Greensleeves Homes Trust

St Cross Grange

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 15 and 16 August 2017. St Cross Grange provides accommodation and personal care for up to 64 older people some of whom live with dementia. Accommodation is arranged over three floors of a converted Victorian building with stair and lift access to all floors of the home.

The Glade is a ground floor unit where people who live with more complex needs related to their dementia are supported. There are three other areas of accommodation for people; the Yellow Floor, on the second floor of the home, is divided into North and South areas and the Lilac Floor on the third floor of the home. Throughout the home are communal areas both indoors and outdoors for people to use. These include dining areas, outdoor conservatories, veranda and lounge areas. At the time of our inspection 47 people lived at the home and one new wing on the ground floor of the home was not occupied.

At the time of our inspection a registered manager had not been in post since March 2017. 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. A new manager had been employed at the home since June 2017 and had begun the process to register with the Care Quality Commission as the registered manager for the home.

Whilst care plans were person centred, these were not always up to date and an accurate reflection of people's needs. The manager had identified this concern through an audit of care records prior to our inspection and was addressing this matter.

People were supported effectively to make decisions about the care and support they received. Staff followed appropriate guidance and legislation designed to protect people's rights and freedom although records on these matters required improving.

The risks associated with people's care had been identified and assessments made to reduce these risks for people. People received their medicines in a safe and effective manner and the risks associated with medicines were clearly documented.

There were sufficient staff deployed to meet people's needs and ensure their safety and welfare. However the layout of the home meant the manager was constantly reviewing staffing levels to ensure people's safety and welfare and a recruitment drive was on-going. Staff were assessed during recruitment as to their suitability to work with people.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Safeguarding concerns which were reported to the local authority had been investigated and learning outcomes from these shared with staff.

People said staff were caring and had a good understanding of how to meet their needs. Staff cared for people in a kind and empathetic way. People were supported to participate in a wide variety of activities and events. Staff and people who lived at St Cross Grange welcomed people from the community into their home.

People received nutritious food which was well presented and in line with their needs and preferences.

People were able to express their views and be actively involved in their care planning. A system was in place to allow people to express any concerns or complaints they may have and these were dealt with appropriately.

This home was rated good at our last inspection and remains good. However some work was required to ensure accurate and up to date records were maintained in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been assessed during recruitment as to their suitability to work with people.

Staff knew how to keep people safe and there were sufficient staff available to meet people's needs.

Risk assessments were in place to support staff in mitigating the risks associated with people's care.

Medicines were managed in a safe and effective manner.

Is the service effective?

Good

The service was effective.

People were supported effectively to make decisions about the care and support they received. Where people could not consent to their care, staff had followed appropriate guidance and legislation designed to protect people's rights and freedom.

Staff had received training to enable them to meet the needs of people. They knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Is the service caring?

Good

The service was caring.

People were cared for in a kind and sensitive way by staff who had a good understanding of their needs.

People said staff were caring and supportive of their needs. Health and social care professionals said staff were caring.

People were able to express their views and be actively involved in their care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and the registered provider had an action plan in place to review and update these with people and their families.

People were supported to participate in events and activities of their choice and told us they enjoyed these events.

A system was in place to allow people to express any concerns or complaints they may have.

Is the service well-led?

Requires Improvement

The service was well led but changes in the management structure of the home needed time to embed.

A system of audits in the home was being used effectively by the registered provider and new manager to review the safety and welfare of people in the home. An audit of care records had identified the concerns we found with regard to care records and this was being addressed.

The registered provider, manager and deputy manager promoted an open and honest culture for working which was fair and supportive to all staff

St Cross Grange

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.

Two inspectors and an expert by experience completed this unannounced inspection on 15 and 16 August 2017. 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 our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. On 7 July 2017, the registered 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 reviewed the PIR for this home.

People who lived at St Cross Grange were not always able to talk with us about the care they received and so we observed care and support being delivered by staff and their interactions with people in communal areas around the home. We spoke with 16 people who lived at the home and 2 visiting relatives to gain their views of the home. We spoke with 12 members of staff, including the manager, a peripatetic manager, the deputy manager, care supervisor, two senior carers and three members of care staff, a member of kitchen staff and two activity staff.

We looked at the care plans and associated records for 11 people and 12 medicine administration records. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six staff recruitment files and policies and procedures.

Before and following our visit to the home we received feedback from three health and social care professionals who supported some of the people who lived at St Cross Grange.

Good

Is the service safe?

Our findings

People told us they felt safe living at St Cross Grange. One person said, "Oh yes, there is always someone around. I can't fault it." Another told us, "They make sure I am safe, not like when I was at home, I was always frightened. I am not here." Staff said people were safe in the home although they sometimes felt more staff were required to meet people's needs. Health and social care professionals felt people were safe in the home as staff knew people well and understood how to meet their needs.

In July 2017 the Care Quality Commission received two whistleblowing concerns which identified there were insufficient staff deployed in the home at all times to meet the needs of people. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The deputy manager had worked with the local authority to respond to these concerns and monitor and review staffing levels in the home.

During our inspection there were sufficient staff available to meet people's needs. For example, when one person became unwell on The Glade, staff were summoned urgently from other areas of the home through the use of a walkie-talkie system held by staff. Staff rotas showed there were consistent numbers of staff deployed in the home and each of the four areas of the home were supported by a minimum of two members of care staff and a senior carer.

The manager and deputy manager told us they had recognised staffing levels in the home required further review due to the layout of the home and the planned opening of a new area in the home. Although a dependency tool had been implemented to support this, the manager and deputy manager said the tool had not been used effectively to identify the complex needs of people and they were reviewing a more appropriate tool to support this need. A dependency tool is used to identify the needs of people and give guidance on the number of staff required to do this. In the meantime the manager told us an additional staff member had been added to the rotas to support people on The Glade and other staffing levels were under constant review.

Some staff told us they felt there had been times when they were unable to attend to all of people's needs as promptly as needed as there were not always sufficient staff available. They told us that at times some people had required the assistance of two staff to meet their needs may have to wait for support until staff had finished with another person. However, staff felt the new manager had listened to their concerns and was working to review additional staff needs in the home.

Health and social care professionals said staff were always available to support them when they visited. They told us the layout of the home often made it difficult to assess whether there were sufficient staff available to meet people's needs. People told us staff were available when they asked for help. One person told us they would use their call bell to request support from staff. They said, "They come very quickly. It might be longer at night time if they are busy somewhere else". Another person said, "When I call they come, they are busy but that's because we all need help, I understand that." A third person said, "The staff come and help us when we call. It makes me feel safer than at home where we didn't have anyone checking us."

External agency staff were employed when required to ensure adequate staff were available to meet people's needs although with recent recruitment in the home the use of agency staff had been reduced. A recruitment drive was on-going in the home to ensure there were sufficient permanent staff deployed to meet the current and future needs of people. A new wing of the home was planned to open in September 2017 and further staff recruitment was taking place to support the increased needs of people when this was opened. We were assured the registered provider had responded to concerns about the level of staff available in the home and was taking action to address these.

Risks associated with people's needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, choking and mobility. Care records contained up to date and relevant information concerning the risks associated with people's independent movement, including the use of bed rails and falls mats when people received their care in bed. Falls prevention strategies were in place such as the use of pressure mats to alert staff to the movement of people who were at high risk of falls.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place and readily available in the event of an evacuation of the home. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

Staff had a good awareness of safeguarding and the actions they should take if they believed people were at risk of abuse. Training records showed most staff had undertaken adult safeguarding training within the last year and all other staff were due to update this at the time of our inspection. Staff were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. They were also aware of the provider's whistleblowing policy. One staff member told us, "If I ever had any concerns I would go to [deputy manager, manager or care supervisor]. They are always very good at responding to concerns."

Records showed any safeguarding concerns which had been raised in the service had been addressed promptly and effectively by the deputy manager and that they had worked with the local authority to investigate and learn from these events.

People received their medicines in a safe and effective way. They were administered by staff who had been suitably trained and had a good understanding of the policies and procedures around the safe administration of medicines. Medicines were stored and administered safely. A system of audit was used effectively to monitor the administration, storage and disposal of medicines. For example, a recent audit of medicines had identified the need to introduce homely remedies into the home to prevent the over prescription of some medicines. Homely remedies are medicines which can be bought over the counter at pharmacies and include medicines for pain relief, constipation and indigestion. For medicines which were prescribed as required (PRN) a protocol was in place to support staff to administer these safely.

There were safe and efficient methods of recruitment in place. A high number of staff had been recruited in the six months prior to our inspection and recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Good

Is the service effective?

Our findings

People who were able to express their wishes felt they were involved in their care and were offered choices and support to maintain their independence. One person told us, "I can control when I get up. They [staff] help me with my frame." Another told us of the wide variety of food available to them, "The food is very good. I can't fault the food." A third person told us, "I am very independent and like to do things at my own pace. I choose what I want to do and the staff don't interfere but are always there if I need them." Health and social care professionals said staff requested their support appropriately.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent.

Where people had fluctuating capacity or lacked the mental capacity to make decisions staff were guided by the principles of the MCA. However, records did not always reflect these principles were being followed. For example, in The Glade, people's capacity to consent to their care and treatment had been assessed and best interests' decisions had been made involving family and care staff to ensure the safety and welfare of people. These decisions were clearly recorded. However, in the remainder of the home the records regarding consent were less clear. Staff we spoke with had received training in the MCA and were able to tell us how they involved the person's family and health care professionals in making decisions in people's best interests, however the records for these decisions required improvement. There was not always information for staff as to whether a person had selected a legal representative such as a Lasting Power of Attorney to make decisions on their behalf, although this was held in a central office.

We spoke with the manager about this inconsistency in records when applying the principles of the MCA. They told us a review of care plans and records for consistency and accuracy was on-going. Staff had prioritised people who lived on The Glade with high needs for full review of their care plans and further work was being completed on all other records in the home. We have addressed this lack of consistent record keeping in the well led domain of this report.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards.

Fourteen people who lived at St Cross were subject to these safeguards, a further six had been submitted to the local authority for consideration and six were being completed at the home. Staff understood some people had these safeguards in place although sometimes they were not always clear on the reasons for

these. However there was no information in care plans to identify why these were in place, why they were required or any conditions which may be attached to these safeguards. We have addressed this lack of records in the well led domain of this report.

People told us the food was very good and they enjoyed a variety of foods in line with their needs and preferences. One person said, "The food is very good, I can't fault it." Another said, "It [food] is very nicely presented and just enough for me. The desserts are delicious." Staff told us there was always a choice of food for people and they encouraged people to enjoy the social interaction of mealtimes.

People enjoyed a good dining experience at mealtimes in the home. The dining areas of the home were bright, clean and calm environments. Food was well presented and people interacted well with each other at their table with most people able to manage their meals independently. Some people required the use of adapted cutlery and crockery to support their independence and this was provided. For those who required assistance with their meal staff were attentive to their needs and supported them in a calm and efficient way. For people who chose to have meals in their room these were well presented and staff provided appropriate support or ensured people had all they required to remain independent with their meal.

Care plans identified specific dietary needs and the cook had records of these. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. The cook had information about the type of diet people required, any allergies they may have and their likes and dislikes. All food was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs. Staff described how they supported people with nutrition and hydration needs including those whose nutritional intake required monitoring as they had lost weight and required additional supplements with their food.

A program of induction, supervision and training was in place for staff although the peripatetic manager told us the registered provider had sourced a new training provider for all their homes to deliver more specific training packages for staff in the coming months. This would ensure people continued to receive care and support from staff with the appropriate up to date training and skills to meet their needs. Training records showed staff had access to range of training which the registered provider had identified as mandatory for staff. This included: moving and handling, fire training, safeguarding and health safety and wellbeing. Staff told us they were encouraged to develop their skills through the use of external qualifications such as nationally accredited qualifications although staff files were not always up to date with these certificates and records.

Whilst a system of staff supervision was in place, the manager acknowledged a system of staff appraisal was not yet in place but was planned. These appraisals would support staff in exploring development and training opportunities as well as offering protected time for staff to discuss their working role.

Records showed health and social care professionals visited the service when staff requested this of them. For example, care records held feedback from GP's, speech and language therapists, dentists, community mental health team staff and community nurses. Professionals told us staff identified people's needs and involved them appropriately.

Good

Is the service caring?

Our findings

People were cared for in a kind and sensitive way by staff who had a good understanding of their needs. People were valued and respected as individuals and appeared to be happy and contented in the home. Health and social care professionals said staff had good caring relationships with people.

Staff knew people well and used good communication skills as they addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, one person was confused and asking staff why they could not go home to their relative. Staff spoke kindly and slowly with the person, explaining that their relative was coming to visit them later but had some errands to do first. They were reassuring and calm in their communications and encouraged the person to join in an activity of ball games to alleviate their distress. This person reacted warmly to staff and enjoyed activities for the rest of the day. Another person became agitated and walked around the ground floor of the home randomly, putting them at risk of falls. A member of staff spoke calmly with this person to encourage them to walk slowly and view the displays around the home to engage them in activity. This person responded positively to this support from staff who clearly demonstrated they understood how to meet this person's needs. For a third person who had difficulties with communicating staff recognised the signals they used to express themselves such as when they were in pain or wanted to have a drink or food.

At mealtimes, staff were seen to engage positively and cheerfully with people. Throughout the meal there was a high level of engagement between people and staff and people were empowered to express their needs without reducing their independence. Staff offered support with managing meals, cutting up food and providing drinks for people, but always asked permission before completing any intervention. People were respected as individuals and provided time and space to remain independent whilst staff ensured their safety and welfare.

St Cross Grange is an accredited Eden Alternative Home. The Eden Alternative introduces a set of principles which provide a framework to transform traditional approaches to care into the creation of communities where life is worth living and where older people can thrive. It achieves this by focusing on what are referred to as the three plagues of old age: loneliness, helplessness and boredom. Staff had been trained in this approach to care which they recognised allowed them to improve the quality of life for people in their homes.

There was a sense of community in the home where people felt comfortable to visit any part of the home and interact with others, including people from external organisations and the general local community. Staff understood the need for people to feel they belonged in a community and encouraged people to interact and support each other whilst maintaining their privacy and dignity.

For example, when one person returned from a visit to hospital, people welcomed them back when staff brought them into a communal area. For another person who was new to the home, others were keen to tell them about what events were available in the home and generally introduce them to the home. During our inspection two people arrived at the home to live there. Both were greeted warmly by staff who were

expecting them and had prepared their rooms with some belongings which had been sent through from their family and some small gifts to welcome them to the home. Staff introduced the people and provided a warm and friendly reception for them ensuring they were supported to settle into the home quickly.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff always knocked before entering people's rooms and ensured people were provided with privacy when accessing toilets. Staff had a good understanding of how to ensure people's dignity was maintained. One person fell during our inspection and staff were quick to ensure their safety and support them in a dignified way to recover.

People and their relatives were actively involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. Relatives were fully involved in the planning of care for their loved ones although further work was required to ensure these plans were regularly updated.

People were encouraged to discuss their end of life wishes with staff and have these wishes recorded. Feedback from relatives showed they felt staff provided empathetic and supportive care to people as they moved towards the end of their life. We saw staff provided calm, gentle and supportive care for one person who required care close to the end of their life. Music was playing quietly for some of the time in their room and staff were vigilant to their needs and those of their family. Some information in their care plans needed review in light of their change in support needs and this was addressed when we spoke with the manager.

Good

Is the service responsive?

Our findings

People told us they felt staff knew them well and responded to their needs appropriately. One person told us, "The staff know what I like and are always very helpful." Another told us, "I am very new here but the staff really help me to do what I can." Health and social care professionals said staff sought their help appropriately to ensure the safety and welfare of people.

People's needs were assessed before they came to live at the home and these assessments informed their plans of care. Records showed people and their relatives were encouraged to inform this process. People's preferences, their personal history and any specific health or care needs they may have were identified and care plans reflected these.

We saw care plans for people who lived on The Glade and some areas of the home gave clear person centred information on how to care for people. For example, for one person who lived with Parkinson's disease their plan of care clearly identified how this may affect them and how staff should support them to remain independent. Another person did not like to wake early in the morning. Their care plan clearly identified this preference and how staff should ensure their safety and welfare without waking them. We did find that some people's care plans had not been updated to reflect changes in their needs. Whilst staff knew people well and understood how to meet people's needs, the care records did not always reflect the support people required. We have reported on this further in the well led domain.

The deputy manager had worked closely with local commissioners to implement the National Emergency Warning System (NEWS). This system supports staff in identifying any deterioration in a person's condition and reporting this effectively to health care professionals. This work was in its infancy in the home and whilst staff could recognise any deterioration in a person's condition they did not always use this system effectively to record or monitor this. For example, when one person became unwell and required admission to hospital, staff had recorded in daily records the deterioration in this person's health but not used the NEWS tool to fully inform their reporting. The deputy manager told us this system required staff to have further training to support this effectively. This training was being planned and staff we spoke with were aware of the tool and how it could be used effectively.

There was a wide range of activities available in the home to encourage people to socialise with each other and enjoy each other's company. Three activity coordinators worked in the home over seven days and supported planned activities such as games, quizzes, arts and crafts, music, films and reminiscence. These were advertised around the home and in people's rooms to encourage them to participate. An activities coordinator told us, "We advertise activities for each day but if people don't want to do what we have advertised we change this to suit them. We are really very flexible; it's what people want to do." Extra activities were advertised as available for people such as bird watching, walks around the garden and support in reading newspapers and magazines. A large activities room displayed arts and crafts completed by people in the home and these were also displayed around the home. Many areas of the home were adapted to create areas where people could enjoy activities, one to one interactions or just enjoy each other's company including outdoor garden areas and veranda areas which were well maintained and had

raised flower beds or hanging baskets which staff and residents maintained. An activities coordinator told us, "There are three activity coordinators and now we have got some new care staff who are full of energy and new ideas there is lots for people to do." Another told us, "You can't force people to do things, you can stimulate them and that's what we try to do."

People told us there were lots of activities for them to enjoy. One person said, "I mix with most things otherwise you sit around getting bored. There's lots of activities if you want." Another said, "There are so many things to do but I like to sit on my own mostly. The staff encourage me to join in but I like to read the paper and do a crossword." A third person told us, "I have great fun with the staff they get me doing all sorts of things. I love music." We saw people enjoyed playing ball games in The Glade area of the home one morning and staff interacted with people as they watched a film in the afternoon. In another area of the home a game of carpet bowls was being played whilst on the Yellow Floor people sat in a terraced area reading a newspaper and listening to music.

Staff and people at the home embraced community services and local groups such as the Stroke Association, Alzheimer's society and The Princess Royal Trust for carers who held meetings or support groups at the home including an art group who visited on one day of our inspection. One activities coordinator told us how they were exploring the idea of local school children visiting the home to sing or read poetry with people. Annual open days or fetes were held and the local community were welcomed to the home. Activities in the home were an integral part of people's day and people were supported to remain active members of the community.

There were effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns or complaints were investigated and actions from these were implemented. People told us they would speak with the manager or staff if they had any concerns and felt sure these would be addressed promptly.

Meetings were held with people and their family members and the minutes for these meetings were displayed on a noticeboard in the entrance of the home. These showed people and their relatives were kept informed of changes in the home including the appointment of the new manager, changes planned to care plans and family involvement in these and adaptations to the environment. Suggestions made at these meetings including new activity suggestions or environment changes were addressed by the manager.

Requires Improvement

Is the service well-led?

Our findings

People were aware there had been a change in manager at the home. At the time of our inspection a registered manager had not been in post since March 2017 and the deputy manager had been supporting the management of the home with assistance from the registered provider's head office team. A new manager had been employed at the home since June 2017 and had begun the process to register with the Care Quality Commission as the registered manager for the home.

During their initial phase of employment at the home the manager told us they had recognised the need for changes in the home, particularly with documentation and staffing levels. They had taken steps to review standards of care and records at the home and address any short falls they had identified. They acknowledged there was further work to do and action plans were in place to address these issues.

Whilst care records were held securely, they were not always up to date and did not always reflect the care people needed to meet their needs. There was a lack of consistent records in place to show staff were guided by the principles of the Mental Capacity Act 2005 when supporting people who did not have the capacity to make decisions. Whilst some records held clear information on this others held none at all.

Care plans and daily handover sheets had not always been updated to reflect people's changing needs and information. The home employed external agency staff at times who would be reliant on accurate records to be able to meet the needs of people. Whilst regular staff knew people well and understood how to meet most of their needs, records were not always an accurate reflection of these needs. For one person, inaccurate information in their care records meant they were not receiving adequate nutrition or fluids to ensure their needs were being met. Another person could display behaviours which might put themselves or others at risk of harm. Regular care staff were aware of these behaviours and how to support the person; however their care records held no information about this need.

Two people had lost a significant amount of weight over a period of six months. Whilst staff had identified this weight loss, care plans did not always reflect the actions staff had taken to review this. For another person who had been admitted to hospital and been diagnosed with a significant health concern, their care plans did not reflect this or the actions staff should take if they became unwell. Whilst staff knew people well and understood how to meet people's needs care records did not always accurately reflect the support people required in line with their needs.
After attending a morning handover, we could not be confident that information about people changing needs was communicated and shared effectively. We discussed with the manager the issues we had found with some care records in the home and the lack of accurate communication between staff at times. The manager addressed each issue we raised promptly to ensure records were amended to reflect the needs of people and to ensure their safety and welfare.

During an audit of care records in July 2017 the registered provider and manager had identified a need for a new format of care records to be introduced to ensure the care records were a clear and accurate reflection of people's needs. A meeting on 10 August 2017 had identified a core set of care plans for use and this work

had been implemented in some areas of the home and was on-going. Through a robust audit and the actions being taken, we were assured the registered provider and manager were taking prompt steps to address and improve the accuracy of records and ensure the safety and welfare of people.

Incidents and accidents which occurred in the home were recorded and reviewed monthly. However patterns in these events were not always noted and some incidents were not always reviewed in a timely way. For example, incident and accident records between January 2017 and July 2017 showed there had been one hundred and ten unwitnessed falls in the home. These had all occurred in people's bedrooms or in The Glade area of the home. Staff had recorded these events and ensured the safety and welfare of people at the time of the incident. Trends in people's individual fall patterns had been identified and appropriate action taken to reduce risks. For example sensor mats and alarms had been put in place to alert staff if people were at risk of falls. However, the analysis of incidents had not considered whether there was a trend in terms of where within the home the falls had occurred, or the number of staff deployed at the time of the incident. Two incidents reported in July and August 2017 recorded injuries which had occurred to staff whilst supporting people. Neither of these incidents had been reviewed or investigated to ensure the safety and welfare of staff. We discussed these incidents with the manager who told us they would look into these and consider a more appropriate way to review overall incidents in the home.

The registered provider had a system of audits in place to ensure the safety and welfare of people. The manager and peripatetic manager had completed a variety of these since the manager had started and in the week of our inspection these included a medicines audit and health and safety in the kitchen area. Actions identified through these audits had been included in an action plan for the manager which was on-going and included staffing, care plans and medicine management changes. Audits of infection control, the environment, equipment checks and fire safety had been completed. A monthly manager's report was forwarded to the registered provider to keep them up to date with events in the home including incidents and accidents, occupancy of the home, staffing issues and any other matters of concern. The manager told us the registered provider was responsive to these reports and supported them to make changes which were required in the home.

A new staffing structure had been implemented in the home to improve the management of the home and ensure all staff and people who lived at St Cross Grange had the appropriate support available to them. The manager was supported by the deputy manager in the day to day management of the home. A peripatetic manager and a patient liaison manager from the registered provider were working in the home at the time of our inspection to provide additional support for the manager in implementing changes in the home. A care supervisor took overall responsibility for the daily care of people and supported senior carers who were responsible for designated areas of the home. Whilst the senior staffing structure in place provided a strong support network for staff and people who lived at the home, this structure was in its early stages of development and the manager told us they recognised the need for people to be clear about their roles and responsibilities in the home including in the management of records and communication in the home. This work was on-going at the time of our inspection.

The manager and deputy manager promoted an open and honest culture which was fair and supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home.

Staff confirmed the new manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. They felt supported by the manager through supervision sessions and staff meetings. Staff said the manager had brought new and fresh ideas to the home which just needed time to settle in. One member of staff told us they had seen "Huge" improvements in the last few months, "We are now becoming a cohesive unit". Another said, "He [manager] has brought new ideas to the home

and really listens to what we say."

Staff told us the deputy manager had been very supportive throughout the difficult time without a manager in post and that they continued to work well with the new manager. Professionals told us the new manager was working with them and all staff to make improvements in the home.