Greensleeves Homes Trust

St Cross Grange

Inspection report

St Cross Road, Winchester, Hants SO23 9RJ
Tel: 01962 854865
Website: www.greensleeves.org.uk

Date of inspection visit: 19 and 24 March 2015
Date of publication: 23/04/2015

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

The inspection took place on 19 and 24 March 2015 and was unannounced.

At the previous inspection, in August 2014, we judged the service to be in breach of three regulations, relating to managing medicines, care and welfare and monitoring the quality of the service. The provider sent us an action plan showing how they would achieve compliance by December 2014.

This inspection, in March 2015, showed the provider had made improvements in all areas where we had previously found breaches in legal requirements.

St Cross Grange provides personal care for up to 64 people. These may be older people, people living with dementia or a mental health condition or people with a physical disability or sensory impairment. When we visited there were 28 people living at the home. The home was renovated and extended in 2011/12 and has accommodation over three floors. People have their own rooms with ensuite facilities. The Glade is a new wing built around a small, enclosed garden and patio, with a ground floor open-plan dining room and lounge. The Glade has another lounge on the first floor and is primarily for people with dementia. People living in the residential wing have access to a separate main dining room and a variety of living rooms, including

Summary of findings

conservatories and a first-floor garden. There are bathrooms located around the home. Outside, there is a sheltered courtyard near the main entrance and a large front garden.

The service is required to have a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. The registered manager at St Grange Grange started in the June 2014 and became registered with the CQC in December 2014.

The quality and consistency of care had improved since our last inspection. People living at the home and their relatives were complimentary about the quality of care. The registered manager had implemented a range of improvements with the support of the service's management team and staff. There was a commitment to provide personalised care in line with people's needs and preferences and to create a homely, welcoming environment.

People told us they felt safe and staff treated them with respect and dignity. People's safety was promoted through individualised risk assessments, effective management of the premises and safe medicines management. Arrangements were in place to check care was delivered safely and in line with people's agreed plans, and to improve the quality of care provision.

The provider operated safe recruitment processes and recruitment was continuing in order to reduce the current reliance on agency staff. There were sufficient staff deployed to provide care and staff were supported in their roles with supervision and appraisals. Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through training.

People's health needs were looked after and medical advice and treatment was sought promptly. A range of health professionals were involved in people's care including GPs, community nurses, dentists and chiropodists. People were offered a varied diet, prepared in a way that met their specific needs, and were given choices.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood this legislation and had submitted DoLS applications for some people living at the home. Staff encouraged people to maintain their independence and provided opportunities for people to socialise. Staff supported people to make decisions and to have as much control over their lives as possible.

People living at the home, their visitors and visiting health care professionals were all complimentary about the quality of care and the management of the home. Staff said the morale was good. The registered manager promoted a culture of openness and there was a clear management structure, with systems to monitor the quality of care and deliver improvements.

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.

People's medicines were managed safely.

Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported and investigated.

There were sufficient suitable staff with the right skills and experience to care for people.

Good

Is the service effective?
The service was effective.

Staff were trained and supervised to provide effective care and this was monitored.

People were helped to maintain their health and wellbeing and doctors and other health professionals were involved in their care when necessary.

People were supported to have enough to eat and drink.

Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff had a good rapport with people and were compassionate, friendly and supportive. They recognised people's right to privacy and dignity.

People were complementary about the caring attitude of staff, particularly the permanent staff.

Good

Is the service responsive?
The service was responsive.

People's care was planned to meet their individual preferences, interests and needs and care was delivered in line with their specific care plans.

Care plans were reviewed regularly and updated when people's needs changed. Staff understood how to care for people as individuals. Activities were arranged to reflect people's interests.

Concerns and complaints were taken seriously and any issues addressed.

Good

Is the service well-led?
The service was well led.

Staff were involved in developing the service and morale had improved through more consistent and supportive leadership.

Areas for improvement had been addressed. The registered manager understood what was required to raise standards of care within the home.

Good

Summary of findings

Systems were in place to monitor the quality of the service and implement improvements.

St Cross Grange

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 19 and 24 March 2015 and was unannounced.

The inspection team included an inspector, an expert by experience, a pharmacist and a specialist advisor in nursing. 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 by experience on this inspection had personal experience of caring for an older person. The specialist advisor had clinical experience and knowledge of nursing older people.

Before the inspection we reviewed the information we held about the home, including previous inspection reports, any events the provider had notified us of and any concerns raised about the service. The provider had also completed a Provider Information Return (PIR). This is a document that asks the provider to assess what the service does well and any improvements planned. It also asks for key information about the service, relating to quality, staffing and management. This helped us plan our inspection.

During our inspection we observed how staff interacted with people using the service and we used the Short Observational Framework for Inspection (SOFI) during lunch. The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also spoke with 12 people living at the home and five relatives to obtain their views on the quality of care. In addition, we spoke with the two deputy managers, the operations manager and 12 members of staff, including care, nursing and support staff. We reviewed 17 people's care records which included their daily records, care plans and medicine administration records (MARs). We looked at recruitment files for four staff. We also looked at records relating to the management of the home. These included maintenance reports, audits and minutes of meetings. During and after the inspection we spoke with three healthcare professionals to obtain their views on the quality of care. The registered manager was not available for the inspection but answered questions afterwards by telephone.

Good

Is the service safe?

Our findings

There had been a focus on improving the safety of care at since our last inspection.

People said they felt safe and happy at the home and there were generally enough staff available. One person said, "There is always someone about" and "I'm comfortable and not worried… I'd soon tell them!" Another commented, "The staff are always there if I need them," adding they came quickly if called. One person said that staff helped them have their medicines at the right time, by saying, "They are very strict that I get [my medicines] when I should."

The areas of concern from the previous inspection, which related directly to people's safe care, had been addressed. Medicines management and support for people's care and welfare had improved.

Medicines were stored securely and at a safe temperature, in accordance with the manufacturer's instructions. People's creams and lotions were stored safely in their rooms and where they were applied by the care staff, they kept accurate records on individual charts. There were safe systems for recording that people received their medicines as prescribed. People's medication administration records (MAR) were kept with important information such as photographs and descriptions of any allergies. Medicines were given to people in accordance with their prescriptions, and at the correct times. Staff recorded medicines received into the home and regular stock checks were done to check that medicines were being given correctly. Controlled drugs were stored, recorded and administered safely by two trained members of staff. Medicines were disposed of safely and records were kept and signed by two members of staff.

People could look after their own medicines if they chose to do so and were supported with this by a risk assessment and by reviewing the management of their medicines with staff. We spoke to one person who told us how they were being helped with their medicines currently as they had been unwell. They said that the staff always 'kept an eye on them'.

If people were prescribed medicines to be given 'when required', such as paracetamol, there were protocols for staff showing how they should be given. Staff recorded the time these medicines were given and why they were used. Some of these protocols were detailed; however we saw some that needed further development. We discussed this with senior care staff who told us that they were developing plans for people with recent medicine changes.

The staff took action to minimise the risks of avoidable harm. Staff understood the importance of keeping people safe, including from abuse and harassment, and could describe what was meant by abuse. Staff told us they would be prepared to raise concerns if they had any. Staff had received induction training in recognising and reporting abuse and had completed update training. Some staff were overdue refresher training on this topic but this had been recognised and staff had been prompted to complete any outstanding training using DVDs and other resources. There were local policies and protocols on reporting abuse based on the local authority's policy. Social care professionals confirmed that any suspicions or allegations of abuse were handled professionally by the management of the home, to promote people's safety. The registered manager had experience of working with the local safeguarding team, investigating allegations and taking appropriate action. There were no outstanding safeguarding issues.

The provider had taken steps to prepare for emergencies associated with the running of the home. This included preparing a 'disaster box', ready for an emergency evacuation. This contained key information about people, such as a list of people and their room numbers, details of those who would need assistance with mobility and individual personal evacuation plans. It also contained the fire evacuation procedure and useful items of equipment. The fire risk assessment was being reviewed by outside contractors on the day of our visit and records showed regular fire practices and equipment tests were completed. Staff were up to date with fire safety training. We observed that signage was displayed to highlight the risks where people had oxygen cylinders in their rooms, and this was recorded in the emergency documentation.

The home and equipment was maintained to a safe standard. Day-to-day repairs were attended to promptly and maintenance staff ensured equipment such as lifts, hoists, electrical items, wheelchairs and baths were checked and serviced regularly. The home was maintained to a high standard and was well furnished and decorated.

Good

Is the service safe?

There were contracts for the servicing of utilities, such as gas, electricity and water. A recent Environmental Health Office inspection gave the home the highest rating for kitchen safety and hygiene.

Risk assessments relating to people's care were undertaken regularly and accurately. These included risk assessments in relation to people's personal care, diet and nutrition, health, mobility and emotional wellbeing. The assessment tools were applied appropriately and action taken to minimise the risks of people's health deteriorating. Accidents and incidents were reported, with accident reports in people's care files. These showed any changes that had been made to the person's care as a result of the accident, to minimise the risk of repeat events.

There were enough staff on duty to meet people's needs and keep them safe. Care staff were deployed to specific parts of the home which made it easier for them assist people with their care. The registered manager employed a mix of care staff and senior care staff, as well as kitchen assistants, domestic and maintenance. The staffing levels were adequate and set to reflect the size and layout of the home. The service was reliant on a consistent group of agency care staff, as there were staff vacancies especially for night staff. The service had been successful in recruiting staff, and some additional staff were due to start work in April 2015, with further recruitment ongoing. When we visited there were also staff on leave, or absent through sickness, which meant that some staff were working very long hours. The registered manager and senior management team were aware of this short-term issue and were managing the situation. Staff told us that staffing levels were sufficient and cover was arranged quickly if staff called in sick. Although there was a vacancy for a senior activities coordinator, the full-time activities coordinator was able to provide a range of activities for people with the assistance of the rest of the staff team, volunteers and outside entertainers.

Recruitment procedures were safe, and included checks on staff suitability, skills and experience. In addition, checks on whether people had criminal records or were barred from working with children or vulnerable adults were completed. The provider sought references from previous employers to check people's work history. This meant people were cared for by staff who had demonstrated their suitability for the role.

Good

Is the service effective?

Our findings

Everyone we spoke with praised the skills of the staff, saying they were helpful, courteous and good at their jobs. Relatives said they had no concerns about the way people were cared for and were complimentary about the staff, saying they were friendly and understood people's specific needs. People living at St Cross Grange and their relatives said staff called the GP promptly if there were any health concerns. One relative said "The staff are brilliant, they listened to [his] views and helped him settle." People were positive about the quality and quantity of food, with one person commenting, "The food is good, and there is plenty of it, and lots of variation. I like the homemade cakes." People also said the staff sought their consent for care. For example, one person described how staff asked if they wanted their medicines before they gave them. They also said "[The staff] ask rather than tell us," which they appreciated.

The provider had set up effective procedures to ensure staff had the right skills for caring for people. Applicants for new posts were interviewed and assessed for their competency and compassion as part of the selection criteria. Once recruited, new staff were given induction training and shadowing experience. Newly appointed staff said training was well organised and included tests to check their understanding. New staff were required to complete the care-industry standard induction programme to instruct them in how to work safely and competently.

People were cared for by staff who were trained to provide safe and appropriate care. Staff completed essential training for their roles, including training in how to keep people safe from abuse, fire safety, first aid, infection control, medicines management and how to move people safely. Senior care staff had received training in safe medicines handling and some were completing additional training from the pharmacy supplier. The senior managers had a list of staff who had been trained and were able to administer medicines. On the occasional shifts when none of these trained staff were on duty, trained agency nurses were employed to administer medicines.

Where there had been a turnover in staff and recent recruitment, there had been some slippage in the training but update training was booked. In addition, a senior manager with responsibility for overseeing training was about to attend a course to become the in-house trainer. They explained this would mean they would be able to deliver training more flexibly to meet the needs of the staff group. Staff said access to training had improved and they were prompted to complete update courses. They were advised about training opportunities at team meetings and reminded to complete training at supervisions and on lists displayed where they signed in. As well as training essential for care delivery, staff also had access to management training, such as in carrying out supervisions. Some staff had completed additional training in preventing falls and assessing malnutrition. Only about 33% of staff had qualifications in health and social care, but new staff were being enrolled onto courses.

Staff said they felt supported in their roles and commented on the strength of the management team and effective team work. The feedback we received from people using the service and visitors was that permanent staff were more approachable, responsive and friendly than the agency staff. This had been recognised by the management team and was being addressed through recruitment and by liaising with agencies to send only preferred staff. Staff had regular supervisions and appraisals, and these were planned in advance, and documented. The supervisions were used to discuss staff performance, including areas for development.

There were effective staff meetings at shift-changes, to hand over information about people's health and welfare. Staff talked knowledgably about individuals and discussed any recent observations or changes in people's wellbeing. They also agreed what actions to take, for example to seek advice from the GP.

People were supported with their specific health needs. Staff monitored people's health effectively and were knowledgeable about any changes. People who were at risk of skin damage were repositioned regularly and people were supported appropriately with their catheter care. Staff carried out regular blood tests for those people where it was required. Healthcare professionals such as GPs, community nurses, dentists, speech and language therapists, opticians and chiropodists contributed to people's care. Health professionals told us they had noticed an improvement in staff morale and the quality of care, with one person saying "[People] are definitely looked after well." Health professionals were called promptly if there were concerns about people's health.

Good

Is the service effective?

Before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. Documents showed that some people had given their consent for staff to support them with their medicines. If people refused their medicines, this was recorded and any issues relating to medicines were discussed by senior staff at handover meetings. Some people had also discussed whether they wanted cardio pulmonary resuscitation with their GP, and if they had decided against this intervention, their decisions were recorded in 'do not attempt cardio pulmonary resuscitation' (DNACPR) forms. Records also showed if people had appointed a Power of Attorney, for example for their financial affairs. On a day-to-day basis, staff asked people for their consent before offering assistance with personal care or with meals, and people's views were respected.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. People's mental capacity had been assessed and there was guidance for staff in how to apply the Act when making assessments. Staff had received training in the MCA at induction and could recall what the Act was for and how it was applied. Further training had been booked on this topic in April 2015, and the registered manager maintained an information file on latest guidance. Part of the MCA relates to the safeguards that protect people's freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. The registered manager had made DoLS applications to the local authority, some of which had been authorised and decisions were pending on others.

People were supported to eat and drink enough and they were complimentary about the quality of the food. Menus were on display showing options, in both written and pictorial format, and the chef offered people these choices at each mealtime. The menu choices were changed on a five-week cycle, which meant there was plenty of variety, and the chef explained there were choices of hot and cold food at each meal, including a cooked breakfast. Kitchen staff were available in the dining rooms to assist with serving the meals, and could offer other foods if requested. This helped them gain immediate feedback on people's views on the menus. People were also offered mid-morning and mid-afternoon drinks and homemade cakes, and evening drinks of hot chocolate and malt drinks. In both the residential wing and The Glade, there were glass-fronted fridges containing a selection of snacks including sandwiches, should people want additional foods between meals or at night. There were also bowls of fresh fruit and a juice dispenser. The chef understood people's particular dietary needs, their known likes and dislikes and made milkshakes, particularly for those at risk of losing weight. Allergy information was recorded and provision was made for people requiring a diabetic diet.

Good

Is the service caring?

Our findings

People using the service, their relatives and visitors all said the staff were caring and compassionate. They said for example, "They are brilliant staff; extremely friendly and welcoming", "Carers are first class" and "Staff are always courteous and respectful". One person said "Staff are just wonderful" and another said, "I was treated like family" and "I have a sense of belonging [here]". One visitor told us that the staff attitude had improved and they engaged better with people now. People also told us they valued the practical support they had received. A visitor said the registered manager had offered them a choice of rooms in a more convenient location for their relative when they were discharged from hospital, which they appreciated. We were also told that staff visited people in hospital, in their own time, which people thought was particularly kind and thoughtful.

Staff showed respect towards people living at St Cross Grange. We observed some good interactions between people and staff, and there was often friendly conversation. Staff respected people's privacy by knocking on their doors before entering and accommodating their preferences in how to spend their time. For example, some people told us they chose where they had their meals, and others explained how they preferred not to go to the main lounges, but rather spent time their room. Their views were respected. Staff described how they recognised people's individual choices in when to go to bed or get up. Staff also sat with people when they assisted with meals or drinks, or when having a conversation, affording them respect. Staff also gave people their medicines in a caring manner and in accordance with their preferences. They took time to discuss the medicines with people and where necessary, offered gentle encouragement.

We observed that staff communicated clearly and effectively with people, and recognised when people needed assistance. Staff were kind and engaged with people in an unhurried manner, in a way they liked. Interactions were generally good, with staff prompting people and making suggestions in a gentle, supportive way. For example, if staff saw people needed some assistance during lunch, this was offered appropriately and with kindness. Sometimes staff brought their own lunch to eat with people, to be on hand and to provide company. This helped to create a sociable environment. Visiting health and social care professionals told us there was a 'more positive vibe' amongst the staff and staff had a good rapport with people. Although the permanent staff understood how people communicated their wishes, the agency staff were not as engaged and needed guidance at times. This was confirmed by some of the people we spoke with.

Relatives were welcomed and there was a 'homely' atmosphere. People were dressed well, in clean clothes and their hair, make-up and nails showed that care had been taken to support them with their appearance. Although staff were busy, they did not appear rushed and provided care in a calm, relaxed way. Visitors commented that staff had been very caring when their relative was approaching end of life. Staff also told us that when a person died they attended their funeral so they could pay their respects. The registered manager said they were proud of the quality of end of life care provided by the staff team as a whole.

Care records indicated that people and their relatives were involved in planning care. There was information in people's care records about people's life history, interests and preferences. For example, one person's care plan included details about their night time routine, and whether they liked the light on. The registered manager acknowledged that it was not always evident that people, or their relatives, had been involved in reviewing people's care, and plans were in place to improve this. For example, regular reviews of people's care with relatives had slipped and this was about to be reinstated with invitations to relatives to attend quarterly review meetings.

The provider had offered people advocacy support in the past and the registered manager was going to involve the Alzheimer Society at the next annual resident opinion survey to help interview and represent people's views.

The home had a variety of rooms available if people wanted to spend time privately with people, outside their individual rooms. This enabled people to have private time with friends and family if they wished.

Good

Is the service responsive?

Our findings

People liked living at St Cross Grange and generally felt that care suited their particular wishes and preferences. Visiting relatives were confident that people were looked after as individuals and their views were listened to. One person, who had moved rooms on discharge from hospital, said, "I'm delighted with the room, I had a choice. We discussed it with the manager; it's a very good relationship." Another person described how they had personalised their room, saying "I'm happy here, I have all my bits and pieces and my own furniture and everything I need." This view was confirmed by others, who liked having their personal items with them. People also told us that if they raised issues they were dealt with quickly and that the staff accommodated their specific wishes in relation to daily routines.

People's independence was supported. People chose how they spent their time and were assisted to access different areas within the home and to go outside the building to the adjacent patio. Staff described how they supported people to maintain their independence and follow their own interests. For example, one person had wanted to watch a particular DVD in the main lounge one evening, and this had been easily accommodated. Staff were knowledgeable about people's particular interests and preferences and described how they made provision for these.

St Cross Grange is a large care home and there are a variety of rooms and spaces people can choose to visit, from quiet lounges to more bustling areas. The home had designed different areas to capture people's particular interests. In The Glade, we saw people taking an interest in the enclosed, secure courtyard garden which had been planted by volunteers. The Glade also had a range of familiar articles for people to look at or hold, such as baby dolls, photographs, books and household items from different eras. The home had its own pets, with a budgerigar, a cat and fish. In other parts of the home there was a drinks bar, a piano and raised vegetable planters. People's birthdays were celebrated and activities were arranged to support people's particular interests. There were plans to expand the activities programme, but in the meantime the activities coordinator arranged outings to the theatre, museums and other attractions and volunteer groups visited regularly. The coordinator also organised in-house games and quizzes, which were clearly enjoyed, and visited people in their rooms for chats or games.

People's care plans were personalised and provided a clear summary of people's medical history, personal details and care needs. These were reviewed monthly and updated when people's needs changed, with practical information about how best to provide support for people. For example, for one person, the care plan had been updated to reflect how they liked their room arranged. Similarly, they were updated when people's health needs changed or after readmission from hospital. The care plans included guidance from health professionals, as well as information about people's preferences for personal care, diet and nutrition and communication. These were personalised with some ideas from staff on what approaches people liked to make them feel happier. Some care plans included people's life histories which is often helpful for staff to get know people better. Other care plans lacked this information, and the registered manager explained that further work was planned to encourage relatives to share life stories.

Complaints were managed effectively and used to improve the service. People said when they had raised concerns they were dealt with effectively. There had been few formal complaints in the past six months, but records showed these had been recorded and responded to promptly. The registered manager had also established a book to record verbal complaints and one verbal comment had led to an improvement to the telephone answering arrangements outside of office hours. The book also contained compliments and thanks for the care received. Relatives were also invited to make suggestions at regular meetings. Relatives had suggested lighter crockery, and this had just been put into use when we visited. There were notice boards in the home displaying useful information for people using the service and their visitors, such as minutes of meetings and various guidance documents.

Good

Is the service well-led?

Our findings

People, their relatives and health and social care providers told us the service had improved and was well led. One relative said, "[The new manager] has made a huge difference, with good support from the deputies, team leaders and all the staff". Another relative commented, "We never have had any complaints and they have implemented even better systems [than were in place before]." They said they had been kept informed of changes, and any issues they had were addressed. Relatives confirmed the leadership team were accessible and set high standards for the service. Feedback from visiting health professionals was that the home was better organised and the care overall was more consistent and had improved.

At our previous inspection we had identified a breach in the regulation relating to the monitoring of quality of the service. In this inspection we found there were systems for assessing the quality of the service, identifying areas for development and implementing improvements.

The management team leading the service and staff had an improved understanding of their roles, responsibilities and accountabilities. The deputy managers each took a lead in managing the two units, The Glade and the residential wing. They also had specific responsibilities, for example for medicine management or for training. There were team leaders on each unit and where possible, staff had been allocated to the units based on their skill sets.

The management of medicines had been an area of concern and action had been taken to implement robust systems. The team leaders carried out regular monthly audits and these highlighted any areas for improvement and appropriate actions were implemented. Our own inspection showed safe systems were in place. Arrangements to support people's care and welfare had also improved, with better communication of people's specific needs and more accurate record keeping.

The provider had established systems for monitoring the quality of the home and promoting good outcomes for people. Incidents, such as falls, were monitored and changes were made to people's care where necessary. For example, a review of one person's fall indicated a possible trend and a sensor mat had been put in place to alert staff to provide assistance when the person was mobile. The registered manager held regular relative and residents meetings, and these were used to share plans, ask for ideas to improve the service and to summarise actions taken since the last meeting.

The operations manager carried out monthly visits to audit the home on a range of criteria, which resulted in actions for the registered manager to complete. These audits reviewed staffing levels, staff training and support, changes to people's health and welfare and audits of documentation. They also included feedback from people. The reports showed that items raised for further action were generally completed by the next visit. The registered manager had also set up quarterly audits of the home covering, for example, health and safety, infection control, care plans and maintenance. The service was not able to audit call-bell response times as the system was not installed with this facility, and this was an issue raised for further consideration by the provider. The registered manager explained that actions arising from these and other audits were captured on an overall action plan and monitored.

The provider required homes to undertake key audits and staff also carried out day to day checks and their own audits. Team leaders carried out daily document checks and deputy managers had completed audits recently on the first aid boxes and infection control measures. Areas for improvements had been completed or were noted for further work. Staff had also sought people's views on the activities programme and on food. Results had led to a revised activities plan which was to be implemented once a senior activities coordinator was in post.

Staff responsibilities were clearly allocated and there were regular staff meetings. These included meetings for all staff as well as meetings for specific staff groups such as senior care workers, housekeeping and kitchen staff. These were used to highlight areas of improvement and share guidance.

A positive culture was promoted amongst the staff. Staff said that they worked well as a team, and morale had improved as a result of better leadership and organisation. Both new and established staff said they felt well supported and understood their roles. They felt listened to and more involved in improving the service. For example, their opinions had been sought in the development of document templates, and staff felt more empowered to comment and make suggestions. One staff member

Good

Is the service well-led?

commented that all the senior staff were approachable and led by example. They were confident that they could raise issues of concern and they would be dealt with appropriately. They felt the leadership team was open and shared their vision for the service and ideas for future developments. Staff said the registered manager also shared the positive feedback from people and their families, which they appreciated.

Staff told us how they worked together to improve the service. For example, the kitchen staff had redecorated the front dining room to make it more inviting, the housekeeping staff helped with activities and that the maintenance staff assisted with transport. Investment had already been made to create different areas of interest in the home, such as the drinks bar in the residential unit, a simulated children's nursery in The Glade and a seaside scene. Further plans were being developed to create a more person-centred home for people.

Records were managed safely. People's care plans were reviewed regularly, and updated to maintain accuracy and relevance. Care plans were audited to identify areas for improvement. Daily records of care were signed and dated appropriately, and provided informative records. Staff could explain why they were keeping records, and could describe any observed trends and the action they had taken. For example, for one person, staff were keeping behaviour charts and liaising with the mental health team on their medication. Records were stored securely in locked rooms and filing cupboards. A visiting health care professional commented on the high quality of records at this home.