Travid Enterprises Limited

Guys Cross Nursing Home

Inspection report

120-122 Coventry Road
Warwick
CV34 5HL
Tel: 01926 776922
Website: www.guyscross.com

Date of inspection visit: 2 November 2015
Date of publication: 27/11/2015

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

This inspection took place on 2 November 2015 and was unannounced.

Guys Cross Nursing Home is a mental health nursing home providing accommodation and rehabilitation for up to 34 people with severe mental health needs. Some people could display behaviours that caused distress or anxiety to themselves or others. The home consisted of four units over three floors. There were 31 people living in the home at the time of our inspection.

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

There was a calm and relaxed atmosphere in the home. Both staff and the people who lived there were very welcoming and happy to spend time talking with us about the care provided. Staff were caring and respectful in their approach to people. Staff had a good understanding of the importance of respecting people's privacy and the environment promoted people's dignity.

Summary of findings

There were enough qualified and experienced staff to meet people's care and support needs to keep them safe. Staff had a good understanding of their responsibilities to safeguard people and knew what actions to take if they believed people were at risk of abuse. There was a recruitment process which included checks which helped ensure staff were safe to work with people living in the home.

There was a procedure in place to identify and manage risks associated with people's care and support. However, these did not prevent people from maintaining their independence and taking considered risks. Staff understood people and knew how to manage risks around behaviours that could place them or others at risk. Staff had been trained to de-escalate situations when people became anxious to help them remain calm.

Medicines were managed safely and records demonstrated people received their medicines as prescribed.

Staff were well supported by the managers and had received appropriate training to meet people's individual needs effectively. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their legal obligations under the DoLS and had made appropriate referrals to the authorising authority when deprivations of people's liberty had been identified.

People were supported to eat healthy food of their choice and received care and treatment from other health care professionals such as the GP and psychiatrist.

People were involved in planning and reviewing their care and recovery programmes. These contained information for staff to provide appropriate levels of support to people. People were supported to maintain their individual hobbies and interests and continued to see people who were important to them. People told us there was always something for them to do and appreciated opportunities to go on outings and trips locally and further afield.

There was an open culture at the home and this was promoted by the registered manager and the rest of the management team who were visible and approachable. People and staff appreciated the commitment shown by the registered manager and provider to ensure people received a high standard of person centred care.

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 were encouraged and supported to take assessed risks to maintain their independence. There were enough qualified and experienced staff to meet people's physical, emotional and social needs. Staff had received training in the management of 'actual and potential aggression' so they could de-escalate any behaviours to keep people and others safe. Medicines were stored, administered and disposed of safely.

Good

Is the service effective?
The service was effective.

Staff were supported to meet people's individual needs effectively through a programme of training and supervision. Staff had received training so they understood how to manage behaviours that could cause distress or anxiety to people or others. Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to maintain good health and had access to on-going healthcare support.

Good

Is the service caring?
The service was caring.

People appeared very relaxed with staff and shared a good rapport with staff and other people living in the home. Staff spent time sitting and talking with people and interactions were friendly. Staff respected people as individuals and encouraged independence. The provider understood that a pleasant environment supported people's dignity and staff respected people's privacy.

Good

Is the service responsive?
The service was responsive.

The service used a care delivery tool called the "Guys Cross Recovery Model". People were involved in developing their own recovery programme which enabled them to make informed decisions about their current care and future needs. Staff had the information they needed to provide appropriate levels of support to people without taking away their independence. The service was responsive to people's social needs and staffing levels were flexible so unplanned activities could take place.

Good

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

There was a clear management structure in place and staff understood their role and responsibilities. The provider and registered manager had worked hard to develop an open and welcoming home. Staff felt supported and valued the management team's commitment to providing good quality person-centred care.

Good

Guys Cross 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 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 2 November 2015 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor who supported us had experience and knowledge of mental health nursing. The expert-by-experience was someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

We reviewed the information we held about the service. We looked at information received about the home and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our inspection visit we spoke with 13 people who lived at the home, seven care staff, four nurses and an ancillary member of staff. We also spoke with the registered manager who was also the provider.

We observed the staff interactions with people and the support they delivered in the lounges and dining areas situated on each floor of the home.

We reviewed the care plans of five people to see how their support was planned and delivered. We also looked at other records such as medication records, recruitment files and quality assurance records including meeting notes.

Good

Is the service safe?

Our findings

All the people we spoke with were positive about the care they received at Guys Cross Nursing Home. Nobody expressed any concerns about the staff who worked in the home or told us they felt unsafe. Typical comments were, "I am looked after here" and "They treat me well here." Staff told us people felt safe in the home because, "They know staff and each other well. Most people have routines that help them feel safe and in control of their lives."

The home operated an open door policy so people had freedom to come and go as they wished. Doors were secured by a finger pad entry system which allowed people and staff to enter and exit, but prevented others who were not on the system from gaining access.

All the staff we spoke with had a good understanding of their responsibilities to safeguard people in order to protect them from the risk of abuse. Staff had completed training in safeguarding people from harm and knew what action to take if they had any concerns and believed somebody was at risk. They told us they would always report concerns to make sure people were safe. One staff member told us, "I would record it and report it to the nurse or the manager. They would have to refer it to social services." Staff told us they would take their concerns outside the organisation if they did not feel they were being listened to.

There were enough skilled, experienced and suitably qualified staff. On the day of our visit there were four nurses working in the home and care workers allocated to each unit. A staff member on one of the units told us there were enough care staff to cover care needs with three to five staff for five people, dependant on what was happening during the day. The Provider Information Return (PIR) stated, "We work with a high staff ratio to ensure that we are able to meet the residents' needs safely and appropriately for the environment. We never use any agency staff; this ensures that all staff know the residents and premises well and ensures safe consistent care." We asked the registered manager how they identified the number of staff to meet people's needs. They responded, "I worked on every floor and with people so I could see how many staff were needed." They told us it was important that if a person wanted to go out or participate in an activity, there were always enough staff to enable this to happen.

Staff told us they had time to sit and talk with people and carry out other tasks including meal preparation and domestic tasks. One staff member told us, "There is always enough staff to do anything the residents want, especially if they want to go out." Observations during our visit confirmed there were sufficient experienced staff to maintain people's safety.

Staff told us and records confirmed that appropriate checks were undertaken before staff began work, including references and police checks. This ensured, as far as possible, only suitable people who could support people's needs effectively worked at the home.

There was a procedure in place to identify and manage risks associated with people's care and support. Risk management plans identified potential risks to people and actions were in place to manage or reduce those risks. Risk management plans were regularly reviewed and supported people to take positive risks to remain independent as far as possible. The PIR stated: "Staff undertake formal risk assessments with the residents and also maintain open communication with the residents regarding ongoing risk management….. These assessments give a baseline from which we are able to evaluate a person's progress and work with them to reach their goals." Staff were aware of people's associated risks and how these were to be managed. We spoke to one person who had some restrictions on how much fluid they could drink due to identified risks. The person fully understood the need for the restriction and was able to explain it to us. This demonstrated that people were fully involved in risk management plans.

Some people could display behaviours that could cause harm or upset to themselves or others. The service had two trainers in 'managing actual or potential aggression' (MAPA) who worked with staff to recognise and minimise these incidents. The PIR explained, "This preventative approach minimises the use of restraint despite challenging behaviours being present." Staff we spoke with confirmed that the training helped them to manage any emerging behaviours so that restraint was very rarely used in the home. One member of nursing staff told us they had not needed to use any form of restraint for over eight months as staff knew how to de-escalate situations to help people remain calm. The registered manager explained, "Because we know the residents well and because we

Good

Is the service safe?

respond with early intervention, the need for restraint is minimal. If people are displaying behaviours, staff will be extra vigilant and stay around and be where that person is so they can intervene early."

There were processes in place to review any use of restraint in the home to ensure it was used appropriately. The registered manager explained the two MAPA trainers would examine the records of any incidents and, "check it was appropriate and whether any learning was necessary". If there was, this would initially be provided to the members of staff involved and then be shared with the wider staff team.

Medicines were stored, administered, recorded and disposed of safely. Some people had been prescribed "as required" (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing agitation or anxiety. Care plans provided staff with guidance about why the person may require the medicine and when it should be given. We were told that because staff understood people's triggers that may cause them distress or agitation, PRN medication was very rarely used in the home.

People's medicines were reviewed yearly or more often, dependant on their condition. This ensured people continued to receive medicines that met their mental and physical health needs.

One person had been supported over a period of time to reach a position where they were able to manage their own medicines safely. A member of staff explained the person could sometimes make mistakes, but rather than strip them of their independence, they would give them one day's supply of medicine and build it back up to a week over time.

Good

Is the service effective?

Our findings

People we spoke with were happy with the staff who provided their care and support. One person told us they had panic attacks and said, "Staff rally round." They explained that staff were very supportive and helped reduce their anxiety by talking with them and offering various ways of managing their episodes of anxiety.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. When they commenced work at the home, staff received an induction programme which included working alongside more experienced members of staff. The registered manager explained, "All new staff work on all the units to start with. It is important they feel comfortable in all areas of the home and all the people know them."

All staff received essential training updates which included adult protection, health and safety and fire safety. Staff also received other training to meet the specific needs of the people living in the home. Staff told us they felt confident and suitably trained to effectively support people. This included MAPA (management of actual or potential aggression) training so staff could support people who had behaviours that could place themselves or others at risk of harm. The Provider Information Return (PIR) stated, "We have two MAPA trainers who provide ongoing support and training to staff in the management of potential and actual aggression and work with staff to recognise and minimise incidents of aggression." Staff told us the training had increased their confidence when dealing with these situations as it helped them remain calm and they knew what to do if they could not de-escalate the situation. We saw staff put this training into practice during our visit. Staff responded calmly to one person who became agitated. Staff quietly assisted the person out of the room when their interventions did not reduce the person's agitation. This ensured the person was kept safe and did not upset other people.

Staff told us the manager supported further training to help them develop their knowledge and skills. We were told that all staff were supported to study for national vocational qualifications (NVQs) once they had completed their probation period. All the care staff spoken with had attained NVQ levels 2 or 3 in health and social care. One staff member told us, "We get all the training we need, it's really good. If there is anything particular we want to do we only have to ask for it and we get it." One staff member had recently completed a course in massage therapy and another was being supported to do a counselling course. Four staff were completing training in phlebotomy (blood collecting). The registered manager told us, "If somebody comes with something (suggested training) I think will be beneficial to the home, we will fund it."

There was an ongoing programme of observations which fed into regular supervision. The registered manager explained, "One member of staff was becoming anxious, we spotted it so we gave them extra supervisions." Nurses received clinical supervision from the clinical manager. The unit managers supervised the care staff. Staff could also have confidential supervisions with the clinical manager where they were able to discuss any areas of their practice where they had concerns. This supported a culture of staff being responsible for their practice within the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA ensures the rights of those people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required to make sure people get the care and treatment they need when there is no less restrictive way of achieving this.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and what it meant for people. Staff understood issues around people's capacity to make certain decisions and why DoLS authorisations had been put in place for some people. Information about how people made decisions was recorded in their management plans. Plans contained 'power and control' assessment records which informed staff what support people needed to make decisions. For example, one person's records stated, "[Person] can made choices if shown options" and another stated, "[Person] is involved in all decisions regarding her care and treatment."

Staff asked people's consent before offering them help and made sure each person was happy with what had been provided. One staff member explained, "You can't force people to do things. If they don't want to do something, you can always try again later."

Good

Is the service effective?

The registered manager was meeting the requirements of DoLS. They understood the principles of DoLS and how to keep people safe from being restricted unlawfully. Where deprivations of people's liberty had been identified, they had made the appropriate applications to the local authority for their authorisation.

Staff told us people were able to choose their own meals. One staff member explained, "Each unit has a menu but some people like to cook for themselves, actually some people are very good cooks." We were told menus were devised weekly with people and the names of the people who chose the meal were recorded on the menu. People we spoke with were all positive about the food provided. One told us, "You can chose your own food and buy your own food. It's very homely." Another said, "The food is very good because we can pick our own meals." Staff said they checked menus to make sure people received a balanced diet with fresh vegetables.

At lunch time we saw the food prepared by staff corresponded to the weekly menu displayed in the kitchen on each unit. On one unit people ate jacket potatoes with cheese and beans while on another unit people ate lasagne. People said they could have an alternative meal if they wanted. One person chose to have porridge for lunch.

Mealtimes appeared to be pleasurable occasions and relaxed. Where a need had been identified, staff monitored what people ate and drank to ensure they received appropriate nutrition. One member of staff told us food and fluid charts may be used for short periods of time, for instance if a person's mood was low and they were not eating. This would then be monitored until their mood brightened and they were eating again.

People told us they could eat when they wished to. When asked what they would do if they felt hungry during the night, one person responded, "I would get myself some cereal or toast."

People were supported to have access to healthcare services and maintain their health. People's mental health was monitored on a day to day basis and staff identified when people were unwell, anxious or agitated. We saw from people's records that other external healthcare professionals were involved in people's care. This included the GP, psychiatrist and a speech and language therapist. All people had a review with their GP at least annually. One person confirmed they saw their GP regularly and another told us they saw their psychiatrist every nine months. One person told us they had been to see their doctor that day and a staff member had given them a lift by car.

Good

Is the service caring?

Our findings

People were happy with the care they received and spoke positively of their relationships with staff. One person told us, "The staff spoil us," and another said, "The staff do their utmost best. I can't praise them highly enough." A third person described the home as a "friendly place". A member of staff who did not deliver care spoke highly of the caring attitude of the nurses and care staff. They told us, "I think they are really good. They take an actual interest in the residents rather than just doing a job. They have a genuine interest in them and have the residents' best interests at heart."

We found people received care from staff who knew and understood their likes, dislikes and personal support needs. Staff understood people's preferences and people were able to spend their time as they chose. Staff respected people as individuals and supported them to live their lives as they wanted to. One staff member explained, "Everyone has a care plan but everyone is treated as an individual." Another member of staff told us, "People are 'at home' here. They can cook for themselves if they wish, they are free to come and go as they please. They are part of the local community." The registered manager said, "Our goal is to get them as well as possible and coping with life. Often their independence has been stripped away."

We spent time in communal areas and saw that staff were caring and respectful. People appeared very relaxed with staff and there was a good rapport between staff and people living in the home. Staff spent time sitting and talking with people and interactions were friendly with lots of light hearted conversations and laughter. The registered manager explained, "I tell staff, don't jump up if I walk into a room and you are sitting and having a coffee and a chat with someone. I would rather you were doing that, than achieving nothing." At lunch time one person was not able to sit at the dining table because of mobility issues. To ensure the person did not feel left out, a member of staff sat next to them on the sofa and ate their lunch alongside them.

Staff were sympathetic about people's histories and backgrounds. They told us people were asked about their past experiences, but understood some people had experiences they did not wish to talk about. One staff member explained, "People will tell you about their past experiences if they want to, but we don't pry." Another said, "We don't always know about people's past experiences as they don't want to talk about it. It's too painful for them."

A keyworker system was in place, so people were supported by a named worker and this provided consistency for them. Keyworkers ensured people were supported individually with any issues they had. People knew who their keyworkers were. One person told us, "[Staff member] is my key worker. I get on well with her." That member of staff was not on duty on the day of our visit so the person told us another staff member had helped them put their earrings on. Another person said, "[Keyworker] looks after me. She runs my bath and washes my hair."

The home was split into four units, however people were free to move between the units. On the day of our inspection we saw people visited different units talking with staff and other people. Shared activities took place on the larger units. In this way, people had the benefit of small scale domestic arrangements, but were still able to enjoy the space of the large house as a whole. One person who was sitting on a unit told us they did not live there, but said, "I have come to visit a friend".

The registered manager told us it was important to make people feel proud of their home and involve them in decisions about the environment. They explained how people were involved in choosing new furniture and decorations and stated, "It is including people in those sort of decisions." A member of staff confirmed, "People can live their lives as they choose. They are consulted about the home and can choose how the units are decorated." As well as the home being well decorated and maintained, there were vases of fresh flowers here and there. This demonstrated an understanding that people appreciated living in a pleasant and homely environment.

We asked the registered manager how they supported people to build relationships with each other, especially as some people had difficult experiences in the past. The registered manager explained, "You role model. Staff sit and chat with people and then introduce someone else into the conversation. Staff are almost like an intermediary." They went on to describe how important it was to recognise mutual interests and bring people together. Staff confirmed, "We always have a chat and

Good

Is the service caring?

laugh." One staff member said, "We are one big family." One person told us they had built a relationship with another person in the home and said, "It's lovely to have someone to share things with."

Staff had a good understanding of the importance of respecting people's privacy and dignity and supported people to maintain their independence by doing things for themselves. We were told, "There are only a couple of people who require support with personal care, most people do this for themselves," and, "We prompt people to remind them to change their clothes if they are stained or to have a shower or shave if they need to." Another staff member told us, "We encourage people to do things for themselves. It increases people's confidence and their sense of self-worth." Staff told us, "There is never any time restriction when supporting people to get up in the mornings or at any time." One staff member told us, "I treat people how I would want my parents or grandparents to be treated."

Staff told us that since the home had been redesigned people had more privacy as all rooms were single occupancy and had en-suite facilities. One person listed all the features of their en-suite room and were clearly very happy with it. Other people we spoke with told us they liked their rooms. One told us, "I like my room. It's painted yellow." The rooms we were invited into were clean and tidy and personalised with pictures and ornaments.

People's right to privacy was respected by staff. The registered manager explained, "People have keys to their rooms. Everybody is offered a key. They have lockable drawers where they can lock things in their bedrooms if they want." On the day of our visit we saw one person locking their bedroom door before going to sit in the communal lounge.

There were no restrictions on family and friends visiting the home. Staff supported people who lived at the home to visit those who were important to them. The registered manager explained, "We will either stay with them or drop them off and pick them up later." One person told us they had been in hospital and staff had contacted their family members to tell them. The person made it clear they were glad the staff had done this because their family members were there to meet them when they were discharged back to the home.

The registered manager understood that for staff to provide good care and demonstrate a caring attitude, they needed to feel cared for themselves. They explained, "We like to support the staff. We like to nurture and care for staff." They demonstrated a good understanding of the demands on staff and how small achievements by people could be celebrated. They told us, "Progress can be slow, but it is looking at what has actually been achieved by people. Taking time to look at what people have achieved keeps people and staff motivated and keen to look at new ideas."

Good

Is the service responsive?

Our findings

People we spoke with told us the care and support they received met their needs.

The service used a care delivery tool called the "Guys Cross Recovery Model" which ensured care was delivered in an individualised way. The Provider Information Return (PIR) explained, "This model promotes independence and holds hope for recovery when the individual themselves may have lost hope. This model places the resident at the centre of their care. The model allows both staff and resident to look at the care delivery from three main perspectives: where have I come from, where am I now and where do I want to be. By doing this the residents retain control of their recovery and are able to make informed decisions about their current care and future needs. As part of the recovery model residents have access to their recovery folder and are encouraged to write their thoughts in the folder daily."

We discussed the recovery tool with the registered manager. The registered manager explained, "As part of recovery we ask what has happened in their lives. What is important to them is important to us. We ask what would make your life nicer today. All the care planning is done with them. Some people don't want to be involved so it can take a long time to write a care plan. Some people you have to spend time with to seek out little bits of information."

We looked at six people's care records. Each person was assessed in nine areas including community involvement, mental health and power and control. A recovery plan was developed for any areas where a need was identified. We found the recovery plans were individualised and contained up to date information for staff to provide appropriate levels of support to people without taking away their independence. They informed staff about what people liked and how people wanted their support delivered. Records confirmed that people were involved in planning and reviewing their care programmes. In one person's file we saw the person had declined to participate in some of their recovery planning, but had recorded on their 'daily thought' sheet, "I woke up at 11am, really late this morning." This demonstrated that people were encouraged to be involved at a level they were comfortable with. Care plans were reviewed regularly so they reflected any changes in people's care or support needs.

Staff told us they had time to read people's recovery plans so they knew people's individual preferences, for example how they liked to spend their time. The recovery plans also gave staff information so they knew how to respond to people if they became agitated or distressed. Staff spoken with had a good understanding about people's needs and explained how the recovery plans supported them to meet those needs in a way people preferred.

Staff told us they had a handover meeting at the start of each shift which updated them with any changes in people's health and any concerns since they were last on shift. Staff said this was also when they planned what they would be doing during their shift. One staff member told us, "We have handover at the start of the shift, but if there is anything we need to know during the shift we will have another handover so we all know what's going on." We saw a written handover sheet was used to aid communication between teams.

The PIR stated, "We work with residents and support them to partake in activities both inside and out of the home, for example some residents may be interested in educational courses whilst others enjoy activities such as snooker or art. We are able to use one of our five vehicles to transport the residents and have staff to remain with the resident whilst they attend the activity should they wish/need. The need for spontaneity and flexibility is reinforced to staff and this allows for unplanned activities to take place."

We found the information in the PIR was accurate and people were supported to maintain their individual hobbies and interests. One person told us they enjoyed playing snooker regularly and showed us the trophies they had won in the past. Another said they were looking forward to attending a football match and explained how they regularly visited friends and enjoyed trips to the local pub. One person enjoyed painting and examples of their paintings and collages were displayed in their room. They told us they went to an art class in a neighbouring town once a week and were taken there by staff. Another person was supported to attend a day centre once a month.

There was a weekly activity programme displayed in each unit within the home. Each day there was a morning and afternoon activity for people to be involved in. On the day of our visit people could join in baking. One person joined in the activity and others enjoyed the scones they made

Good

Is the service responsive?

with their afternoon tea. One staff member told us, "We have a weekly coffee morning on 'Avon' (one of the units) and everyone comes for that. We serve tea, coffee, cappuccinos and cake."

One of the units was decorated with Halloween decorations. A resident in another unit where the decorations had been taken down told us the registered manager had put on a big Halloween party at the weekend. They had clearly enjoyed the event and said, "If only you had come yesterday you could have seen the decorations."

People told us there was always something for them to do. The registered manager explained, "It is about having enough staff to say yes when they want to go out." People spoke appreciatively about outings and holidays and told us it was one of the best things about living at the home. We were told of a recent trip to Blackpool and other holidays to Devon and Wales. One person told us there was a trip arranged to Weston super Mare that they were looking forward to. People told us they had been bowling and to the theatre and talked about barbecues in the garden during the summer. Staff told us they supported people to go into the local community and regularly used the local shops, cafes and pubs where people were known and welcomed. Several people told us they enjoyed pub lunches and also that they could get "takeaways" if they liked. One person told us, "I'm feeling puffed because I've just come back from the shop." Another went out for a coffee at a local restaurant and told us about its history on their return. One person told us about the plans for a social outing the following weekend and said, "We are going out on the bus to see a bonfire at the weekend and we are going to eat hotdogs."

Information about how people could raise any concerns or complaints was displayed in the entrance hall of the home. The registered manager explained that people were also encouraged to raise any concerns informally. They told us, "The residents have meetings where they can raise concerns." The registered manager told us that if people needed support with raising any issues, they would assist them to gain the support of an independent advocate. The service had not received any complaints in the last twelve months.

Good

Is the service well-led?

Our findings

Feedback from people and staff was very positive about the care provided at Guy's Cross Nursing Home. People told us, "I really like it here," and "I am looked after here." A member of staff said, "It's a great place to work. The best. Nothing is ever too much trouble." Another said, "I love working here, I look forward to coming to work."

The information in the Provider Information Return (PIR) read, "Guys Cross is owned and managed by David and Tracey Stickley who are both qualified nurses and take an active role in the day to day management of the home. They believe in the importance of leading by example and having an open door policy so that staff can approach them at any time. We have developed a cohesive staff team and do not use any agency staff. This ensures that all staff are able to share the vision for Guys Cross and work together to deliver care within our guiding philosophy."

We spent time talking with people and staff to confirm what we had been told in the PIR was an accurate assessment about the management of the home. Responses indicated that it was.

The atmosphere at Guy's Cross was calm and relaxed, with good relationships between the people living there and staff. The registered manager knew people well and had a good understanding of their needs and choices. She had worked hard to develop an open and welcoming home for people and staff. People we spoke with knew the registered manager and we saw they felt confident to approach her throughout the day.

We asked staff whether the management team were visible. All the staff we spoke with confirmed they were. A typical response was, "[Registered manager] is amazing she is always around. She knows everyone and what's going on." A 24 hour on call service operated by the management team meant staff felt supported during weekends and holidays. One staff member told us, "The home is exceptionally well led. Managers are always available even when they are off."

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff were very positive when talking about the open culture of the home. One staff member explained, "We have a very open culture. We can share our views and opinions, never any problem with that. We all get together to discuss any concerns." Staff told us they had regular staff meetings. Minutes we looked at demonstrated that the meetings provided an opportunity to discuss the operation of the home in general and also any specific issues regarding the people who lived there.

Staff understood their roles and responsibilities and what was expected of them. Staff told us the service supported whistleblowing and that they felt confident to voice any concerns they had about the service.

The management team had invested a great deal of time and financial input into improving the environment and standard of care within the home. It was clear their commitment to providing good quality person-centred care for people was appreciated and valued by staff. One staff member told us, "They have spent so much money on the home and the residents. They have regular holidays and trips out. Whatever they want they get. We are never told 'we can't afford it'. It must cost a fortune."

Staff also spoke about the caring and supportive attitude of the management team towards staff. One staff member told us, "I love it here; people are so well looked after. They look after staff just as well as they do the residents. You couldn't ask for a better place to live or work. I would definitely recommend it to any of my relatives if they needed it." Another said, "The home has transformed since Tracey and Dave took over. They provide excellent care and support to people. They support staff as well as residents."

People and staff were involved in developing and improving the service. For example, potential staff attending interviews at the home were invited to walk around the home and chat with people and staff. The registered manager explained, "Afterwards we get feedback from the residents and staff who met them about their initial impressions." This meant people and staff were an active part of the recruitment process. People were also invited to regular meetings where they were asked for their suggestions about activities, menus and outings.

There were various systems in place to monitor and analyse the quality of the service provided. The PIR stated, "We have an incident reporting policy where all incidents, concerns or mistakes are documented and reported to the manager who then audits the incident forms and takes any action required or discusses with the staff team ways in which further incidents may be avoided. Staff are encouraged to report openly and honestly and are

Good

Is the service well-led?

supported in a fair, constructive manner." We saw that where trends and patterns had been identified in relation to accidents and incidents, appropriate action had been taken. For example, it had been identified that one person had experienced an increase in the number of falls they had. In response, arrangements had been made for them to be seen by their GP who had referred them to their psychiatric consultant for a medication review.

Regular checks were carried out in the service including health and safety, medication and care documentation. There were also regular checks by external providers. A recent pharmacy check had identified a couple of areas where improvements were required. Action had been taken to address these issues to ensure safe medicines management in the home.

The registered manager was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.

We talked to the registered manager about the challenges the service faced. They told us, "Recruiting quality staff. You get inundated with applications but only three will be any good." They also said, "When you are a stand alone service it is harder to keep updated." They told us they were members and subscribers of various groups and associations in the mental health sector. This ensured they received any updates or changes in good practice that could improve the service for the benefit of the people who lived in the home.

We asked the registered manager what they were most proud of in the service they provided. They responded, "I'm very proud of the recovery tool. I think we are making a big difference in people's lives. We have taken people who have been written off and we have turned them round and given them their lives back. We have a good reputation with hospital consultants. We take people and generally they don't get readmitted to hospital. I am proud of what we do, we are a good team."