

SheffCare Limited

Grange Crescent

Inspection report

47 Grange Crescent
Sheffield
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Date of inspection visit: 12 January 2014
Date of publication: 13/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Grange Crescent is purpose built and registered to provide accommodation and personal care for up to 54 older people. A 12 bed extension was added to the home in 2014. Grange Crescent is in a residential area close to local amenities and bus routes. Accommodation is provided over two floors. A passenger lift is available and all areas of the home are accessible. All of the bedrooms are single and have full en-suite bathrooms. Each floor provides communal lounges and dining rooms. The home has an enclosed garden and a car park.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our last inspection at Grange Crescent took place on 18 September 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 12 January 2015 and was unannounced. On the day of our inspection there were 49 people living at Grange Crescent.

People told us they were well cared for by staff that knew them well, and they felt safe. Every person spoken with told us they were “very happy” living at Grange Crescent. Comments included, “I am very safe here. I had some falls when I was living on my own and I was reluctant to come here but now I really enjoy living here,” “I feel very safe and very well looked after” and “I can’t speak too highly of the staff – particularly the night staff. Nothing is too much trouble and they are totally concerned with my safety and well-being.”

Relatives told us, “[my relative] is well looked after here” and “I know that [my relative] is safe and happy here.”

We found systems were in place to make sure people received their medication safely

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the

Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

Staff had training in safeguarding vulnerable adults and were aware of the procedures to follow to report abuse.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People were provided with access to relevant health professionals to support their health needs. Where people had specific health needs, staff sought advice from specialists where required.

People were provided with a range of food and drink to maintain their health and respect their preferences.

Good



Is the service caring?

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were positive and caring in their approach and interactions with people. They assisted people with patience and kindness.

People using the service and relatives spoke very highly of the care and support provided. Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good



Is the service responsive?

The service was responsive.

People's care plans were kept under review and had been amended in response to changes in their needs.

Staff understood people's preferences and support needs. A varied activity programme took into account people's personal hobbies and interests.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Grange Crescent

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 checked 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 12 January 2015. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a

provider information return (PIR) which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make

We contacted commissioners of the service and seven external healthcare professionals who had knowledge of Grange Crescent. We received feedback from Sheffield local authority Care Home Support Team and contracts officers, a GP, a specialist nurse, and two social workers. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with 25 people living at the home, three relatives, the registered manager and seven members of staff which included care and ancillary staff.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included five people's care records, four staff records and other records relating to the management of the home.

Is the service safe?

Our findings

All of the people living at the home that we spoke with said that they felt very safe. Their comments included, “I feel very safe and very well looked after,” “I can’t speak too highly of the staff – particularly the night staff. Nothing is too much trouble and they are totally concerned with my safety and well-being,” and “I am very safe here. I had some falls when I was living on my own and I was reluctant to come here but now I really enjoy living here.” People told us that if they did have a worry about safety, or any other concern, they would tell any member of the care team and they were confident they would deal with the concern appropriately and involve the right people.

Relatives spoken with said that they had no worries or concerns about their loved ones safety. Their comments included, “I know [my relative] is safe here. The staff are very caring and you know it matters to them” and “they [my relative] are safe and well loved.”

All of the staff spoken with said that they would be happy for a loved one to live at the home and felt they would be safe. One staff told us “I wouldn’t worry at all about my Mum living here. People are safe and well looked after here.”

People living at the home and relatives we spoke with told us there was enough staff on duty to provide assistance and support. Comments included, “if I call them [staff] they always come quickly,” “I sometimes have to wait a bit at night but they come as quickly as they can” and “everyone is so accessible.”

People told us they received their medicine on time and had not experienced any problems. Relatives said they had no worries about anything to do with their loved ones medication. Comments included, “[my relative] had been ‘stock piling’ their prescription medicines prior to coming to Grange Crescent. It is a great relief to me knowing that they get their tablets given to them properly. They are so well looked after here. I can’t speak too highly of them [the staff.] This place is as good as anything you could buy for £1000 a week” and “the staff here are great. They worry about me because I like to spend a lot of time here [in their room] so they pop in and out to see if I’m alright but I like to read so I like to be in here. I lose myself in a good book. I

have everything I need in here, all my own things and it’s a lovely room. I do go into the lounge if there is anything going on - a game of cards or skittles. Staff see to my tablets so I never have to worry about anything.”

Staff confirmed that they had been provided with safeguarding vulnerable adults training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

We looked at four staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed that they had provided references, attended interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at five people’s care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the risk. We found that risk assessments had been evaluated and reviewed on

Is the service safe?

a monthly basis to make sure they were current and relevant to the individual. We saw that risk assessments had been amended in response to people's needs. For example, one record had been amended to show a person needed to walk with a stick for their safety. Another risk assessment had been updated to show a person had become more at risk of falling. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments.

Prior to our inspection a professional told us, "the manager and team leaders have shown a proactive approach in assessing risk in individual residents and for the home as a whole; and acted upon these issues, for example GP and Falls Team referrals and staff shift patterns and handover times/allocation of staff."

The service had a policy and procedure on safeguarding people's finances. The manager explained that each person had an individual account and could access funds from petty cash. We checked the financial records and receipts for five people and found the records and receipts tallied. The manager informed us that the financial systems were audited annually by the company's accountant. The last financial audit took place in July 2014. This showed that procedures were followed to help protect people from financial abuse.

At the time of this visit 49 people were living at Grange Crescent. We found that six care staff, a team leader, the deputy and ancillary staff were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the month prior to this visit which showed that the calculated staffing levels were maintained so that people's needs could be met.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medication systems in November 2014 and recommendations made had been acted upon.

We observed staff administering some of the lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that the manager undertook monthly infection control audits which showed that any issues were identified and acted upon. We found Grange Crescent to be very clean. Two domestic staff spoken with said that they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. In the PIR the manager informed us that the home had been awarded a 5* food hygiene rating. This showed that procedures were followed to control infection.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, “I think I've been checked for everything they can think of. They've done tests for my heart and my chest. They've made sure I've been to the hospital to be scanned for everything to make sure I'm alright and I'm going to have my eyes tested too. I couldn't be better looked after” and “they [staff] are marvellous here. Really nothing is too much trouble. I saw an optician last week and I'm getting new glasses. I feel healthier now than I have in a long time, and it's thanks to them [staff].”

We asked relatives about the health care support provided to their loved ones. They commented, “[my relative] has a very poor appetite and they need a lot of encouragement to eat so they let me come at mealtimes so that I can sit with them. They have had physio and they've got a new bed on order for them because they are so thin. Everyone here is very caring. It's a very good home” and “when [my relative] came here, they had lost their mobility but they've worked a miracle and got them walking again.”

People told us they enjoyed the food provided. Comments included, “there's always plenty (of food), you get a good choice,” “they [staff] know what I like to eat and see I get it,” “I can always have some more (food) if I want it and they [staff] don't mind at all if I leave anything” and “the food is lovely, there's always something different if you want it.”

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role. One member of staff told us that only one hoist was provided at the home as, until recently, this met people's needs. However, one person's needs had changed which meant the hoist had to be moved between floors. We discussed this with the manager who explained that two hoists had been available in the past, but one was on loan

as it had not been needed. The manager ordered an additional hoist and informed us it would be delivered within the week of this inspection so that effective support could be provided to people.

Professionals contacted prior to our inspection told us, “I have placed people at Grange Crescent in the past and I have been happy with the care provided to my clients and they were well looked after” and “staff always consider and respect people's wishes.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

In the PIR the manager informed us that individual members of staff had been identified as Champions in Dementia and Pressure Care so that they could share knowledge and updates with staff. We found a ‘best practice’ file had been produced which contained up to date information and guidance on a range of health topics. This showed that staff had access to important information to support people's health.

We looked at five people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home, and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans contained consent forms showing that people had been asked if they agreed to the support being provided.

The care plans showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech

Is the service effective?

and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified.

During our inspection one person told us they wanted a cup of tea. We informed staff who immediately started making them tea. They knew that the person had two sugars in their tea. We observed part of lunchtime in one of the upstairs dining rooms. We saw meals were nicely presented. Staff were chatting to people as they served meals and there was a pleasant atmosphere in the room. We saw that one person ate very little of their main course and was brought two puddings, which they ate. Staff explained the person had a very poor appetite but liked puddings. This demonstrated that staff had a good knowledge of the people in their care.

During the morning we saw a member of care staff providing toast and eggs for a person, at their request. They

explained that the person had chosen to stay in bed that morning and wanted something at that time because they were going to the dentist. We saw a member of care staff asking people their choices for that day's lunch and tea. If people wanted different to the menu, this was respected. For example, one person chose to have a chip 'butty' and another asked for egg and chips. This showed a flexible approach to providing nutrition.

We spoke with the cook who was aware of people's food preferences and special diets so that these could be respected. They showed us how blended diets were presented so that food remained separate and appeared more appetising for people. We saw that plentiful food stocks were available to the cook so that they could prepare nutritious meals. We looked at the menu and this showed that a varied diet was provided and choices were available at all mealtimes.

Is the service caring?

Our findings

All of the people we spoke with said that they were well cared for. Their comments included, “if ever I’m worried about anything, I can talk to my key worker. She is so lovely and she gives me all the time I need,” “we have meetings sometimes and we can tell them anything we want changing or any suggestions we might have and they do listen to us the staff are smashing, nothing is too much trouble,” “I will never leave here. It can sometimes be a bit noisy but I don’t mind because I am content. Yes, that’s the word for it; I’m content” and “I am telling you the truth, we couldn’t be better looked after. We’re just a big family all looking after each other. I would tell you if it was different.”

One person told us they chose to spend a lot of time in their room. They said, “I do sometimes join the others (in the lounge) but I can’t hear anybody if they are all talking at the same time. I sometimes feel a bit isolated because of my hearing but staff do come in and spend time with me which I really appreciate. I get a lot of wax in my ears as well which makes it even worse and I can’t wear my hearing aids but they [staff] seem to know when it is bad and they get the doctor to come and look at my ears. They are so kind.”

Relatives spoken with said the staff were very caring. Their comments included, “[name of staff] has just had a few days off but she was so worried about [my relative] that they phoned twice to ask how they were” and “a lot of the staff have been here for years. It tells you a lot about how good a place is when the staff stay. Also, it means that staff know the residents really well and there is continuity of care. They can quickly see if one of the residents is out of sorts or might not be very well. It’s honestly like a family here.”

We saw one relative changing their loved one’s bed. They told us “I am made so welcome. I had a good feeling about this home right from the start. I like to do things like this for [my relative] because it feels as though I’m still actively involved in looking after them and the staff are really supportive about that.”

Professionals contacted prior to our inspection told us, “myself and a colleague visit Grange Crescent regularly. Neither of us have any concerns regarding the home and

feel the staff provide excellent care” and “I have placed people at Grange Crescent in the past and I have been happy with the care provided to my clients and they were well looked after.”

There was a relaxed and very happy atmosphere everywhere in the home. Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. We saw a staff member having a one to one chat with a person. They were sharing laughter and talking about the person’s wartime experiences. There was an obvious rapport and genuine warmth between them. Later the staff member was able to tell us all about the person’s army service, where they had been and all about their family. It was very clear that the member of staff knew the person very well. We saw some very good humoured ‘banter’ between a person living at the home and staff member. They were teasing each other about their knowledge of history. There was a lot of laughter and the exchange was good fun. We joined several people sitting together waiting to have their hair done. There was almost a party atmosphere and people were sharing stories and laughter with each other and staff. People told us they had made good friends at Grange Crescent. We observed staff engaging with people and being very tactile but in a respectful way, squatting down to talk to people at eye level, holding hands etc. All the staff we spoke with were able to tell us things about individual people’s life stories. For example, one care staff told us about a person’s love of rambling and skiing, and that they were still active in their rambling club and went for a walk every afternoon.

We saw people were able to choose where they spent time and walked around the home where they were able to. Some people chose to go out to local shops and staff supported their decision.

We saw that people’s privacy and dignity was promoted so that people felt respected. Staff were seen to knock on doors and wait for a response before entering. All personal care took place in private. We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect.

We saw that support was offered to people whilst maintain their independence. For example, we saw one member of staff very discreetly offer a person a tissue when they

Is the service caring?

needed it. It was both observant and respectful and a simple act of maintaining the person's independence. We saw staff walking slowly and patiently with people at their own pace so that their independence was respected.

We found that information on advocacy services had been provided to people and leaflets were seen on display in the entrance area of the home.

We looked at five people's care plans. These contained information about the person's preferred name and identified how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected. Each care plan seen also included a Preferred Priority for Care record which detailed the person's choices and wishes for their future care should they ever be unable to make a decision about this.

This showed that important information was recorded in people's plans so that staff were aware and could act on this.

We found that two staff were undertaking qualifications in End of Life Care. Staff told us that all care staff were

planning to undertake End of Life training provided by the local authority and were waiting for places. Staff told us that end of life care was discussed in team meetings and supervisions. They could clearly describe how they would care for someone with dignity and commented, "it's different for everyone, it has to be about what they [the person living at the home] want, and what they need." The care plans checked contained information on the person's preferences and wishes for end of life care so that these could be respected.

People living at the home said they knew they had a care plan and staff talked to them about this. Some people spoken with also told us that they were not interested in their plan because they got the care they needed.

The training records seen showed that staff were provided with training in equality and diversity. When we asked staff about this they told us, "It's about treating people with respect and compassion. We are all different." Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people. We found that the home had named 'dignity champions'. When asked about this staff told us, "they talk to us about equality and diversity, how to respect people and be treated how we would want to be treated." This showed staff had an understanding of equality and dignity.

Is the service responsive?

Our findings

People living at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “they [staff] know what I like and see that I get that. I can talk of any of them and they would see to anything,” “anything you ask for you get, nothing is too much trouble” and “I’ve had three different rooms since I came here. I didn’t like the first one so they found me another but there wasn’t much of a view so; finally, they let me have this one because it looks over the garden. I love it in this one.”

People told us a range of activities were provided, and said the activity coordinator was ‘excellent’. They organised dominoes, bingo, skittles and arranged entertainers from time to time. One person said, “[the activity coordinator] sat with me yesterday morning teaching me how to play crib. It was a right laugh,” “we have some good nights in the bar (provided at the home)” and “I’ve suggested that if we pay £1 for our bingo it should be put together and given to the MacMillan Cancer charity. A few of the residents agreed with me.”

Relatives said that they could speak with staff and found them approachable and friendly. Comments included, “we get on well with them [staff]. We can talk to them and they listen” and “you can go to any staff and they would sort any worries” and “[my relative] is fiercely independent. Staff don’t intrude on them but they check if they need any help. They’ve lost a lot of weight so they put in an airflow mattress straight away, Every time we’ve asked for something, it’s done as quickly as they can if it’s possible.”

Peoples care records included an individual care plan. The care plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs.

Staff spoken with said people’s care plans contained enough information for them to support people in the way

they needed. Staff spoken with had a good knowledge of people’s individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to listen to music.

One person told us some specific information about their history and how they liked to be supported. We looked in this person’s care plan and found clear details of the actions required of staff to meet this person’s needs in line with their preferences. Another person told us about something that was very important to them. We checked their care plan and found details of this were recorded so that staff could support them to live their life how they chose. This showed that important information was recorded in people’s plans so that staff were aware and could act on this. The care plans seen had been reviewed on a regular basis to make sure they contained up to date information.

We found that an activities worker was employed for 30 hours each week. We saw that photographs of various activities were on display around the home. We looked at the activities folder which showed a variety of activities took place inside and outside of the home, such as quizzes and games and trips to local clubs and cafes. People said they enjoyed the activities provided and could choose whether to join in or not.

Two people told us they were very fond of going out for a walk every day. They both said that staff are both encouraging and supportive of them doing that. Other people said the activities coordinator occasionally accompanied them to go shopping or to have a cup of tea in a café, all of which they really enjoyed. This showed that individual choices and interests were supported by staff.

We saw a good selection of books and magazines were available and people told us daily newspapers were provided. Some people chose to have their own newspaper delivered to them. A ‘bar’ was provided in one lounge for people to enjoy as they chose.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and ‘Tell us how it really is’ leaflets on display in the entrance area of

Is the service responsive?

the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Grange Crescent. This showed that people

were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager had been in post since April 2009 and was registered with CQC.

Information we hold about the home indicated that the turnover of staff was low and much better than expected. We found that some staff had worked at the home for many years and a stable team was provided. Additional staff had been recruited in response to the extension at the home. Two recently recruited staff told us that they really enjoyed their jobs and the staff at Grange Crescent were 'a good team.'

During our visit we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. All the staff spoken with said they were well supported by the management.

Staff told us, "this home is really caring, we all care and we like to think we make a difference," "I think we are a good team and it is a very happy atmosphere. People work together here," "the manager is really great. She has an open door policy and you can always go and ask her about anything. I'm learning all the time and she encourages me" and "it matters to us, it's a good, happy home." Staff said they 'loved' their job and felt valued. They told us that communication was good and they could speak up and be listened to.

We observed both the manager and deputy manager out and about around the home and it was clear that they both know the people living at the home very well. We saw that people living at the home and staff freely approached the management to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

Professionals contacted prior to our inspection told us, "whenever I phone staff are approachable and return calls as required" and "staff are always welcoming, professional and helpful."

We found that 'resident's meetings' regularly took place. We looked at the minutes of the most recent 'residents meeting'. We saw that a range of topics had been discussed including plans for social activities, the planning of meal

choices, changes to the environment and general housekeeping. These showed systems were in place to seek people's views and include them in the day to day running of the home.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that the quality assurance officer had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus, such as meals and menu planning, dignity in care and infection control.

We saw that checks and audits had been made by the manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns.

People who used the service, relatives and healthcare professionals were asked for their views about their care and support and these were acted on. We saw that surveys had been sent to people living at the home and their relatives in February and March 2014, and professionals in May 2014, to formally obtain their views. We saw that the returned surveys had been audited and the results were available in the entrance area for people to read. The manager told us that any specific concerns highlighted from the surveys would be dealt with on an individual level to respect confidentiality.

Staff spoken with said staff meetings took place so that important information could be shared. The minutes seen had included discussions on safeguarding, confidentiality, infection control, teamwork, health and safety and further development. Staff told us they were always updated about any changes and new information they needed to know. Records showed that four corridor staff meetings and two full staff meetings had taken place within the last year.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.