The Grove Residential Home (Solihull)

The Grove Residential Home

Inspection report

48 Lode Lane
Solihull
West Midlands
B91 2AE

Tel: 01217053356

Date of inspection visit:
11 February 2016

Date of publication:
15 April 2016

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

Summary of findings

Overall summary

This inspection took place on 11 February 2016 and was unannounced.

The Grove Residential Home provides care and accommodation for up to 30 older people. There were 29 people living at the home at the time of our inspection, of whom a number of people lived with dementia. Out of 29 people, a person was in hospital and four people were at the home receiving a 'hospital to home' service. This is a contract held between the provider and NHS which facilitates up to five people staying at the home. This is usually for a period of up to eight weeks for rehabilitation following discharge from hospital prior to returning to their own homes.

A registered manager was 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.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. This included training about dementia care. Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence as able.

People were involved in decisions about their care and told us they received support in the ways they preferred. People told us staff encouraged them to pursue their hobbies and interests. People were supported to maintain relationships with people important to them and visitors were welcomed at the home. People and their relatives told us that staff were caring and that people were afforded privacy and treated with dignity and respect.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care. People told us they were encouraged to make choices about their daily lives.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people and staff, surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits.

Arrangements were in place so that actions were taken following concerns raised, for the benefit of people who lived at the home. Systems were in place to drive continuous improvement at the home for the benefit of the people who lived there.

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 were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs. Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good

The service was caring.

People were supported by care workers who people considered were kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People made decisions about their care and received support from care workers that understood their individual needs. Visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to pursue their hobbies and interests. People were given opportunities to share their views about the care and support they received and complaints and concerns were dealt with promptly.

Is the service well-led?

Good

The service was well-led

The provider and management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of service provided. Staff felt supported and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

The Grove Residential 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 11 February 2016 and was unannounced.

The inspection was undertaken by two inspectors.

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 as part of our inspection planning. We found that information provided within the PIR reflected our inspection findings.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with commissioners of the service who gave us positive feedback about the service provided. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who lived at the home, two relatives, and nine staff members. This included the registered manager, deputy manager, care workers and head chef. We also spoke with two health and social care professionals on the day of our visit.

A small number of people were living with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and communal areas.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

People told us, and we observed, staff were available at the times people needed them, and received care and support that met their needs and preferences. A person told us, "There is always somebody there, plenty of staff around." A relative told us, "There is always someone around when I visit."

Information in the PIR stated, 'We have a core of staff who have been here for many years, this offers stability, knowledge and continuity of quality care.' We asked staff whether there were enough of them to meet people's needs. A staff member told us, "Staffing levels are absolutely fine and we sometimes have students [studying for health care qualifications] here as well." We asked the registered manager how they ensured there were sufficient numbers of staff available. They told us they were confident there were enough staff to meet the care and support needs of the people who currently lived at the home. This was based on people's care dependency levels. They told us there were no staff vacancies and any unplanned staff absences were usually covered by their own staff, to ensure continuity of care. Agency staff were occasionally used to ensure there were enough staff available to support people at the times they needed.

People told us they felt safe at the home. One person said, "I can sit back and relax here, no worries." Potential risks to people had been identified and steps taken to minimise them. For example, one person had been identified as being at risk of falls and an alarm mat had been placed in their room to alert staff should they get out of bed and require assistance.

Staff had a good understanding of other risks associated with people's care, and assessments of risks had been undertaken. For example, the risks related to nutrition, skin damage and moving and handling had been assessed and care was provided in line with this. A health professional told us about the care provided by the home's staff in relation to skin care and said, "They are on the ball to prevent sores."

Accidents and incidents had been recorded and each had been analysed by the registered manager to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team. Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

Staff understood the importance of safeguarding people and their responsibilities to report this. Staff we spoke with had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised . A staff member told us they would report any incidents to the registered manager and was aware there were people outside of the home they could report incidents to also. They said, "I would go straight to the senior on duty and the management. I know they would definitely take action." We found that incidents of a safeguarding nature had been reported and acted on appropriately.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who lived at the home. A recently recruited care worker confirmed they had to wait for their police checks and

references to be completed before they could start working at the home. They told us, " I had to wait for my police check to come back before I started working here."

We looked at how people's medicines were managed. People told us they were happy with how they received their medicines and they received them on time. A person told us, "They come and give me my pills at certain times of the day, it is regular. They give me a drink to take with them." Medication administration records were well maintained and reflected that people had received their medicines as prescribed. Staff responsible for the administration of medicines had undertaken training about this and their competency had been checked to ensure they were safe to do so. Weekly checks on people's medicines took place to ensure people were receiving them as prescribed.

A number of people were prescribed medicines 'as required' (PRN). For each PRN medicine, an individual medicine plan had been written, however on occasions this did not include specific details for staff about when to administer the medicine. We discussed this with the registered manager who assured us that staff knew people well, however agreed that the individual plans would be further developed. This would ensure that the medicine was administered consistently and was particularly important when people could not verbalise their wishes.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment, hot water temperatures, electrical and other equipment we saw that all checks were up to date and no issues had been identified. Fire drills were held regularly so that staff knew what action to take in the event of an emergency.

The premises were clean and hygienic throughout. A relative told us, "[Person's] room is spotless." Cleaning schedules were in place so that housekeeping staff were aware of their duties and arrangements for regular 'deep cleaning' of specific areas of the home were in place.
A hygiene rating of five (highest rating) had been awarded to the home in relation to the kitchen so that people could be assured their meals were prepared in a safe way.

Good

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. A relative told us, "I know that [Person] is being very well looked after. [Person's] mobility has improved since coming here and they are eating well."

Staff told us they were happy with the training they had received. A care worker told us, "I have taken a number of training sessions about dementia. I am passionate about supporting people with dementia." All staff members completed an induction when they first started to work at the home, which prepared them for their role before they worked unsupervised. This had recently been revised in line with the Care Certificate which had been introduced by the government in 2015. This sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This was undertaken alongside the provider's own induction.

New care workers told us the management team supported them and helped them understand their roles and responsibilities. Staff were given information about the provider's policies and procedures so they worked consistently and in line with these. The registered manager told us that they checked staff's on going knowledge of these during staff supervision sessions (individual meetings between the manager and the member of staff) and staff team meetings.

Information in the PIR stated, 'Training is delivered in various ways. All staff have regular training with in-house and external trainers.' Staff received on-going training the provider considered essential to meet people's care and support needs. This included dementia awareness, nutrition, infection control and skin care. Training about specific health conditions people had was also provided, such as how to support a person who had a Stroke or lived with epilepsy. We saw that staff had put their training into practice. For example, in relation to moving and handling training, were saw that staff supported people to move in a safe and encouraging way. The registered manager regularly checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. A plan for staff training throughout the year was in place. The deputy manager told us that she had been supported to achieve a number of additional care and management qualifications whilst working at the home and said, "I have had lots of opportunities to improve."

Information in the PIR stated, 'We listen to staff in one to one supervisions and when they talk about specific training that they would like to do, where possible we organise this for them.' Staff told us the 'one to one' meetings with their line manager provided them with the support they needed. One care worker told us, "I have just had my meeting with the manager. We discussed the training I have had and more training is in progress. These meetings are useful as I can discuss anything and the manager will look into any opportunities for me." Staff received regular individual supervision and annual appraisals. Staff team meetings were also held regularly. We looked at staff meeting notes. The meeting agenda focused both on staff issues, and how best the staff could support people who lived at the home. This gave staff the opportunity to discuss, and put forward their suggestions about the service provided to people who lived at

the home. Staff members told us they felt confident to put suggestions forward and these were acted on.

Systems for effective communication between the staff team were in place and this helped to ensure continuity of care for people who lived at the home. A care worker told us, "There is good communication here, we have plenty of meetings." They went on to tell us about a person who they noticed was feeling low in mood. Staff spoke together about this and ways to support the person were discussed and implemented with positive effect. Staff 'handover ' meetings (meetings held when one staff shift finishes and another starts) and a number of communication books were in place to keep staff updated about the care and support people required. A care worker told us that 'handover' meetings were very useful to discuss people's changing care needs and also to find out more about the individual needs of people who came to the home. This included people who were staying at the home for a short time. Staff memos were used to communicate information to the staff team in between group staff meetings. This included information relevant to staff such as training and development and updates of the provider's policies.

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 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.

The management team understood the relevant requirements of the Mental Capacity Act (MCA) 2005. We saw that mental capacity assessments had been undertaken as required and these determined whether people could make informed decisions about various aspects of their lives. Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with or should be made on their behalf in their 'best interest'.

Care workers had an understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. A staff member told us that they would always ask people for their consent prior to undertaking care tasks. They told us, "If someone refuses care I make sure all is all right with them and say I will come back later."

Information in the PIR stated, 'Choice is given, in every aspect of the individual's daily care.' Our observations and discussions with people and the staff team provided us with many examples where people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time; where they preferred their meals to be served; and the times they chose to get up in the morning and go to bed at night.

People gave us examples of how staff supported them to make choices, for example such as what they wanted to wear, what they wanted to eat and what they would like to do with their time. A person told us, "I can choose what I want to do each day. I like to take it steady." Another person said, "If I am not feeling well I can stay in my room, or whenever I want to." A care worker gave us some examples of choices given to people and told us, "People have the choice of what time to get up in the morning, what they would like to wear. I know a few ladies like to have make up on and wear jewellery." Another care worker told us, "We offer people choices on a day to day basis."

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). Eight people living at the home had deprivation of

liberty safeguards (DoLS) authorised and we saw the recommendations within these were being followed and reviewed regularly.

We checked whether people received enough to eat and drink in order to meet their nutrition and hydration needs. People had a choice of meals, and alternatives to the main meal options were offered. The menu choices of the day were displayed on the notice board for people to see and people were actively involved in menu planning. People gave us positive feedback about the quality of food provided. They said, "We get a choice of meals, nice fresh vegetables every day and always a nice pudding with it." And, "I enjoy the meals." A care worker told us, "The Cook prepares both meal options and then we ask people on the day what they would like, as we are serving the meals. If people want an alternative they can have one."

Staff had a good understanding of people's specific dietary needs and we saw that they supported the small number of people who required additional encouragement during meal times, at their own pace. They gently asked people, for example, "Would you like some apple sauce with your meal?" and asked people if they were enjoying their meal. Coloured plates were provided for people who lived with dementia as a way for them to identify their meal thus encourage them to eat more.

People's dietary choices or needs were catered for at the home. We spoke with the head chef who told us they were provided with information about people's individual dietary needs and preferences. They told us, " We get feedback from the questionnaires people fill in about what meals they like. We go round and speak to people about what they would like to eat and we know if they have a special diet. For example we know who needs extra calories." We saw that people were weighed regularly and where people had been assessed as requiring extra calories, referrals to the dietician had been made. Fortified food was provided, such as full fat food products and regular snacks were given. A relative told us, "They keep an eye on [Person] here. They know what [Person] likes to eat and they try to encourage her." Where people's fluid and food intake was being monitored, staff kept a record of this. However, we found that although the quantity of each meal eaten had been recorded (for example, 'half'), the total size of the meal had not. This meant we were not able to establish the actual quantity eaten. We discussed this with the registered manager who agreed to address this.

We looked at whether people received health and social care when required. A relative told us, "The district nurse comes in every day to see [Person]." Appropriate and timely referrals had been made to health professionals, for example when people were unwell or when staff had identified that people were losing weight. From care records we saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, district nurses and community dieticians. People had the option of retaining their own GPs if they wished, for continuity of health care support. We spoke with a health professional who regularly visited people at the home. They told us, " The home is nice. We have regular meetings with the management to keep the relationship between us going. Communication is good, it shows they are keen and committed. The staff let us know straight away if anyone is ill."

Arrangements were in place for people to have regular health checks, for example by the community optician, dentist and chiropodist. Relatives were supported to be involved in people's health care and arrangements were in place for either relatives or staff to accompany people to health appointments. Wherever possible people were encouraged to attend the GP surgery, in order to maintain their independence. A person told us, "Staff book a doctors appointment for me and they come with me because it is a busy road."

The management and staff team worked closely with health and social care professionals involved in the

care of people who were staying at the home for a short time under the 'hospital to home' contract. This included social workers and Macmillan nurses, (qualified nurses with specialist qualifications and skills in cancer care) so that people benefited from their time at The Grove and were ready to return home.

Good

Is the service caring?

Our findings

People and relatives we spoke with were positive about the staff and told us they were caring. A person told us, "The staff here are very good, they help me." A relative told us, "Staff do an awful lot for [Person] here." A student who was on a work placement told us, "I love this caring environment."

Information in the PIR stated, 'With someone who has dementia, it is understanding the person's language and how they choose to express happiness, sadness, pain. Being observant of their body language, facial expressions, changes in demeanour.' We saw caring staff interactions throughout the day and staff took the time to support and communicate with people at their own pace.

Information in the PIR stated, 'All staff recognise that giving time to chat is very important, listening to what the individual wants, take any required action and forward this information should it be necessary.' We observed good communication between people who lived at the home and the staff team. It was clear that staff had built up good relationships with people, had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. We overheard friendly banter between people and saw staff spending time talking with people about topics of interest to them. It was clear that positive relationships had formed between some people who lived at the home. A person told us, "I have made friends with people here." A relative told us, "[Person] has made friends here. As a family we visit and have a friendly giggle with other people who live here as well."

People we spoke with confirmed they were involved in making decisions about their care and had been involved in planning their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. A care worker told us, "I ask people what they can do for themselves each day." People were encouraged to be part of the running of the home, in order to maintain independence. For example one person was responsible for delivering newspapers to other people at the home. They told us they enjoyed doing this.

People were encouraged to maintain relationships important to them and visitors were welcomed at the home. A relative told us, "When [Person] first came here they quickly told me I can come and visit at any time. When they said that to me I knew everything would be fine."
There was a choice of sitting areas throughout the home so that people could meet with their friends and families privately if they wished. A number of people chose to go out with family and friends and staff fully respected this.

People told us their dignity and privacy was respected by staff. We saw this was the case, staff greeted people by their preferred names and personal care was provided in private areas of the home. We asked staff how they ensured people's dignity was maintained. One staff member told us to ensure the person's privacy and dignity when being assisted with personal hygiene they would, " Always ask people if they want me to be in there with them." They went on to say, "I always ask people if it is ok to go into their room."

Good

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. A person said, "I am happy with the time they come and help me out of bed in the morning and they ask me if I would like a shower." They confirmed their support needs had been discussed and agreed with them, and care workers knew about their likes and dislikes. Both relatives spoken with told us they were really pleased with the care their family members received at the home.

Information in the PIR stated, 'Staff get to know the residents well and are able to recognise little changes enabling situations that need to be addressed to be managed quickly.' The management and staff team had a good understanding of people's preferences and current care needs, and were able to answer any questions we had about this.

We observed a number of ways in which staff responded to people's wishes and requests throughout our visit. For example, a person asked whether the television volume could be turned up as the lunch time news had come on. We saw that a staff member immediately responded to this request and checked with the person that the volume was satisfactory afterwards.

People told us that they were happy with how their personal care needs were being met and support was provided with regular baths and showers as they preferred. From speaking with people and looking at their care plans we saw that people were supported to wear clothing of their choice, make up and jewellery as preferred. People looked clean and had been supported to choose clothing appropriate for the time of year. A hairdresser visited the home each week and people told us that they enjoyed their visits to the hair salon within the home. A person told us, "The hairdresser comes here, she is very good."

People were encouraged to visit the home to see if they would like to live there. People, their relatives, and social workers had been involved in comprehensive pre-admission assessments to assess whether people's care and support needs could be met at the home. This included people who were staying at the home as part of the 'hospital to home' contract. Pre admission assessments included information about people's care and support needs along with their likes and dislikes. Individual care plans had been written from this information, with the involvement of people and those important to them. We spoke with a social worker responsible for placing people at the home for a short stay following hospital. They told us, "I can see why they only take people if they can meet their needs. They read our assessment first and then they go out and do their own assessments. It is joint work and they do really well for the people who stay here."

Care plans were written with people about their specific care and support needs and included both short and long term care needs. Care plans outlined how people wanted to receive their care and support and the choices they were able to make for themselves. They included instructions for staff to follow and useful information about people's lives and interests so their care could be planned in line with this. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide.

Information in the PIR stated, 'People are empowered by having opportunities to talk one to one with care

staff, to be part of their care review.' We saw that people were actively involved in care reviews and family and friends were also invited. Staff told us they were kept informed about people's changing care needs and we saw that care plans were regularly updated to reflect this. This ensured that people's changing needs were met at the home.

People were encouraged to pursue their hobbies and interests. The registered manager told us, "We find out what it is they like," and a health professional told us, "No one ever seems bored." We saw that people had a choice of whether they wanted to participate in activities or not. For example, during the afternoon on the day of our visit a staff member asked people if they wanted to take part in a card game. Initially a person chose not to and then decided they wanted to, the staff member respected this and the person won a round of the game. Another person chose to read their newspaper whilst the game took place. A person told us, "If I don't want to take part in things it's ok."

The provider employed an activity worker at the home and other designated staff participated in arranging group and individual activities for people within and outside of the home. Recent and forthcoming planned activities included festive acitvities, craft making and quizzes. Photographs of a number of recent activities were on display in the home. From the notes of a recent group meeting involving people and relatives, we saw that people who lived at the home were involved in making suggestions for activities and these were acted on.

A number of people were involved in activities arranged by a volunteer from a local church. This included flower arranging and coffee mornings. A collage of reminiscence work about people's favourite holiday destinations was on display in the home. Links had also been established with local schools who came into the home, for example to perform carol services. People also took part in regular physical exercise activities and from our observations on the day of our visit it was clear people enjoyed this. A person told us, "We had the man this morning doing the exercises, I enjoyed that."

People were encouraged and supported to take part in social activities outside of the home. This included shopping trips and outings to the cinema, theatre and football matches. A person told us, "If you want to go out shopping you can do as there is always someone to go with you."

People and their relatives told us they knew how to raise any issues or concerns and make complaints if needed. People told us, "Fortunately I have been very lucky. I have had no complaints and have been very happy in all the time I have been here." And, "There's nothing I am not happy with but I would be confident to speak with staff if there was." A relative told us, "I would speak to any of the managers or staff, you can approach anyone here at any time." The provider's complaints procedure was on display in a prominent area of the home for people and visitors to read.

Information in the PIR stated, 'If we have made a mistake we will apologise and make things right.' Information in the complaints record showed that the home had received a small number of complaints in the past year. These had been handled in line with the provider's complaints policy and from the information provided we could see had been resolved to people's satisfaction.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home and thought it was well managed. A person told us, "The manager is lovely and also the deputy, very nice ladies." We saw that the home had received numerous compliments from people, their relatives and health professionals about the service provided. This included, 'You and your staff allowed my grandad to feel safe at a time when he was most vulnerable.' And, 'The Grove and your team really are a credit to the industry as well as a shining example of how people should be treated with dignity and respect.'

Information in the PIR completed by the registered manager stated, 'For me, leadership is holding numerous reins all at the same time and keeping everything in check. It's being able to smile and care for people, listen to relatives, listen to your staff.' The registered manager had been in post for a number of years. Through discussion with staff, and the people who lived at the home it was clear she had a good understanding of people's needs and drove improvement within the service for the benefit of the people who lived there.

The provider and management team gave clear direction to the staff team and ensured they were supported to undertake specific tasks and lead roles. Staff spoken with had a clear understanding of their roles and responsibilities and had a shared understanding of the provider's aim and vision. Staff we spoke with were complimentary about the open and inclusive management style. They told us they felt supported in their job roles and that the management team were approachable. A care worker told us, " Both the manager and deputy manager are approachable. I can discuss anything with them." Another care worker told us if they wanted to speak with the management team they would, "Just go into the office, they listen and are all approachable. They get things sorted pretty quick and are always there to support."

The registered manager was supported by a deputy manager and a team of senior care workers which meant that staff had management support each day. The deputy manager told us they were office based which gave them to time to undertake managerial tasks, however they also on occasions worked alongside the staff team, which they also enjoyed. They told us this arrangement worked well. The deputy manager told us, "I have worked here for 17 years and [registered manager] guides me constructively. I have seen the home grow as [registered manager] works with the committee. She is a very good manager, has great plans for the home and works effortlessly for the people who live here and the community." She went on to tell us about how the registered manager had been key in arranging for the home to be part of the 'hospital to home' contract.

Staff told us they had a good understanding of their role and responsibilities. Staff told us and we observed that they enjoyed their work and valued the service they provided. They told us that they were happy and motivated to provide high quality care. Staff explained they had opportunities to put forward their suggestions and be involved in the running of the home. A variety of staff meetings were held regularly and staff told us these were useful. The minutes of a recent staff meeting identified that this was also used as an opportunity to discuss any lessons learnt and ways to continually improve the service. Staff had a good understanding of the provider's whistle blowing policy, should they need to report concerns to outside of

the home, and told us that although they had not needed to use this, they would be confident to should the need arise.

In order to ensure a good quality service the registered manager was very organised and ensured effective communication between the staff team, people and relatives. This was through staff meetings, staff 'handover' meetings, communication diaries and a staff communication board. A health professional told us, "It is very organised here and proactive."

We asked the registered manager what they felt proud of and what was their biggest achievement at the home. They told us they were proud that the service continually developed and over the past years they had introduced a number of changes and initiatives for the benefit of people who lived there. They spoke about their most recent achievement which was the addition of a communal living room/conservatory which had recently been built. The committee had agreed to this following a proposal put forward by the registered manager in order to create an additional place for people who lived with dementia to relax in. We looked at this room and saw that a number of people were using it on the day of our visit. It had been designed with full length windows and as it faced the front of the home and gave people a good opportunity to sit and observe the world go by. The registered manager proactively participated in ways to work with the community, for example they had participated in Elder Abuse Awareness day and national care homes open day.

People and their relatives were encouraged to put forward their suggestions and views about the service they received. Group meetings called 'focus meetings' involving people who lived at the home and their relatives were held regularly. These were chaired by the family member of a person who lived at the home and the dates of forthcoming meetings were on display so people would know when to attend, should they choose to do so. The registered manager told us that these were well attended. We saw that, following the meeting, people's feedback was provided to the management team and the minutes of the most recent meeting showed that people were encouraged to put their suggestions forward and these were acted on. For example, a suggestion had been put forward for a day out at the seaside. This was facilitated and the majority of people and staff had taken part. In relation to this trip the registered manager told us, "The committee backed us all the way."

Service satisfaction surveys were distributed to people who lived at the home and their relatives in order to obtain their feedback of the quality of service they received. The results of the most recent surveys, distributed the month before our inspection, were being analysed. We saw that responses received to date were very positive in support of the service people received.

Information in the PIR stated, 'This service is overseen by a committee who meet on a regular basis, monitor all finances, ensure that the business is stable and has sufficient money within the bank for any unforeseen circumstances. The Committee members are people who have volunteered and have experience in their own rights.' The provider and management team played an active role in quality assurance and to ensure the service continuously improved . The registered manager produced progress reports for the committee and they regularly met to discuss the service provided at the home. The registered manager told us, "We have regular meetings with the committee, they are supportive. I feel we have a good working understanding. They are always prepared to listen and they want to offer good quality care." The registered manager and the committee drove improvement for the benefit of people living at the home. For example, on going refurbishment of the home was in place and plans were underway for an additional six ensuites to be added to bedrooms.

A range of audits were undertaken to check the quality and safety of service people received. This included

checks on the management of medicines, care records, personal care delivery, staff training and the safety and cleanliness of the premises. Actions were taken in response to any shortfalls identified to ensure people received a good quality service.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.