Smartblade Limited

The Grove Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on the 6 February 2017. The inspection was unannounced.

The Grove Residential Home is a large house with a newly built annexe. It is set in pleasant grounds that are accessible to people living there. The service provides accommodation and personal care for up to 44 older people. Bedrooms are provided on the ground and first floors, and most rooms can be accessed via a passenger lift. At the time of our inspection there were 38 people living at the service.

At the time of our inspection, there was a registered manager in place who had worked with the provider for 18 years. 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.

The feedback we received from people and their relatives was excellent. People that used the service expressed great satisfaction and spoke very highly of the registered manager, deputy managers and the staff. Staff were motivated and committed to ensuring people lived a happy life the way they wanted to. There was an open culture where the management team led by example to ensure people received a high quality person centred service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, no one living at the service was being deprived of their liberty. The registered manager, management team and staff understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded. People were actively encouraged and supported to make decisions relating to their lives.

People using the service felt safe with the staff that supported them. The safety of people using the service was taken seriously by the management team and staff who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises and equipment were maintained and checked to help ensure people's safety.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same members of staff who knew them well. People were fully involved in the care and support they received and, decisions relating to their lives. Staffing levels were kept under constant review to ensure that the right staff were available to meet people's assessed

needs.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. Staff ensured people remained as healthy as possible with support from health care professionals, if required. People were encouraged and supported to maintain as much independence as possible. Systems were put into place to promote people's choice to self-medicate.

People had access to the food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received specialist training where required. People were asked for feedback on their food and action was taken if required.

People had positive relationship with the staff, many of whom have worked at the service for a number of years. People were treated with dignity and respect by staff who also maintained people's privacy. People were supported to develop and maintain relationships with people that mattered to them. The registered manager facilitated regular events which enabled people to spend time with their loved ones. An in-depth programme of activities was available to people which had been developed from their interests.

The registered manager and management team were committed to providing a high quality service to people and its continuous development. People were involved in the running of the service and were continually asked for their views, ideas and suggestions. Processes were in place to monitor the quality of the service being provided to people.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. The service employed a medicines assistant whose role it was to ensure medicines were ordered, obtained, stored and returned as required.

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.

People felt safe when receiving support. People were protected from the potential risk of harm and abuse.

Risks to the safety of people and staff were appropriately assessed and recorded.

There were enough trained staff to meet people's assessed needs and recruitment practices were safe.

Medicine management was safe. People received their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

Staff were provided with the necessary skills, knowledge and guidance to meet people's assessed needs.

Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible. Staff understood the importance of ensuring people were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People were fully involved in the delivery of the service they received.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst encouraging and promoting people's independence.

People received consistent care and support from staff they knew well. Staff were aware of people's personal preferences and

life histories.

People were supported and encouraged to maintain and develop relationships with people who mattered.

Is the service responsive?

Good

The service was responsive.

Activities were tailored to people's individual needs and interests.

People were actively encouraged to give their views on the service they received.

People's care plans contained guidance for staff on how they wanted their needs met. People's plans were reviewed regularly with them to ensure they were receiving the support they required.

There was a complaints procedure in place and people were actively encouraged to raise any concerns or complaints that they had.

Is the service well-led?

Good

The service was well-led.

There was a consistent management team in place who had worked together for a number of years.

Systems were in place to monitor the quality of the service. Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

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 6 February 2017 and was unannounced. The inspection team consisted of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with nine people living in the service and 12 relatives about their experience of the service. We spoke with five staff including, the registered manager, a deputy manager, a team leader, two care staff and the medicines assistant. We asked five health care professionals for their feedback of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at four peoples care files, three staff files, the staff training programme and induction programme.

We asked the registered manager to send additional information after the inspection visit, including the training matrix, providers visit report and the annual survey results. The information we requested was sent to us in a timely manner.

The last inspection took place 10 February 2015, there were no concerns and the service was rated as Good.

Good

Is the service safe?

Our findings

Everyone we spoke with without exception, said they felt safe and that the staff were competent whilst offering them care and support. A relative said, "As a family we are extremely happy with the home. Our mother is well cared for and we know she is kept perfectly safe. We have no worries at all concerning her safety." Another relative said, "We came here following a recommendation and we would highly recommend the home." A third said, "At last we can go on holiday, confident that mother is well cared for and above all safe."

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. Recruitment files kept at the service did not always contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the three files we checked, two did not have a full employment history. Gaps in employment had not been explored and recorded by the interviewer. However, these staff had worked at the service for a number of years and had all of the other checks in place. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

People were protected from the potential risk of harm and abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. People attended regular 'resident's meetings' where people were given the opportunity to raise any concerns that they had. Staff understood the importance of keeping people safe and knew what action to take if they suspected abuse. Staff said that they felt confident that any concerns they took to the management team would be taken seriously and acted upon.

There were enough staff to keep people safe and meet their needs. Staffing levels were determined by people's assessed needs. The registered manager told us these could be adjusted according to the needs of the person using the service. For example, staffing was increased if a person became unwell or they were participating in an activity which required additional support from staff. People told us and we observed call bells being answered promptly. The registered manager told us that they did not use agency staff at the service to cover staff's annual leave or unexpected sickness. The registered manager rostered extra staff on duty to provide continuity and consistent care to people when required.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, diet and nutrition, communication and mobility. Each risk had been assessed to identify any potential hazards which were then followed by the aims and objectives and the 'care intervention' to inform staff how to reduce the risk. The risk assessment recorded if any specific training was required to be completed by the staff team. Environmental risks relating to staff were assessed and recorded online with a copy kept within the service. A system was in place to ensure these were reviewed on a regular basis.

People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their

care plan. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. This included a safe route of evacuation and a plan of the building. People's safety in the event of an emergency had been carefully considered and recorded.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, boiler checks, firefighting equipment, lifting aids and specialise equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. People and staff took part in regular fire evacuation drills. A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. Regular inspections and audits took place of people's rooms, the kitchen and the laundry. Any issues that were identified were acted on quickly. These checks enabled people to live in a safe and adequately maintained environment.

Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then investigated and reviewed by a member of the management team. The registered manager told us that they reviewed any falls people had with the private physiotherapist and occupational therapist that the provider had brought in. The registered manager said, "We review all falls as a group which looks for any patterns or trends that had developed. We produce an action plan if it is needed and any equipment that is identified as being required is purchased." People took part in Tia Chi classes to promote their balance and increase mobility.

People were protected from the risks associated with the management of medicines. The service employed a medicines assistant to oversee the safe management of people's medicines. We spent time with them and observed a well-run and organised system of good practice which protected people from harm. One person told us that the staff supported them to keep their independence with their medicines. They said, "I want to continue doing this for as long as possible. I know the staff will support me when the time comes that I can't do it myself."

People were given their medicines by trained competent senior staff who ensured they were administered on time and as prescribed by their GP.

Medicines were kept safe and secure at all times when not in use. The home had a designated room for the storage of the two medicines trollies and other equipment used for the management of this. An appropriate box was used to store the medicines that were no longer required and records kept of their disposal by the provider and returned to the dispensing chemist. The staff ensured that medicines used for people at the end of their life were stored correctly and accurate records kept of when they were administered by the staff or other health care professionals.

The staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. The registered manager assessed the staffs competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so. Some people were receiving topical creams at the time of our inspection. Documentation was available in people's room to guide staff as to how, when and why the creams were being applied.

Staff had a good understanding of the medicines systems in place and there was a policy in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff. Staff described to us the process they would take should a person's medication change or need to

be reviewed. They ensured that there were no delays in people receiving their new medication as and when it was needed. Staff told us that they had a good relationship with the community pharmacist who delivered their medication.

Appropriate arrangements were in place in relation to obtaining medicines. Medicines were received in a monitored dosage system (MDS). This system is where all the medicines for a given time period were prepared by the pharmacy. We observed an effective system for their storage and monthly ordering to ensure that prescribed medicines would be available for people. Medicines that could only be used for a certain number of days once opened were closely monitored by staff. The medicines assistant conducted regular checks to ensure all peoples medicines were in stock and fit to use. For example eye drops, once opened had the date of opening written on the label which was subsequently checked each week to ensure it had not expired. The staff ensured that there was no excess stock of people's medicines and that all medicines were in date.

Good

Is the service effective?

Our findings

People spoke highly of the food they were given and were given a choice of what they wanted to eat. Observation showed that there was little food waste after lunch and people were offered more if they wanted it. People's comments included, "The food is excellent." And "There is a good choice. We are asked for our views on the menu." A relative said, "I would give this place 10 out of 10. There is variety in the choices of food, which is very nice."

A drink and snack station containing fresh fruit, crisps and snack bars was available to people within the lounge. A beverage assistant was employed and sent around a trolley of hot drinks and biscuits to people who had decided to spend time in their bedroom. The provider employed a fulltime cook and assistant who worked across seven days. The cook told us that they did not have any budget restrictions so they were able to purchase "very high quality ingredients for all meals." The cook held monthly food forums with people to discuss their likes, dislikes and any changes they wanted to make to the menu. Information on the food choices was available in the dining room and also within a menu file in people's bedrooms. A weekly menu was in place with a variety of choices available to people. One person said, "There is a good choice of food which is well cooked. We also like the Chinese night."

People who were at risk of malnutrition and dehydration had been assessed and clear guidance was in place to ensure people's needs were met. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. People's care plans contained information relating to any dietary requirements, food preferences and any specialist equipment that was required. People had their weight checked regularly and staff monitored and recorded people's food and fluid intake. Staff knew the action they should take if they were concerned about a person's nutrition or hydration such as, contacting the doctor or speech and language therapist.

People were supported to remain as healthy as possible. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. During our inspection a visiting hearing specialist told us that they had been called out as a person's hearing aid had been causing them discomfort. The persons' hearing aid was repaired and as a result it stopped causing discomfort. A speech and language therapist told us that the staff followed any recommendations they made effectively to support people's individual needs. They said, "In my experience, staff have provided an excellent service that is caring and person centred."

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. A visiting health care professional told us that the management team acted quickly to call them out when it was required. A GP said, "Any requests for visits we receive are appropriate and timely."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff told us they felt supported by the management team and received the appropriate training for their role. Staff said they were able to request any additional training they felt would benefit them through their line manager, and this would be actioned.

The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role, which would ensure they could meet people's individual needs. There was an ongoing programme of training, this included training in topics such as safeguarding of vulnerable adults, health and safety, first aid, food safety, personal care, infection control and manual handling people. Staff were trained to meet people's specialist needs such as skin integrity, stroke awareness and dementia care. New staff completed the Care Certificate during their induction, this gave staff the knowledge they required to complete their role. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification.

The provider offered staff additional training in subjects such as communication skills, bereavement and loss, report writing, record keeping and person centred care. These additional courses enabled staff to feel confident in their role and provide people with a quality service. Everyone we spoke with without exception said the staff were very professional and appeared well trained. One relative said, "The staff are unbelievable, they go out of their way to help."

Staff were supported in their role by the registered manager and the deputy managers. Systems were in place to ensure staff received supervision with their line manager on a regular basis. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

The registered manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). They had been trained to use these in their everyday practice. Information was given to staff relating to gaining consent and, contained within people's care plans informing staff how people gave their consent. We observed people being asked for their consent before being offered support from the staff. A relative said, "Staff always ask for consent before doing anything." People living at the service had given their consent to their care plan, medicines and the use of any equipment. This information had been stored within their care plan for staff to access. Records showed that the 'best interest process' had been followed when a person made a choice to eat what they wanted, when others felt it was an unwise decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that no one living at the service was being restricted of their liberty.

Good

Is the service caring?

Our findings

People told us they staff were kind and caring. Observations showed that the staff were respectful and showed an empathic manner when speaking with people. A relative said, "Staff are extremely friendly and accommodating. We are extremely pleased and we feel that they try and do the best for the residents." Another said, "The staff are unbelievable, they go out of their way to help." Staff were confident in describing how to maintain people's privacy, dignity and confidentiality. People's consent was actively sought prior to any tasks being carried out. Staff were aware of how to gain someone's consent to care and treatment and we saw examples of this throughout our inspection.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. There was a kitchenette area within the service which people and their relatives could use to make food or drinks for themselves. When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom, in the lounges and the dining room which was respected by staff. The service held regular events throughout the year which involved people and their relatives, including an annual Christmas dinner. A letter which had been received from a relative following the event read, 'To all the management and staff who made the Christmas lunch a tasty, thirst quenching, fun and relaxing day.' Another when talking about a family afternoon tea read, 'A huge thank you to all the staff, for a wonderful afternoon tea. We enjoyed chatting to other residents, their friends and family.' These actions enabled people to maintain contact with the people that mattered to them.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Staff knew people well with many staff having worked at the service for a number of years. People were involved in the planning and delivery of the service they received. One relative told us they had been fully involved in the development of their loved ones care plan and, they felt that the management team "asked relevant questions" in relation to their loved one. People and their relatives were supported to take part in regular house meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. People and their relatives were given copies of the minutes which included agreed actions such as, purchasing a new DVD player and arranging a 'cream tea afternoon party.' A health care professional said, "Managers and care staff are approachable, friendly and knowledgeable about the resident's needs."

People were supported to remain as independent as they wanted to be. For example, we observed staff encouraging people to eat their food independently. People who wished to self-administer their own medicines were encouraged to do so with the help and support of the staff. A relative said, "Staff encourage people to do things for themselves rather than do it for them." Another said, "The staff have built up my mums self-esteem which has enabled her to join in and make friends." A third said, "My mother is a very independent lady and likes to wash and dress herself, make her bed and potter around in her room tidying

up. The staff respect her wishes and commend her for this."

Good

Is the service responsive?

Our findings

People told us they enjoyed living at the service and had their needs met by staff who knew them well. One person said, "I love living here. I wouldn't want to go back home, it's such a lovely life here." Another said, "This is not 'Home' but it is as good as home and I am quite content." A relative said, "It is so nice to see the residents enjoying themselves which they wouldn't do if isolated at home."

Referrals were made directly by the local authority or people and/or their families were able to self-refer. A relative told us they had visited the service for their loved one as, "It came highly recommended from a friend." A comprehensive pre-admission assessment was completed with people, their relatives and a member of the management team. The assessment included information relating to the specific support people required with their personal care needs, communication needs, medical support, social relationships, cultural needs and health, safety and risk support.

Information from the pre-admission assessment form was used to develop care plans and risk assessments with people and/or their relatives. People were involved in the development of their care plan by advising staff how and when they would like their care and support provided. Records showed and people confirmed that they had been involved in the development of their care plan. People's care plan were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to. People's care plans were reviewed with them or their family on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved or supported by staff to be involved in the development and review of their care plans. A health care professional said, "We have found the staff to be caring and proactive in making changes to meet the needs of the residents." Another said, "In my dealings with the home I have always found the staff professional and knowledgeable about the residents in their care. They have always shown the upmost care and concern for their residents." One person had a specific request that they continued to receive Holy Communion, this had been facilitated by the registered manager on a monthly basis.

People were supported in a wide range of activities to meet their needs and interests. The service employed a group of activity coordinators to provide activities to people seven days a week. People were supported to complete an 'activity requirement survey', which enabled activities to be tailored to people's interests. Activities included a monthly library book exchange system, seated dance, music, singers, indoors bowls club and 'themed food nights'. People if required had their cultural needs met by visits from local churches from different faiths. People and their relative told us they felt there was an "extremely good programme of activities." One person said, "Tomorrow one of the girls is taking me out to the local pub for lunch and a pint. I am really looking forward to it." Another said, "The activity girls are such fun. They get us to join in and make us laugh." A third said, "We don't have time to get bored, there is always something going on." The registered manager ensured two activity coordinators were on duty each day. One coordinator would work with people on a one to one basis if they had chosen not to take part in the group activities. One to one activities included board games, crosswords or discussions.

The registered manager worked closely with the private occupational therapist and physiotherapist when the local falls clinic closed. Several people had been using the service to increase their mobility. As a result of the closure the registered manager had arranged to hold a falls clinic within this service. People were able to maintain and increase their mobility with the support of the private health care professionals. One person told us that they had attended the class twice and they were hoping this would increase their mobility. They said, "I have also been given individual exercises that the staff, are helping me with in between." Another said, "The home has arranged private physiotherapy for me and I am hopeful in getting my mobility back." People were given the comprehensive support and guidance they needed to maintain their mobility and help prevent falls. A health care professional said, "The manager is always looking to develop the service for the residents. The falls class provides education and physical exercise and enables staff to continue with supervision of individual exercises outside of the class setting." People told us their mobility had increased as a result of the new classes.

People and their relative's told us they were confident to raise any concerns or worries they had with the registered manager, member of the management team or staff. A complaints policy and procedure was in place which was followed in the event of a complaint being made. The registered manager and management team saw concerns and complaints as a way to improve the quality of the service being provided to people. People were actively encouraged to give their views and raise any concerns or complaints, via group and individual meetings. A relative told us that an issue they had brought to the attention of the management team had been dealt with quickly and appropriately. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been four complaints that had been fully investigated and responded to in line with the provider's policy.

The service also kept copies of the compliments they had received from people and/or their relatives in the form of letters and cards. One letter read, 'The care and respect you gave and the compassion you showed to us was very much appreciated. Things were made so much easier knowing that (loved one) was cared for with dignity and by people who understood her.' Another read, 'It was always a comfort to know that (loved one) was being looked after by a professional team of dedicated, loving carers.' A third read, 'Thank you for your care, attention and kindness to (loved one).' A fourth read, 'It was a great comfort to know (loved one) could remain at The Grove until (loved one) last few days with people (loved one) knew and trusted.'

Good

Is the service well-led?

Our findings

People and their relatives told us that the registered manager and management team were visible, approachable and available when they were needed. One person said, "The managers are lovely and very accessible. You can always have a chat with them and if you have any worries or complaints they sort it out." A relative said, "The home is first class and it would be difficult to find anywhere better." Another relative said, "This is the best home we have seen. Everything is so well organised. The management are open and helpful and our (loved one) has settled well."

The registered manager had worked at the service and with the provider for a number of years. The registered manager told us they felt "very supported" by the provider and said, "(Name) is very aware with what is going on within the home, we are in constant communication." The registered manager also told us that whatever the home required whether a piece of equipment or decorating the provider actioned it straight away. Staff told us they felt appreciated by the registered manager and the provider. They told us they had received a letter from the provider and also a bonus, congratulating them for their work.

Observations with people and staff showed that there was a positive and open culture between people, staff and the management team. Staff spoke highly of the registered manager and management team. Staff were motivated and felt there was a person-centred culture. One member of staff said, "We are like a family, I can go to (registered manager) about anything and she always knows when we are a bit down too." Staff said there was an 'open door' policy where they could discuss any concerns or ideas they had to improve the service with any member of the management team. Health care professionals spoke highly of the registered manager and management team. A GP said, "The home is well led with consistent managers who know their residents well." Another health care professional said, "The Grove appears to be a well-run and professional service that is meeting the needs of the staff and residents alike."

Staff were aware of their role and responsibility in providing a quality service to people. Staff felt empowered by the management team and were continually asked for their views to improve the service that was provided to people. The management team worked a variety of shifts to support members of the team during the night and at weekends. This also enabled the management team to ensure staff were working in a consistent person centred way and, monitor the culture at all times. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager made sure that staff and people were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback about 'what's working and not working'. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. People and their relatives received a monthly newsletter. This contained information about activities that had taken place the previous month, forthcoming activities, staffing changes and feedback the management team had received. As a result of feedback from people three quizzes had been added to

the back of the newsletter for people to complete.

The registered manager and deputy managers had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the deputy managers on a regular basis, including health and safety, medicines management, infection control and a systems audit. The provider also completed an audit of the service, speaking with people, relatives and staff. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits were used to make changes and improve the service provided to people. People were involved in choosing new furniture for the dining room and the garden following an audit. Different varieties of chairs were brought into the service for people to try and make a choice. Records were up to date and were located quickly when needed.