specialists and the person's GP to ensure all equipment and appropriate pain relief was in place to support the person. Staff had completed training in end of life.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations and activities.

When we arrived, seven of the eight people were engaged in activities. This included making bread, flower arranging and listening to music. One person was having their nails painted and another was helping to clear away the cups. The atmosphere was very inclusive with everyone being involved in the activities. Later in the day people were listening to music and passing hats between each other, this then changed to large feathers being swirled about. It was evident people were enjoying the activity. There was a sense of fun with people being encouraged to be active and mobile. A relative told us this was a usual day at Griffiths House and there was always something going on. One person told us there were lots of activities going on. They told us they were not so interested in arts and crafts and baking but enjoyed the exercises and the quizzes.

Two activity co-ordinators were supporting the staff in organising activities for people. Staff told us that it was really important to grab the moment especially with people living with dementia. One person started to dance and a member of staff joined in with the person. This then led them to talk about the music and what type of dances they liked. The person was engaged and appeared relaxed and happy.

The registered manager told us two people had been supported to go swimming because that was what they had identified as being one of their aspirations and one of five things they wanted to try. They said this had not only been enjoyable but also enabled the two people to bond and improve their relationship with each other. One person had been very much into sport and running. Staff had purchased a running machine to try with the person. However, they felt this was not safe due to the person's co-ordination but it was evident people were being supported to pursue their personal interests.

Staff had sought the information they needed to engage with people. This included a picture of their life before moving to Griffiths House including their hobbies and interests. This enabled the staff to be responsive tailoring the activities to each person. People were asked if they had any life goals not achieved and five things they wanted to do. This showed that people were valued and recognised that just because they lived in a care home life did not stop.

Staff had received training on activities specifically when supporting older people and those living with dementia. Staff had access to information on engaging people in activities for short periods of time. There was a structured timetable of activities and this was done flexibly to suit the wishes of the people. People were also supported to attend activities organised in Katherine House, which was situated next door to Griffiths House. Trips were organised to local places based on the interests of people living in the home. One person had been supported to go shopping and have a coffee at Cribs Causeway in a particular shop as this had held special memories for the person. A visiting hairdresser visited once a week. There was a designated area, which had been set up as a hair salon.

Entertainers visited regularly. The registered manager told us they were taking part in a two-year project

with an external company to explore how people living in Griffiths House could improve on links with the local community. We were also told two people from Griffiths House along with people from Katherine House were part of a forum on how this area could improve. Staff told us they had also built links with a local school and they often visited and sat with people engaged in activities and chatting. People told us about how each week one of the relatives brought in their dogs as part of a petting service. One person said, "Otis the dog is lovely, he visits every week." On the day of the inspection, some chickens had visited as part of pet therapy. Staff told us people were involved in keeping these in the grounds of the home and were very much part of life at Griffiths House.

Rummage boxes, hats, coats, handbags and activity items were available to people to busy themselves. There were also life like dolls and a soft furry cat that people could access as part of a therapeutic approach. One person was supported daily to go around the grounds with a full size pram. It was evident this therapeutic approach was having a real calming effect on the person with them experiencing less anxiety and agitation.

People and their relatives confirmed they had an opportunity to visit the home prior to making a decision to move to Griffiths House. A relative told us when they initially visited they had been very impressed by the welcome they had received from the staff and that the service felt like a home. Relatives and people told us that was what they liked about the service. It was like one big family and a home from home. One relative told us they liked Griffiths House because it was small. They were worried that when they were looking for a suitable care home that a larger service would not be appropriate as their relative would just be a number. They said, "Everyone knows everyone here. Mum is happy and has settled in better than we thought". Four people had moved from Katherine House.

People told us how they enjoyed the garden and courtyard area of the home. People said it was beautifully maintained and was a pleasant place to sit out especially when the weather was warm. The courtyard was safe, secure and accessible with bright flowers and plants. The garden design was based on the Wizard of Oz and contained ornaments depicting the film such as the scarecrow, tinman, the yellow brick road and a glass box containing some red shoes. Staff told us this area was used a lot when the weather was warm. They told us everyone had sat out watching the local Balloon Fiesta during the summer whilst eating ice-lollies or choc-ices.

Staff told us that the environment and layout of the home was having a real positive impact on people living with dementia. This was because of the open plan layout and all bedrooms could be viewed from the main lounge area. This meant people could always see a member of staff and the other people living in the home. The registered manager said this had provided people with reassurance and improved their orientation. They had noted that some people's anxiety of being lost and wanting to go home had greatly reduced along with falls.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment.

Comprehensive care plans clearly described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, when care needs changed and were

updated involving the person, their relatives and their key worker. Relatives confirmed they were kept informed of any changes and consulted about the care. People had a copy of their care plan in their bedrooms, which they could access whenever they wanted.

Daily handovers were taking place between staff. This was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. For example, if a person declined personal care this was shared with other colleagues so this could be offered at a more convenient time to the person or if a person was unwell staff could be more vigilant.

The provider had a complaints procedure available for people and their relatives. Relatives and people told us they would feel able to raise concerns or make a complaint if they needed to. We reviewed the complaints files and saw that there had only been one complaint. This was because a person's clothes had gone missing. However, when staff were alerted to the concern this was immediately rectified with the items of clothes being retrieved from the laundry. Relatives told us they had not had any concerns but would be confident that the staff and registered manager would respond appropriately to address these.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They were also responsible for Katherine House, which was situated next to Griffiths House. There was a covered walkway between the two services. Staff told us most days the registered manager visited the service and spent time with people and the staff. People and their relatives knew the registered manager and spoke very positively about them. They also spoke positively about the deputy manager, team manager and the staff. One person said, "Yes the boss lady is very nice, they all very friendly". The registered manager spent time with people during our inspection sitting and chatting with them.

Staff told us the team leader and the registered manager worked alongside them and were hands on. Staff spoke positively about their colleagues. They described a culture that was supportive, where the focus was the people that lived in Griffiths House. People were seen very much as individuals and care was tailored to the person. Staff described a team that was cohesive. They said this had a positive impact on people in that the atmosphere was calm and provided individuals with a sense of security. They said this was important for people living with dementia to feel secure and for them to feel that Griffiths House was their home. The registered manager spoke positively about her team and how they had developed since the service opened in July 2016. The registered manager was very proud of the service and the staff team echoed this. The registered manager told us they really wanted to be inspected by us so the team's hard work could be acknowledged.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in supporting people in a person centred way. Staff told us they felt valued by the registered manager and by their colleagues. Comments included, "I love it here. We have the time to really care and have the time to spend with people", "I like coming to work, the team and people are all so lovely".

Resident meetings were held regularly to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings. Discussions were held around the environment, staffing, activities and quality of the service. The meeting encouraged people to talk about what they liked about the home and what they did not like.

Staff told us regular meetings were held where they were able to raise issues and make suggestions relating to the day-to-day practices within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home. There were separate meetings for activity staff, catering and care staff.

Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the medication, care

planning, training, supervisions, appraisals and environment. The provider had put in suitable arrangements to ensure the quality of the service was reviewed and monitored.

The registered manager compiled monthly reports in respect of the care and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. In addition, a trustee regularly visited to speak with people, individual staff and the registered manager. The registered manger said they felt well supported and able to contact the representative of the provider at any time for advice, guidance or support. They told us they met with the representative at least once a month.

The registered manager attended regular care home registered manager meetings to enable them to network with other providers and to keep up to date with the changing world of care. They had completed a recognised course in supporting people with dementia. They had also been part of a project to help people living with dementia to live well. The service was working closely with the dementia well-being team. We received positive feedback from this team. They told us, "The home has a nice family feel about it. The team leader is approachable and knowledgeable about the residents and is willing to ask me for advice or support when she needs to". They said overall, "This home is well-led, caring, effective, responsive and safe. I have no concerns about this home".

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame. We found the information in the PIR was an accurate assessment of how the service operated.