Anchor Trust

# Gills Top

## Inspection report

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Date of inspection visit:
15 June 2016

Date of publication:
04 July 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 15 June 2016. At the previous inspection, which took place on 30 September 2014, the provider met all of the regulations that we assessed.

Gills Top is registered to provide care for up to 27 older people, some who are living with dementia. The service is owned and managed by Anchor Trust. The property is detached and purpose built and is within a short walking distance of Grassington village. Accommodation is provided over two floors and there is a passenger lift. There is a small car park to the front of the property.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

At this inspection we found the service was being managed and operated in line with their legal responsibilities.

Staff told us the manager and other senior staff, employed by the service, were supportive and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the service, and staff were confident about the management structures.

Staff had a good understanding of the Mental Capacity Act and we saw consent was sought routinely. People had been supported to make their own decisions wherever possible, and staff had taken steps to support people to do this. Where people were unable to make a decision there was a best interest decision recorded within their support plan and we saw the person and relevant people had been involved in making this. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests. The service had effectively implemented the Deprivation of Liberty Safeguards (DoLS) as required.

People who used the service and their relatives spoke highly of individual staff and told us that staff treated people with the utmost respect and kindness. We saw good practice throughout our visit, including the support of people to move around the home and encouragement of people to eat and drink. Staff approaches were professional and discreet. Staff told us they felt supported by the management team and the organisation. Staff told us they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other. Staff told us they had a shared interest in developing and improving the service for people.

The service recruited staff in a safe way, making sure all necessary background checks had been carried out and that only suitable people were employed. Processes were in place to assess the staffing levels that were

needed, based on people's dependency and the lay out of the building. People who used the service told us staff were always available, during the day and night when they needed them. Our observations during the inspection showed there was appropriate deployment of staff, including staff providing care, catering and housekeeping tasks.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up to date and future training was planned.

The service was well maintained, clean, fresh smelling and comfortable.

People told us they felt safe and this was confirmed by a visiting health care professional and relatives. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures to support them in their role. Risk assessments were in place to identify risks due to people's medical, physical and mental health conditions and to make sure these were minimised.

Medicines and creams for people who used the service were managed safely. Staff had received the appropriate training and checks took place to make sure medicines were given safely and at the appropriate times.

People told us the food was extremely good, well presented and a varied menu was available at each meal time. People also had continual access to drinks and snacks in between meals. If people were at risk of losing weight or becoming dehydrated, we saw plans in place to manage this. People had good access to health care services and the service was committed to working in partnership with both healthcare and social care professionals.

People had their care needs assessed and planned, and regular reviews took place to make sure people received the right care and support. Information in people's care plans was person centred and contained sufficient detailed to guide staff.

Activities took place regularly and people were supported to attend the activities they wanted to be involved in. Visitors could come and become involved if they wished.

A complaints procedure was in place and records were available to show how complaints and concerns would be responded to. People who used the service and their representatives were encouraged to give feedback, through surveys, meetings, reviews and comment books. There was evidence that feedback had been listened to, with improvements made or planned as a result.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed, the manager was proactive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff had been recruited safely. There were enough staff to keep people safe and provide the care and attention needed. Staff were deployed effectively.

Staff knew how to protect people from harm and report any safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

People's medicines and creams were managed safely and given as instructed by the prescriber.

### Is the service effective?

Good

The service was effective.

The service took account of the Deprivation of Liberty Safeguards (DoLS) and had taken appropriate steps to make sure authorisations were in place where needed.

Staff had the skills and knowledge to support people because they received on-going training and support. New staff completed an induction programme before working as part of the team.

Food provision was of a good standard. People were supported to eat and drink and help was available at meal times for those who needed additional assistance.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

The design of the building was suitable for people who required support with walking and for those who may be living with dementia.

### Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained by staff. Personal care, moving and handling and support with eating and drinking was carried out in a professional and courteous manner by staff.

People who used the service and their relatives told us that all of the staff working at Gills Top were caring, kind and committed to their work. Throughout the inspection we saw people were treated with kindness, patience and in a considerate way.

Heath care professionals and the local authority were positive about the care the service provided.

## Is the service responsive?

Good

The service was responsive.

People had their care needs met by a team of dedicated staff. People had a care plan and this was regularly reviewed to make sure they received the right care and support.

Activities were organised and a varied programme was available for people to be involved in if they wished. Efforts had been made to encourage people to come up with new ideas or try new things, for example vegetable planting, so that everyone could participate in something they were interested in.

A complaints procedure was in place. The service encouraged feedback and any suggested improvements were listened to and acted on where necessary.

## Is the service well-led?

Good

The service was well led.

The manager at the service, together with a senior staff team provided consistent, strong leadership and guidance. Everyone we spoke with were positive about the impact this had on the running of Gills Top.

Systems were in place to monitor safety and quality and where issues were highlighted through audits or surveys for example, action was taken in a timely way to address any shortfalls.

People who used the service and their representatives were encouraged to give feedback, through surveys, meetings, reviews and comment books. There was evidence that feedback had been listened to, with improvements made or planned as a

result.

# Gills Top

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports and the information provided by North Yorkshire County Council, who funds some of the placements at Gills Top. We also checked the current food hygiene rating for the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During the inspection visit we looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with running a care service. This included three recruitment records and the staffing arrangements. We also reviewed records required for the management of the service, including audits, the statement of purpose, satisfaction surveys, meeting minutes and the complaints procedure.

During our visit to Gills Top we spoke with 14 people who used the service and three relatives. We also spoke with a visiting district nurse. We talked with the manager who was in charge on the day of our visit, and the district manager for the organisation. We also spoke with a team leader, three care staff, the chef manager and a housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

People we spoke with described staff in positive terms. One person told us, "Staff are wonderful, they go the extra mile to make sure we are more than looked after." Another person told us, "I have everything I could possibly want." One person summed up their feelings, they said, "I feel safe because I know there is always someone watching over me."

People told us they never had to wait for attention and this included during the night. One person told us that they used their 'buzzer' to call staff when they wanted something and was always attended to within a few minutes. They told us, "Sometimes they are here straightaway if they are on the corridor but they get to me quickly if they are downstairs as well. It's never been a problem." We noted the response times to call bells whilst inspecting and found that these were answered promptly. We also saw that the alarm was cancelled at source, meaning staff had to attend the room where the alarm was triggered to turn it off and to respond to the situation.

Staff told us they thought there were enough staff on duty at all times to provide the level of care and support needed. They told us that every day was different but that staff worked as a team to make sure everyone was attended to. As well as care assistants and team leaders, the home employed catering staff, housekeepers and laundry assistants, a maintenance person, an activity organiser and an administrator. This meant that staff employed to provide hands on care were not taken away from this role to clean or prepare meals. However, we also noted that when a member of the team was away from work that the 'team' worked as a whole to make sure the service ran smoothly. For example, on the day of our visit the care staff team organised the laundering of bedding and clothing between them as a member of staff was away from work. Staff also told us that the manager was very 'hands on' and would work alongside staff where necessary and 'wouldn't ask us to do anything she wasn't prepared to do herself.' It was clear that staff took their work seriously and took a pride in the way they worked together for the benefit of those living at Gills Top.

On arrival at the home people were at differing stages of having their breakfasts. We observed the breakfast, lunchtime and tea time meal being served and the overall dining experiences for people. We observed care staff being attentive throughout the day. During each meal, staff were available to offer support and encouragement for people to be seated prior to the meal being served. There were sufficient staff, including kitchen staff, to serve the meal hot and give people a choice from the menu and what they wanted to drink. People, who required assistance to eat and drink were supported in kind and respectful way. People were given time to finish each course before their plate was cleared away. The deployment of staff during the busy meal times was well planned and effective. Staff were organised and the meal times were a pleasant, relaxed and sociable occasion.

On some occasions people were involved in activities in communal areas or they were sat quietly reading or talking to their peers. It was clear that people were involved in what they chose to do and that included where they sat and who they sat with.

The manager had an assessment tool she used to calculate the staffing levels that were needed. This took account of people's dependency levels, occupancy and the lay out of the building. The manager confirmed that they had a staff vacancy of 24 hours, which was made up of two night shifts. There had been some interest in the vacant post and interviews were scheduled. In the meantime existing staff were covering the shortfall. There was a stable core staff team who had worked at the home for a long time, and they preferred to cover the home between them rather than request cover from agency staff. The current staffing levels were a minimum of three care assistants and a team leader from 8am until 8pm. The care staff team were supported by ancillary staff, an activity organiser and an administrator. The manager was also on duty during the week and weekends. Night duty was covered by two care assistants and a team leader with on call arrangements in place should an emergency situation arise or staff needed advice. The provider had also installed a water sprinkler system to reduce the risks to people should a fire start. Rotas we looked at showed that these staffing levels had been maintained.

People we spoke with were satisfied with the way their medicines were managed by staff. Two people managed their own medication with minimal support. They told staff when they had taken their medicine and knew when the reordering was due. One person told us, "I let the staff see to all that. I have never missed my tablets as far as I know and if I am in pain I can get some extra ones." Staff we spoke with confirmed they had received training on the administration and management of medicines and that only staff deemed as competent could carry out this task. Staff were also able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the guidance information that was available to staff regarding medicines to be administered 'when required'. Staff described to us how these medicines were used and why. We found that detailed written guidance information was also available on individual medicine administration records (MAR). This information helped to ensure people were given their 'as required' medicines in a safe, consistent and appropriate way. One person was overheard telling staff they had a pain, this was promptly followed up by the senior staff on duty, who was responsible for giving out medicines on the day of our visit. The person was given medicine for the pain and reported later that this had been effective. The policy being used was based on the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes.'

We looked at the arrangements for the storage and administration of medicines. Medicines were stored safely in a metal medicines trolley, which was secured to the wall when not in use. Anchor points were used in the dining room and a corridor in view from the communal dining room. Controlled drugs (medicines that require special management because of the risk they can be misused) were stored in a separate locked cabinet in a locked room. Fridge and room temperatures (in the clinical room) were being monitored daily to ensure medicines were stored within safe temperature ranges. Perishable items, such as creams and eye drops, had been labelled with the date they were opened so that staff knew they were safe to use. We looked at a random selection of ten people's MARs, the controlled drugs register and medicine stock. The MARs had been completed to show people had received their medicines as prescribed. The controlled drugs register was correct and had been signed by two staff. The medicine stock we checked matched the records. Arrangements were in place to ensure that complex medicines, such as warfarin, were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

People who we spoke with told us they felt safe. One person said, "Yes I would say so, we have staff here day and night so that is reassuring in itself." One visitor we spoke with told us their relative was cared for very well at Gills Top and they had no concerns about their safety.

We looked at the arrangements in place for safeguarding people who are vulnerable because of their circumstances and how allegations or suspicions of abuse were managed. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff told us how they would recognise the signs and symptoms of abuse and how they would report concerns about people's welfare or safety. They had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff told us they would always share any concerns with the manager or team leaders. This meant that people were protected from avoidable harm.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. Risk assessments were in place to help identify risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage and minimise risks and provide people's care safely.

We toured the premises during this visit. The service had a homely feel and was clean, fresh smelling and hygienic. We saw there were systems in place to ensure the service was clean and well maintained. We spoke with the housekeeping and maintenance staff during our visit. They were able to describe the regular safety checks they carried out and show us the records of these. A maintenance contractor was used where necessary and the maintenance staff reported that issues were usually dealt with promptly. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, electrical appliances, legionella testing, weighing scale calibration and fire safety equipment. A business continuity plan was in place, along with an easily accessible file containing key information and guidance that staff might need in an emergency. For example, personal evacuation plans for people who may need assistance in the event of a fire.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Where people were unable to make decisions, best interest meetings were organised. These meetings involved key people who knew the person well and who could speak on their behalf, knowing what the person would have preferred should they have been able to express their wishes. We observed staff routinely seeking consent and offering people explanations before support was provided. This was done in a discrete and helpful way. With staff getting down to the persons eye level and making sure they understood what was being asked or offered. Staff had received training in the MCA and those we spoke with had a clear understanding of what it meant and the impact it had on people living at Gills Top. There were four DoLS authorisations in place at the time of our visit and the manager was aware of her responsibilities to apply for authorisations should these be necessary.

People told us staff had the skills, knowledge and experience to provide them with appropriate care and to meet their individual needs. One person said, "The staff here are extremely good. I don't know how they do it, they are so patient with those who can't always understand." Another person, sitting close by agreed with this and echoed the sentiment, saying, "Staff are wonderful, every one of them." A visitor told us they thought staff were committed and dedicated to their work and that their relative was 'in a better physical and mental state' than before they moved in. They attributed this to the efforts of staff and the attention their relative had received.

We spoke to two members of staff who had not worked at Gills Top for long, but had experience of working with older people in the community. They told us they had received a comprehensive induction programme and that the training they had received to date gave them the skills and knowledge to be able to provide the care needed. Their induction, they told us, had included shadowing more experienced staff for as long as they needed to before they felt comfortable to work alone. The training records showed that staff were provided with a range of training, with refresher training provided on an ongoing basis. Information provided told us that over 80% of staff were up to date with their training, with some staff needing to complete refresher training. The manager had this in hand and training was programmed to take place in the coming months.

All the staff we spoke with told us they received excellent support from the senior management team to

carry out their roles effectively. One staff member told us, "We are never in a situation where we can't ask for advice. The manager and team leaders are really good and we work as a team, everyone working together." Another staff member told us, "I love it here. I would have my mum live in here. That's how good it is." Staff also told us they met regularly with a senior member of staff for supervision. This is a one to one meeting where staff can discuss any issues in a confidential setting, including practice issues or required training. The manager confirmed that they had been working to ensure that staff received supervision and that arrangements were in place to ensure that staff received regular supervision going forwards.

People we spoke with told us the meals at the service were very good. One person told us, "The food is really good. We get lots of choice and three good meals a day." Another person told us, "They cook food we like, traditional meals." We also noted in the residents meeting minutes that one of the agenda items included discussion around the menu choices and new ideas for dishes. We observed the breakfast, lunch and teatime meals being served in the main dining room. The food we saw was appetising and people told us they enjoyed their meals. Staff offered people choices, including showing people the different foods on offer, which helped people make an informed decision. We also noted that one person had changed their mind about the meal they had asked for, when they saw what someone else was having, and this dealt with in a friendly way with no fuss from staff member. We also saw that people were supported to have drinks and snacks throughout the day. During meal times staff sat at eye level with people who needed assistance and we noted that they focused their attention on supporting them to eat their meal.

Menus were on a four weekly cycle and were changed according to the season. We looked at the menus for summer and saw that people were offered a varied and nutritious diet, with plenty of alternative dishes if the main menu was not suitable for people. The chef manager spoke with people daily to ask their views on the meals provided so that they could incorporate any changes or make improvements. Special diets were catered for and where necessary people were referred to other health care professionals such as the Speech and Language Therapy Team (SALT) if there was concern about their nutritional wellbeing. Staff gave us examples of the different foods they offered to encourage people to eat well and meet people's individual needs. For example, high calorific foods were provided for people who were at risk of losing weight.

The care records we looked at included nutritional risk assessments, weight and body mass index monitoring (BMI). Where concerns about people's nutritional wellbeing had been identified we saw that other professionals, such as SALT were consulted. This helped to ensure people's nutritional wellbeing was maintained.

People we spoke with told us that they could see their doctor or other health professionals when they needed to and that the local doctor visited on a weekly basis to hold a 'clinic'. One person told us, "The doctors are lovely, we can have a lady doctor if we prefer." At the time of our visit a district nurse was visiting to provide support and treatment to people at Gills Top. The district nurse told us positive things about the service, including, "The staff are very caring and always willing to help." The home also had a 'telemed' system which they could use as a video link with the local hospital and speak to a nurse or consultant to avoid unnecessary visits to accident and emergency if a person had a minor illness. The system allowed a nurse to make a clinical judgement or if necessary arrange a doctor's visit if the matter could not be dealt with remotely. A relative we spoke with told us that if staff had any concerns about a person's health that they would let them know. They told us, "The staff are very attentive and when they notice anything wrong they attend to it without delay." The care records we looked at included evidence of input from healthcare professionals when this had been needed.

Good

# Is the service caring?

## Our findings

Some people who lived at the home had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported. Throughout our observations we saw staff treated people in a professional, patient, friendly and appropriate manner. Staff approached people in a sensitive and calm way. Staff spoke at a pace the person could understand and where there was potential uncertainty staff checked that the person had understood what had been said to them. We observed that staff had an in depth knowledge of the people they were supporting and we saw a variety of ways being used to encourage people to be independent and maintain their privacy.

All of the feedback we received about the care provided by the service was positive on the whole. At times it can be difficult for people to accept and adjust to living in a care home and people expressed this to us. However, despite some difficulties, people told us that this had been helped by the staff being understanding, reassuring and 'terrific' in some instances. Other comments included, "The care staff are brilliant, they know how to look after us here." Relatives we spoke with were also positive about the home and the care their relatives received. One visitor told us, "The staff are welcoming and it is always the same, whenever I visit."

During the visit we spent time in the communal areas of the home. Interactions we observed between staff and people who used the service were respectful, supportive and encouraging. Staff were respectful when talking with people, calling them by their preferred names and being discreet when offering personal care support. Staff took time to help people get comfortable and made sure they were settled before walking away. For example, moving people to different style seating or offering a knee blanket if they were feeling cold.

We observed staff routinely seeking consent and offering people explanations before assistance and support was provided. We saw that people were treated with dignity and their privacy was respected. Where personal care was being provided or offered people were assisted to either their bedroom or the bathroom so that their care needs could be dealt with behind closed doors. Staff were observed knocking on people's bedroom doors before entering.

We saw where bedrooms were vacant these had been made ready for people to move in. Housekeeping staff carried out a deep clean and made sure the room was welcoming and pleasant. This meant that staff gave attention to detail, making rooms as welcoming as possible for people who were considering moving into the service or when new people arrived.

Some people at Gills Top were living with dementia and staff had the necessary skills and knowledge to provide appropriate care. The staff team had been awarded an accredited certificate for dementia care services in May 2015.

Good

# Is the service responsive?

## Our findings

People were positive about the care they received and they told us the staff team were responsive to their individual needs. One person told us, "I have everything I need and more."

Throughout our visit we saw that visitors could come and go as they pleased. An office in the entrance was occupied during the day by the manager and administrator and during that time the main door to the home was unlocked. However, after 5pm the door was locked and alarmed for security reasons, meaning visitors had to ring the doorbell to be let in. No one we spoke with was concerned about this and preferred that the home was secure outside of office hours. One visitor told us, "I visit every day, sometimes more than once. There are no restrictions on visiting."

The service employed an activities co-ordinator, who people told us was enthusiastic and engaging. We observed during the morning a 'knit and natter' group being held in a quiet lounge and another group of people doing a crossword in the communal dining room. People made comments to us about the activities at the service, with one person saying, "There are a lot of activities you can join in with if you want." People also told us they could spend time in the garden and one person told us about the new raised vegetable garden which included herbs and items which they intended to be used in the kitchen.

We saw a wide range of activities taking place. An activities' notice was displayed on the notice board. Following a recent survey people had said, "Not everyone reads the notice board, we want to know what activities are on." Staff had responded to this by providing a list of the day's activities at breakfast time so that people were kept up to date. People who used the service had also asked for more activities' 'ready for people to play.' Staff had responded to this by setting up baskets of activities, which were placed on tables in between meals, for everyone to access. We saw people taking advantage of these two improvements.

The provider arranged for an independent company to carry out a customer satisfaction survey in 2015. The main themes included, staff and care; home and comforts; choice and having your say and quality of life. Overall the service had scored 959 out of a possible 1000. The manager told us this had been an improvement on the previous year and that they were pleased with the result.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Each person also had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-admission stage.

All care plans we looked at had consistent documentation. Care plans we saw covered all areas of daily living and the care people required. The information included individual needs and preferences and staff had consulted with other health care professionals to make sure the support being provided was the 'best it could be.' Life history information was also included in people's care plans to help gain a real sense of the person before they moved into Gills Top. Care plans had been reviewed on a monthly basis by care staff.

Records were also available of three monthly reviews that included the person using the service, where possible and these had been signed to show their agreement. Where a person lacked the capacity to understand the review then a family member or other appropriate person was consulted, for example a social worker.

We looked at the arrangements in place to manage complaints and concerns that were raised. The service had a policy which staff followed; however, there had been no complaints in the last twelve months. We saw a folder containing many thank you cards and comments from relatives detailing their appreciation of the service provided. CQC had also received correspondence from a relative giving positive feedback about the service.

Good

# Is the service well-led?

## Our findings

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and staff meetings. Staff told us they had a shared commitment in developing and improving the service they provided for people at Gills Top. We saw there was a positive culture within the service. Overall we found staff morale to be high and the staff we spoke with were totally committed to providing good quality support for people who used the service.

We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed, staff were proactive. Again this showed that senior staff had a good grasp of the overall running of the service.

Staff we spoke with were enthusiastic about their work and were clear about their roles and responsibilities. Staff spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being. One member of staff described their job as 'rewarding' and other staff commented on the pride they took in their work, making sure they had made a difference to the lives of the people living at Gills Top. Staff also described how they built on professional and caring relationships to enhance the lives of the people they supported.

People we spoke with said they had a good relationship with staff, including the manager. People also told us they had ample opportunities to give their views on the service and they felt listened to.

The service had a registered manager, who was supported by team leaders to manage the service. One staff member told us, "The manager makes this place, she is so involved and she makes sure the customers come first." Another staff member said, "The team leaders are great, they know what is happening and we work together really well." Staff also confirmed to us that on call arrangements were well organised. This meant staff could seek advice and help, out of hours, from a senior member of staff.

During our visit the atmosphere throughout the home was welcoming. People living at Gills Top were relaxed and comfortable in their surroundings. People we spoke with told us that staff were committed to the home and the people who used the service.

The service had systems in place to monitor and improve the quality of the service provided. For example, there was a named lead for health and safety at the service. This member of staff was responsible for carrying out regular checks and for reporting any issues to the manager. We saw the records of these audits, including checks made on equipment to make sure it was safely maintained and in good working order. Other audits included medicines management, falls monitoring and analysis and care plan records. A quality monitoring tool and action plan was also in place, highlighting areas for improvement and the actions taken and planned. There was also evidence of staff meetings, with discussion of practice issues and relevant areas for improvement.

The manager was aware of notification requirements and we had received notifications about appropriate

events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about.