Mrs I M Kenny

Castle Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection on 6 and 13 October 2015. Castle Grove Nursing Home provides personal and nursing care for up to 26 older people. There are three double bedrooms, which are used for couples or others wishing to share. All other rooms are single occupancy. All bedrooms have en-suite facilities. There is a lounge/reading room and separate dining room on the ground floor. There is an 'orangery' on the first floor, which provided additional communal space for dining or activities. There were 26 people using the service on the first day of our inspection.

We last inspected the service in October 2014 and found four breaches in the regulations relating to: consent to care and treatment, the management of medicines, staff training and the governance of the service.

Following the inspection in October 2014 the provider sent us an action plan explaining what they would do to meet legal requirements in relation to improving the service. At this inspection we found that there had been significant improvements at the home. All breaches of the regulations had been met.

Summary of findings

There was a Registered Manager at the service. 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.

Everyone was positive about the registered manager and provider and felt they were approachable and caring. The registered manager was very visible at the service and undertook nursing shifts. The provider and registered manager demonstrated the philosophy of care displayed in the main entrance to the service which stated, 'A resident is the most important person on our premises'. They were also caring and supportive to staff as they felt this was then the culture in which staff cared for people at the service.

There were sufficient and suitable staff to keep people safe and meet their needs. The staff and registered manager undertook additional shifts when necessary and agency staff were also used to ensure staffing levels were maintained.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink enough and maintain a balanced diet. People and visitors were very positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their prescribed medicines on time and in a safe way.

Staff supported people to follow their interests and take part in social activities. A designated activity person was employed by the provider and implemented an activity programme at the service.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had responded to a concern appropriately.

The premises and equipment were managed to keep people safe.

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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Good

Is the service effective?
The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well and they saw health and social care professionals when they needed to and staff followed their advice.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their best interests.

People were supported to maintain a balanced diet, which they enjoyed.

Good

Is the service caring?
The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

Positive feedback was received from professionals about the standard of end of life care provided at the home.

Good

Is the service responsive?
The service was responsive to people's needs.

A range of weekly activities were available and people were able to access the local community as they pleased. Visitors were encouraged and always given a warm welcome.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Everyone spoke positively about communication at the service and how the provider and registered manager worked well with them.

People's and staffs views and suggestions were taken into account to improve the service.

Incidents and accidents had been analysed to see if there were patterns or themes which could be avoided.

The provider's visions and values centred on the people they supported.

There were effective methods used to assess the quality and safety of the service people received.

Castle Grove Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 6 and 13 October 2015 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We met most of the people who lived at the service and received feedback from nine people who told us about their experiences and three visitors.

We spoke with 12 staff, which included nurses, care and support staff, the maintenance person, the office manager, the registered manager and the provider. At the inspection we spoke with a district nurse visiting the service. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from seven professionals; a GP; community nurses; palliative care nurse specialists; Parkinson's disease nurse specialist and the pharmacist.

We looked at the care provided to four people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of five people. We looked at three staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Good

Is the service safe?

Our findings

When we inspected in October 2014 there were breaches in regulation connected to the management of people's medicines. We found at this inspection that improvements had been made and this regulation had been met.

People received their medicines safely and on time. We observed the nurse administer people's medicines, they were patient and ensured people had a drink to take their medicines. They then signed the person's medicines administration record to confirm the person had taken their medicines. One person said when asked about their medicines, "I get them when I should, they bring them to me, they (staff) are very good." Medicines were stored safely, including those requiring refrigeration. Records were kept in relation to medicines received into the home and medicines disposed of, which provided an accurate audit trail.

New cream charts were in use that care staff had signed when they applied people's prescribed creams. The cream charts guided staff where to apply people's creams, the type of cream and the frequency they needed to be applied. Staff ensured people who were able and wanted to be supported to take their own medicines safely could. These people had a risk assessment and agreement in place to ensure processes were safe.

A pharmacist had visited the service in March 2015 and completed a medicines check. They had raised no significant concerns regarding the management of people's medicines at the service. They had advised that staff should monitor the temperature of the room where medicines were stored. The registered manager had taken action by implementing a new recording sheet that staff were recording the room temperature as advised. A homely remedy policy was in place with an up to date agreement by the GP supporting people at the home. The policy set out which additional medicines the nurses could give people, should they have a need. For example, paracetamol for pain relief and indigestion remedies. The pharmacist supplying medicines to the service said they had confidence in the staffs' ability and felt their guidance was followed.

People said they felt safe at the home. Comments included, "I really think we are very lucky, they keep us very safe" and "Super-duper." A relative commented, "It's so nice because it is an extended family here, if I thought old people across the country got the standard of care they get here there would be no issues." Health professionals also responded that they felt people were safe at the service. One commented, "Patients are safe."

Our observations and discussions with people, relatives and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. People said they felt there were adequate staff levels to meet their needs promptly. They said, "If I ring the bell they come to me quickly"; "There is always someone around, if I want anything. Sometimes I might have to wait a few minutes if I ring my bell but not very long" and "The carers are busy but they give me the time I need." Staff said there were busy times of the day when additional staff would always be helpful but felt they had time to meet people's needs. One staff member said, "First thing in the morning everyone wants to get up at the same time, so some of the residents have to wait a little while but we do get to them as quickly as we can." Another said, "It would always be nice to spend more time with the residents to talk to them to reminisce and look at photographs of when they were younger."

The registered manager said they listened to call bells on a day to day basis. They said if they had any concerns they would generate a report from the call bell system to look at response times to ensure they were satisfied people were being responded to appropriately. People said staff responded to their call bell requests promptly.

There were effective recruitment and selection processes in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. Before the inspection we had discussed with the provider that they had been having difficulties recruiting nurses to the service and at times didn't always have a registered nurse on duty at the service. They had three nurses employed at the service who were not registered with the Nursing Midwifery Council (NMC) and used agency nurses where they were

Good

Is the service safe?

available to cover the night duties where necessary. The provider had taken measures to make sure people were safe. They had undertaken risk assessments, had an on call system to contact the registered manager who lived within a reasonable distance to the home and had informed the necessary commissioners. The registered manager had been working with these nurses to meet the requirements of the NMC in order for the nurses to become registered.

People were protected by staff knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff said they had a cleaning routine to demonstrate they had undertaken a full clean and did not miss any areas.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person' mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. Accidents and incidents were reported and reviewed by the registered manager to identify ways to reduce risks as much as possible.

Premises and equipment were managed to keep people safe. There were systems in place for the maintenance person and external contractors to regularly service and test moving and handling equipment, fire equipment, gas, electrical testing and lift maintenance. Significant work had been undertaken to improve the fire systems at the home. A fire officer visit in July 2015 had made recommendations in order to make the service safe in the event of a fire. These included fire doors and handles which met the recommended standards and implementing a policy regarding people bringing in electrical equipment and furniture. The provider had put in place a programme of actions which they were working through in line with the fire officer's recommendations and time scales. Fire checks and drills were carried out by the maintenance person in accordance with fire regulations. On the first day of our inspection the registered manager and maintenance person had planned a fire drill practice unknown to staff. We observed the fire drill; there were clear procedures for staff to follow with laminated sheets allocated to the nominated staff setting out their responsibilities. Staff undertook the fire drill practice efficiently and in a professional manner which demonstrated they were competent and knowledgeable. One person commented about the way they were protected in the event of a fire. They said, "The doors are fireproof, we get the alarms going on a Monday morning every week. That side of things are very good here. The staff have all had training on how to use the lift and what to do if it breaks down."

Staff recorded repairs and faulty equipment on a white board which the maintenance person took action to repair and then rub out. The provider said they would implement a more robust recording system so there was a clear audit trail of the work undertaken at the service. The provider had taken action when concerns were highlighted regarding the environment. For example, where a test had been carried out regarding the water and concerns highlighted, an action plan had been put into place and followed to remedy the problem.

Good

Is the service effective?

Our findings

When we inspected in October 2014 there were breaches in regulation because staff had not received adequate training. Secondly, systems were not in place to act in accordance with Mental Capacity Act (2005) to maintain people's rights.

We found at this inspection that improvements had been made and these two regulations were being met.

People who lacked mental capacity to make particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

There was nobody at the service subject to an application to deprive them of their liberties. All staff at the service had undertaken training in MCA 2005. Staff said the MCA training had refreshed their knowledge. Staff comments included, "The training made me think about what I am doing and how to talk to residents … have they got the capacity to know what they are doing"; "If somebody wants to go for a walk we take them, we tell the staff to know we are going" and "How they feel and are treated all equally." The registered manager said they were happy they could contact the local authority DoLS team for guidance when required. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA 2005. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people.

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Staff on induction shadowed senior staff and undertook the provider's mandatory training.

Nursing and care staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed the provider's mandatory training which included, fire safety, manual handling, MCA 2005, safeguarding of vulnerable adults, first aid, health and safety and infection control. As well as the provider's mandatory training staff had received training in lift evacuation, first aid, continence care, verification of death and peg feed training (artificial means of feeding for people who have difficulty swallowing). Staff were encouraged to undertake additional qualifications in health and social care. The registered manager had also been working with the local authority nurse educator to provide workshops training in pressure ulcer care, diabetes and nutrition. One relative complimented the staff on the excellent care their mother had received when she had become unwell. They said their mother had been at high risk of developing damage to their skin and because of the excellent care they had received their skin had stayed intact. The relative's comments included, "I have helped with personal care and there was not a mark on her skin, it was amazing."

Staff had regular supervisions and an annual appraisal with an external person commissioned by the provider. This gave the staff the opportunity to talk freely, discuss their practice and identify any further training and support needs. One staff member said they asked at their appraisal for more knowledge about wounds and dressings. They confirmed this had happened saying, "Now I am asked to step in when a dressing is being applied."

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. For example, community nurses, psychiatric nurses, dentists, audiology and chiropodist. The registered manager said they monitored appointments using a visits and appointments form.

Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "They know their patients and if I make changes they are acted upon and when I phone to check I receive a proper update on progress" and "I am happy with ability of staff, find my guidance is being followed and always find the patients being well cared for."

Good

Is the service effective?

Records confirmed the staff had worked with the mental health team to address people's mental health needs. The service monitored people's health and care needs, and acted on issues identified.

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were very complimentary about the food at the service. Comments included, "The food is gorgeous… quality fresh produce, eggs and fruit grown here, always nicely presented"; "The food is excellent; the problem is not eating too much and putting on weight"; "I am a fussy eater but it is alright… I wanted fish and chips and they got me some"; "Very good food, I can't complain about that at all" and "The food is really outstanding."

Staff gathered information about people's dietary requirements likes and dislikes when they first arrived at the home. Whether they would like sugar in their tea, an early morning or late evening drink and what support they would require. The chef had this information in the kitchen to inform them about people's requirements.

People were able to choose where they had their meals. One person liked to have some of their meals outside which staff had facilitated. Others chose between the main dining room, the orangery and their rooms. The registered manager said people who required support with their meals to maintain their dignity often had their lunch in the orangery but if they preferred could use the main dining room. They went on to explain that staff would join them for lunch to support them discreetly and maintain their dignity. One person said they had poor eyesight and that they were given a large print menu. They said, "It allows me to see if I like what's on offer and if not might need an alternative."

We observed the presence of staff in the main dining room was very discrete with staff standing just outside the room, so people did not feel rushed but could be called upon quickly and would recognise if someone was having difficulties. The week's menu was displayed on the notice board and in the dining room along with a blackboard recording the day's choice. People were able to request a copy of the week's menu options. One person who had poor sight had a menu printed in larger print.

The chef and kitchen staff had put into place measures to inform people of food allergens. They had developed records identifying what ingredients were used in each meal. A statement had been placed in the main entrance and both dining rooms to inform people and their visitors.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Staff were kind, friendly and caring towards people and people were seen positively interacting with staff, chatting, laughing and joking. People and visitors said they felt the care at Castle Grove was very high. People's comments included, "The care here is wonderful"; "A high standard of care"; It's very nice here staff are good, nice and caring. They generally know what they are doing" and "The girls are lovely, they are very kind, they care about you, they have a lovely sense of humour, and we have lots of jokes and fun. They make it a home for us." A relative said, "They (staff) support us as well as Mum, they are all very caring. All of the staff are there if you want to talk, even the handy man."

Health and social care professionals gave positive comments about the caring nature of the staff. Comments included, "I would happily have my parents living there which is always my benchmark for a good home"; "They support patients in a caring way" and "I feel Castle Grove staff care for their residents."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. There were notices on each bedroom door which staff turned around making other staff and visitors aware the person was receiving support. One person said when asked about staff being respectful, "Yes very good they always knock on the door." A relative said, the staff were very respectful to people and always referred to them by their chosen name and often by their title, for example, Mr or Mrs. Their comments included, "They speak to Mum as you would want your mum to be spoken to, the girls never lose their temper, always answer the bells cheerfully, they never sigh or moan."

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. One staff member said, "We spend time with the residents, ask them what they want to wear, how they like their hair and makeup to be done; the food they want; what they want to do that day. I wouldn't want to not be asked so why should they." The registered manager said there was one person who'd had numerous falls and had been seen by health professionals to review. They had met with the person who was aware of the risks to themselves and had taken the decision to still take risks.

Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. Staff said they knew people's preferred routines such as who liked to get up early, who enjoyed a hot drink at bedtime and a late night chat. They ensured people were given a choice of where they wished to spend their time. One staff member described how one person liked to get up quite early each day. They said, in order to accommodate this the provider had put in place that one member of care staff started their day shift early so they could assist the person to get up early as they wished.

People's relatives and friends were able to visit without being unnecessarily restricted. Relatives said they were made to feel welcome when they visited the home. Comments included, "When I am here if I need help they are there but they give us space and aren't intrusive" And "We are offered a cup of tea and everyone greets us as friends."

The registered manager said they spent a lot of time keeping relatives informed through emails on behalf of people at the service. They showed us an example of the correspondence they had with relatives for a person they had supported to get a wheelchair in order to go outside. The person had consented to the registered manager sending their family a photograph of them using the wheelchair. The family were delighted and their response reflected the positive impact this would have on the person being able to go outside.

People's rooms were personalised with their personal possessions, photographs and furniture. The registered manager said there was internet access around the building. They went on to say provision had been put into in place in the roof space for people who wanted to have satellite television in their rooms.

The provider offered end of life care, although no one needed this when we visited. People when required had access to support from specialist palliative care professionals. Nurses from the hospice team were very positive about the quality of care given to people they had supported at the service receiving end of life care. A letter from a relative of a person who had received end of life care

Good

Is the service caring?

at the service thanked the registered manager and staff for the excellent care their relative had received. The letter stated, 'Thanks to you for all of the loving care given to (the person)…As the nurse manager you are a stunning example of what real nursing care is all about and this was reflected in your carers.'

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans gave information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary.

Care files included personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. The care files had been revamped and were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Staff said they were told about new people at the service at handover and had the opportunity to read the information contained in people's care files which enabled them to support people appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

Care plans were up to date and were clearly laid out in a new format which had been implemented. They were broken down into separate sections, making it easier to find relevant information, for example, mobility, nutrition, personal hygiene needs, psychological and social and personal relationships. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. People were given the opportunity to be involved in reviewing their care plans. Staff had completed consent and treatment paperwork and people had been asked the frequency they wanted to be involved in undertaking a review. Records showed the majority of people had declined being involved in reviewing their care.

Activities formed an important part of people's lives. A designated activity person worked at the service three days a week. A programme of planned activities which included, singing, reading, quizzes and games were displayed on the notice board and people could request copies. The registered manager said that one person who chose to stay in their room had one to one sessions with the activity person playing the mandolin, which they really enjoyed. On alternating Tuesdays' a communion was held at the service. The registered manager said that usually about six people from the local community went to the home to attend these services. Each summer the local parish church fete had been held at Castle Grove. We were told by staff and people that everybody at the home were actively involved in the day. One relative said, "They (staff) always try to do something on special occasions. On bonfire night residents who can't go outside and enjoy the fireworks, sit in the orangery, have hotdogs and are included, it is really nice."

Four people were engaged in an activity with the activity co-ordinator watching a recording of a popular dance show on the television. They were happily discussing each dance and allocating their own scores and comments and said how much they were enjoying the activity. One person said, "We like the games, there is plenty of variety here, we have music, they come from the museum it is very good."

There were two house cats at the home. One mainly stayed in the main office but the other was very visible in the home throughout our visit. People were seen stroking her and actively involved in ensuring they had food and drink. Another person had a pet budgie in their room and another told us about having their dog at the home until its passing. The service was registered with the 'Cinnamon Trust' which is a national charity with a register of pet friendly care homes happy to accept people with pets.

The staff operated a small not for profit shop at the home which sold toiletries and snacks. The registered manager said that on Monday's a trolley was taken around the home so people could purchase items they wanted and at other times staff were able to access the shop for people if they wished to purchase anything. The provider had a wheelchair accessible vehicle that people could use. One person liked to visit the local pub and another liked to go up on Exmoor.

The provider had a complaints procedure which made people aware of how they could make a complaint. It also identified outside agencies people could contact which included, the local government ombudsman, CQC and advocacy service.

People said they would feel happy to raise a concern and knew how to. Comments included, "I can raise things with (the registered manager) she is very good. I see her about

Good

Is the service responsive?

five times a week"; "I feel cared for, if I had a concern I would tell the carer and they would sort it out, they are very good" and "I have nothing to complain about but would be happy to speak to (the registered manager) if I did."

The registered manager had received only one complaint since our last inspection. They had responded to the complainant in line with the provider's policy. A response from the complainant said they were happy with the outcome of the registered manager's actions.

Good

Is the service well-led?

Our findings

When we inspected in October 2014 there was a breach in regulation because the provider did not regularly assess and monitor the service to protect people from unsafe or inappropriate care. We found at this inspection that improvements had been made and this regulation had been met.

The service had a registered manager in post as required by their registration with the CQC. The manager was experienced and suitably qualified. People and relatives were positive about the registered manager. They said she was approachable and always available if they wanted to talk with her. Health professionals also gave very positive feedback about the leadership at the service. Their comments included, "I think (the registered manager) and (the provider) work hard, lead well and expect the staff to maintain high standards" and "I feel Castle Grove has a sound leadership."

The registered manager was in day to day charge at the service and also undertook nursing shifts which enabled them to be aware of the atmosphere and culture within the home. They were supported by the provider and office manager to manage the service. Staff were very clear about their roles and responsibilities and were happy to approach the registered manager if they had any concerns. The registered manager said, "My door is always open for all, they all seem to feel comfortable to approach me." Staff said, "No problem going to (the registered manager) for anything"; "The manager is amazing, very supportive, I couldn't ask for a better manager" and "The manager is very approachable she has dealt with things and been very confidential." Staff were able to contact the registered manager or senior members of staff if there was an emergency or needed to because there was an out of hours on-call system in place.

The provider was reaccredited with Investors in People in October 2015. To achieve the accreditation standards the provider had to demonstrate good leadership at the service, ways of supporting staff, making it a good place to work and sustaining improvement.

As you entered the home the provider's philosophy of care was displayed. It stated 'A resident is the most important person on our premises'. The registered manager and staff demonstrated they were passionate about this philosophy and made people the heart of the home.

There were quality assurance and audit processes in place; these included, medicine and infection control audits. The registered manager had implemented a new layout of people's care folders which made it easier to identify where there were gaps within people's records. They had also implemented a new clearer lay out for individual care plans and were in the process of re writing all of the plans of care.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.

The provider encouraged open communication with people who use the service, those that matter to them and staff. People using the service and their relatives were encouraged to complete an annual satisfaction questionnaire. A meeting for people was scheduled every quarter. However records of the last meeting scheduled to be held on 21 September 2015 recorded that nobody wanted a meeting with the exception of one person. The office manager had met with this person individually to discuss their views. This was confirmed by people at the service. At the previous meeting in May 2015 people discussed the food at the service, the possibility of a table tennis table in the orangery and the possibility of playing crochet on the lawn in the summer. They also discussed activities which had been scheduled which included the local museum visiting with artefacts and a local theatre group. One person requested that the chef put more garlic in the food. It was agreed that not everyone would like additional garlic and was decided that the person would have their own pot of garlic salt so they could add to their meals as they wanted.

The staff were wearing different colour polo shirts to show their role with a blue tabard over the top. The registered manager said this had been agreed in the past with people

Good

Is the service well-led?

at the service. They said they were going to have a meeting with people to ask if they were still happy with the staff uniforms or whether they wanted a more traditional uniform style

A staff liaison group met every six months, so the provider and registered manager could gather the views of staff. The meeting usually included the office manager and a member of the care staff, kitchen staff and housekeeping team to discuss concerns and ideas. The registered manager and provider were informed of the outcomes of these meetings and a summary was placed on the staff notice board for staff to be informed. Whole staff meetings were carried out at least twice a year and more regularly if needed. The last meeting in September 2015 discussed about an imminent review by the investors in people. The January 2015 meeting discussed the outcome of the last CQC inspection and the actions being taken to address the areas for improvement. This was also the discussion of a senior's care staff meeting held in September 2015 and the focus on recovery and how things were being achieved.