Grove Care Limited

Olive Tree House

Inspection report

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Date of inspection visit:
10 August 2017
11 August 2017

Date of publication:
06 October 2017

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 10 and 11 August 2017 and was unannounced. The service is registered to provide accommodation and personal care for up to 65 people. The service is also registered to provide personal care (domiciliary care) to people in their own homes, but at the time of the inspection the service was not supporting anyone.

Olive Tree House opened in August 2016 and admissions to the home were well managed. There was a gradual opening of the whole service, and the top floor was finally opened at Christmas 2016. The home was fully occupied in May 2017.

The home is a purpose built, modern, state of the art building with facilities over three floors and passenger lift access to the upper floors. On the ground floor there is a Memory Lane, a set of reminiscence shops including a pub (The Concorde), grocery shop and record shop. Each floor has its own lounge dining room and kitchenette. In addition, there were other communal facilities including a library, sensory room and a roof top garden. All bedrooms had en-suite facilities including a shower plus there were assisted bathrooms on each floor. At the time of our inspection there were 65 people living in the home.

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

People were safe. This was because staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if there were concerns about a person's welfare and who to report their concerns too. The service always followed robust staff recruitment procedures to ensure they employed the right staff and unsuitable staff were not employed. We found that the appropriate measures were in place to protect people from being harmed.

A range of risk assessments were completed for each person and ensured where risks were identified there were plans in place to reduce or eliminate the risk. The premises were well maintained. Regular maintenance checks were completed to ensure the building and facilities were safe. Checks were also made of the fire safety systems, the hot and cold water temperatures and equipment to make sure they were safe for staff and people to use. The management of medicines was safe meaning that people received their medicines as prescribed.

Staffing levels were regularly monitored and adjusted to ensure they were correct. The number of staff on duty was adjusted as and when necessary and based upon the collective care and support needs of the people who lived at Olive Tree House. Staff had enough time to meet people's needs because there were enough of them on duty at any given time. People were safe because the staffing levels were sufficient.

The service was effective. New staff completed an induction training programme at the start of their employment and any new-to-care staff also completed the Care Certificate. There was a mandatory training programme for all other staff to complete to ensure they had the necessary skills and knowledge to care for people correctly. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

An assessment of each person capacity to make decisions was made as part of the care planning process. People were always asked to consent before receiving care. They were encouraged to make their own choices about aspects of their daily life. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were asked about their likes and dislikes in respect of food and drinks and provided with sufficient quantities of both. Specific dietary needs were catered for. The staff took the appropriate action where people were at risk of losing weight. There were good arrangements in place to ensure people saw their GP and other healthcare professionals as and when needed.

The service was caring. Staff knew the importance of developing good working relationships with the people they were looking after. There was a named nurse and key carer system in place and these staff members would link with the person's family or friends. People were given the opportunity to take part in a range of different meaningful social activities. There were group activities and external entertainers visited the service on a regular basis.

The service was responsive to people's individual care needs and adjusted the service delivery when people's care needs changed. There were good assessment and care planning arrangements in place, which meant people were provided with a person centred service that met their own care and support needs. Staff received a handover report at the start of their shift, which meant they were always aware of any changes in people's needs. They made records each day detailing how the person's needs had been met.

The service was well led. The staff team was led by an experienced registered manager and a deputy and provided with good leadership. Staff meetings ensured they were kept up to date with changes and developments in the service.

The registered provider had a regular programme of audits in place, which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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.

The staff ensured people were safe and had received training in safeguarding. They knew what to do if concerns were raised. Recruitment procedures were robust and ensured only suitable staff were employed.

Any risks to people's health and welfare were well managed and the premises were well maintained and safe.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and well supported enabling them to carry out their role.

The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and worked in accordance with this. People were asked to consent before staff helped them with tasks.

People were provided with sufficient food and drink and were able to make choices about what they ate and drank. They were assisted to see their GP and other healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.
People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

Is the service responsive?

Good

The service was responsive.

People received the care they needed because the assessment and care planning arrangements took account of their individual needs. The care and support provided was adjusted as and when necessary. People's voice about how they wanted to be looked after was kept at the centre of decision making.

A programme of meaningful social activities was arranged for people to participate in – these included group activities and one to one sessions. People were listened too and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well led.

There was good leadership and management in place. People's views and experiences were seen as paramount to the success of the service. Staff were well supported.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any events that occurred were analysed to see if there were lessons to be learnt.

Olive Tree House

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 was 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.

The inspection was unannounced and was undertaken by one adult social care inspector. This was the first inspection of Olive Tree House since it was registered in July 2016.

Prior to the inspection, we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with 11 people to varying degrees. Some people were able to tell us about their experience of living in Olive Tree House, whilst others were living with dementia. During the inspection we spoke with five relatives, two relatives contacted us after the inspection as they knew we had visited and wanted to tell us about the service. We spoke with the registered manager, the deputy manager and one of directors. We also spoke with nine other members of staff (qualified nurses, care staff, kitchen and domestic staff and the maintenance person).
We spent a period of time observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was like for those people who could not describe this for themselves. This was because some people were living with dementia or had a degree of cognitive impairment.

We looked at eight people's care files and other records relating to their care. We looked at five staff employment records to check recruitment procedures and checked staff supervision and training arrangements. We looked at key policies and procedures, the audits completed to ensure the quality and safety of the service was maintained. We looked through the minutes of meetings with the staff, the 'residents' and relatives.

We received feedback from health and social care professionals. We asked them to tell us their views and experience of the care and support people received. The feedback has been included in the main body of the report.

Good

Is the service safe?

Our findings

People said, "I feel perfectly safe here", "There is always someone about who can help you", "I have no worries, everyone here is so nice to me" and "All the staff are very kind and talk to me nicely". Relatives had the following comments to make: "I have no concerns about how my mum is looked after", "I am never worried about my husband's safety when I am not here. I visit every day because I want to" and "I have never seen anything bad here. My friend is very safe". Health and social care professional expressed no concerns about the care of people who lived at Olive Tree House.

Staff knew about the different types of abuse and what to look out for because they had completed safeguarding awareness training. Those we spoke with were aware of their responsibility to keep people safe and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Staff said they would report any concerns they had to the registered manager or the deputy manager. Information was displayed in various places throughout the home informing staff, people and their visitors how to report directly to the local authority. Staff also knew they could report directly to the Police and the Care Quality Commission. Since the home opened last year, the staff had taken appropriate action to safeguard people and worked with the local authority where they have been required to protect people.

The service followed safe recruitment procedures to ensure they employed the best possible staff. The measures in place ensured unsuitable staff were prevented from being employed. Pre-employment checks were undertaken and included an interview and interview assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Some people required assistance with moving about and transferring from one place to another. As part of the mandatory training programme all staff had to complete, they were taught about safe moving and handling procedures. Staff needed to support some people to get out of bed or a chair and used hoists or stand-aids and slings to achieve this. We witnessed staff performing moving and handling equipment during our inspection, and they were doing this competently.

As part of assessment and care planning process, risk assessments were completed for each person. These were in respect of the likelihood of skin damage caused by pressure, falls, the risk of malnutrition or dehydration and moving and handling tasks. Where a person needed assistance to move or transfer from one place to another, a safer handling plan was in place. These plans set out the equipment needed to complete the task and the number of care staff required. Risk assessments were always undertaken before the use of bed rails was considered. This was to ensure the use of bed rails did not pose a greater risk for the person. All risk assessments had been reviewed on a monthly basis and amendments made where necessary. For each person, a personal emergency evacuation plan (a PEEP's) had been prepared. These set out the amount of support the person would require in the event of a fire in the event they needed to evacuate Olive Tree House.

There was a programme of checks of the building, the utility services and the facilities, to ensure people lived in a safe place. Specific checks of the fire safety equipment were scheduled to be carried out on a weekly, monthly or quarterly basis and the records confirmed these had been completed. A number of fire drills had been completed had different times of the day, to ensure the staff had the necessary skills and knew what to do in the event of a fire. The provider had a fire risk assessment in place. Water temperature checks were completed at regular intervals. The kitchen staff had a schedule of daily checks to complete and these included fridge and freezer temperatures, hot food temperatures and food storage arrangements. Kitchen staff and domestic staff had a cleaning schedule of daily weekly and monthly tasks. These measures ensured people lived in a safe and clean environment.

The provider had a business continuity plan in place. This ensured there were procedures in place to follow should there be a disruption in the service. Disruptions included adverse weather, unavailability of staff and loss of utility services for example.

All the processes for ordering, receiving, storing and disposing of medicines were safe. People were assisted with taking their daily medicines by the qualified nurses. Their competence to administer medicines safely was regularly checked. The provider had plans in place for senior care staff to have a supporting role in medicine administration following relevant training. For some people clear instructions had been written describing how they liked to take their tablets and we saw the nurse administering medicines in line with people's preferences. Following administration of medicines a record was made that they had been given.

Staffing levels were organised separately for each floor and consisted of nurses, a mix of senior care staff and care assistants and a team leader. The numbers of staff on duty each shift were dependent upon the collective care and support needs and numbers were adjusted as and when necessary. At the time of the inspection, the registered manager had scheduled 12 care staff during the day and eight overnight. There were also two nurses on duty at all times. In addition there were catering and housekeeping staff, activity and maintenance staff and the 'managers'. Staff told us they felt the staffing numbers levels were appropriate and they were able to meet each person's care and support needs. One relative told us they felt the staff did not have sufficient time to be able to 'sit and chat' with people however this was contradictory to all other comments made by relatives and what we witnessed during our visit.

The provider had a team of bank staff who supported Olive Tree House and other homes within the Grove Care group therefore only used agency staff as a last resort when bank staff or permanent staff could not fill any shifts. The deputy manager told us they often worked shifts and liked to do one or two a week.

Good

Is the service effective?

Our findings

People said, "You get everything done for you here. They certainly know how to look after you", "When I use my call bell they come to me fairly promptly" and "I cannot fault anything here. Relatives told us, "I am so glad I moved my mum here. It is so much better than where she previously lived", "So very good, I cannot say any more than that" and "When they came and saw my husband in hospital I was very impressed by what they had to tell me about Olive Tree House. Since he has been here everything has lived up to my expectations". Health and social care professionals told us they had no concerns about how staff at Olive Tree House were looking after people they also worked with.

There was a programme of regular supervision sessions for each member of staff where work performance and any training and development needs were discussed. There was a cascade system of supervision in place with the registered manager supervising the deputy manager, the deputy supervising the nurses and the nurses/team leaders supporting the care staff. Staff confirmed these arrangements and said they were well supported by their colleagues. At the start of each shift the staff coming on duty received a full handover report from the staff going off duty. These arrangements meant staff were made aware of any changes in people's care and support needs.

New staff to the service were given a copy of the employee handbook so they knew what to expect from working at Olive Tree House right from the start. There was an induction training programme to complete at the start of their employment. Those care staff who were new to care work had to complete the Care Certificate within 12 weeks of employment. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to. We saw evidence that news members of staff had completed the Care Certificate and one told us the work involved had prepared them for their role.

The provider had a programme of mandatory training that all staff had to complete. This included moving and handling, fire safety, health & safety, infection control, food hygiene, safeguarding adults/Mental Capacity Act 2005 (MCA)/ Deprivation of Liberty Safeguards (DoLS), diet and nutrition, dementia awareness and person centred care for example. Examples of other training included wound care, death dying and bereavement and challenging behaviours. The training programme ensured staff had the necessary skills to meet people's needs.

Care staff were encouraged to undertake health and social care diploma qualifications (previously called a National Vocational Qualification (NVQ)). At the time of the inspection 24 of the care staff had achieved at least a level two diploma qualification in care, or an equivalent qualification.

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. An assessment of a person capacity to make decisions was carried out when a new person moved in to the service within the first 48 hours. Referrals were submitted to the local authority as soon as it was identified the person could not consent to

living at Olive Tree House to receive the care support and treatment they needed. Best interest meetings were held for any person where it was deemed they lacked the capacity to make specific decisions and records were kept of who was involved. We saw these records in people's care files in respect of decisions about personal care and medicine administration. We found that the service was working within the principles of the MCA and applying for DoLS appropriately.

People were encouraged to make decisions about their day-to-day life and have a say regarding how they wanted to be looked after. Staff were aware of the need to ask for people's consent and we heard them asking people for their agreement before they provided any care. Examples of this included offering people choices about food and drink and asking for permission to assist them with personal care tasks.

People were provided with sufficient food and drink. Their preferences regarding what they liked to eat and drink and any food allergies were recorded in their care plans and the catering staff were notified. Instructions were also passed to the kitchen staff regarding any other specific requirements, for example the need for soft textured foods or specific diets.

Feedback we received from people we spoke with during the inspection was very positive regarding the food and drink they were served. They said, "The meals are always nice", "There is a lot of choice and I look forward to my meals", "The meat is always nice and tender" and "We can have our breakfast at a time of our choosing. I like to eat my meals in my room because I sometimes make a mess and I don't want the others seeing that". Immediately after out inspection two separate relatives, who knew we had inspected the service, contacted CQC. They told us they were not satisfied with the quality of the tea time meals, saying they were "boring and repetitive" and "not appropriate for someone with difficulty swallowing". These comments contradict the feedback we received during the inspection. We shared these views with the deputy manager and one of the directors of Grove Care.

As part of the overall assessment of each person, any nutrition or hydration risk was identified and then reviewed on a monthly basis. Body weights were checked on a monthly basis but this was increased to weekly if there were concerns about weight loss. It was evident staff took appropriate action where people were losing weight, the GP was advised and fortified foods and drinks were provided by the service.

The menu plan was changed in line with the seasons and meals were prepared using fresh fruit and vegetables. All meals were homemade including cakes and birthday cakes The chef's motto was, "If I wouldn't eat it, it wouldn't be served". They told us alternatives were always available if a person did not like the planned meals. People were able to eat their meals in their own bedrooms but were encouraged to have their meals in the dining room to make it a social occasion. Cold drinks, snack foods and fruit were available in the lounge/dining rooms and hot drinks were served mid-morning with biscuits, after lunch and mid-afternoon with homemade cakes.

There was a contract in place with one of the local medical practices to provide GP services to the home. Each Tuesday the GP visited Olive Tree House and worked with a dedicated nurse. The GP saw those people who needed a health review however the nurse provided a brief overview of each person. The GP did not raise any concerns with us regarding the care of their patients. The service was supported by the mental health in-reach team and healthcare professionals from community teams, for example physiotherapists and occupational therapists. Foot care specialists, the community dentist and opticians visited regularly.

Olive Tree House is a care home with nursing for up to 65 older people. People will have either general nursing care needs or were living with dementia. Facilities in the home were located over three floors with a 17 bedded nursing unit based on the ground floor. The other two floors were dementia care units. The

building is a purpose built care home designed around the needs of the older person and in particular those people with dementia or cognitive impairment. There was one passenger lift plus secured staircases, which meant all parts of the home were accessible for people with impaired mobility. Level access into the home was from the car parking area. There was a small grassed area at the front of the property and 'balcony sitting areas' to the rear of the property. Within the ground floor the provider had developed a Memory Lane area consisting of a sweet shop, a record shop and a Concorde pub complete with local memorabilia. From the first floor there was access out to a 'dementia friendly' roof top garden.

Good

Is the service caring?

Our findings

People told us, "I am so well looked after, the staff are angels", "All the staff are very nice to me, they always have a smile on their faces and listen to me if I am anxious about something" and "Very caring, I get on really well with the staff and like them to talk about their husbands and children. I have always liked to gossip". Relatives told us, "I cannot fault it here. Mum is always so clean and her clothes are colour coordinated. It's very important to mum to look nice", "When I visit, we are always welcomed in to the home and offered refreshments" and "The staff look out for me as well and make sure I am keeping well". Health and social care professionals who provided feedback after the inspection, said people were well looked after at.

We asked relatives and staff if they would recommend Olive Tree House to friends and family and received a resounding yes. One relative told us they wished the home had been opened when their mother had needed a care home, because then they would have had good care right from the word go. Another told us they had thought long and hard about placing their husband in a nursing home but had been pleasantly surprised about Olive Tree House.

It was evident people were treated with great respect and dignity. People looked well cared for, and were smartly dressed and clean. Their privacy was maintained at all times. Personal care was always delivered in privacy with bedroom doors closed. We saw that care staff were discreet when offering to help people in the communal areas who needed personal care assistance. The service not only treated the people they cared for respectfully but were also respectful to visitors and families. Staff told us they were treated well by the providers, their colleagues and the management team.

During the inspection, all staff were seen to interact with people in a kind and compassionate manner. This included the registered manager and deputy, the care staff, the housekeeping catering and maintenance staff. People were generally referred to by their first names having been asked by what name they liked to be called. Where people were hard of hearing we found that the staff used appropriate volume and tone of voice when speaking to them. It was evident there was a caring culture in Olive Tree House.

Positive interactions between the staff team and people included seeing a staff member sat at a dining table with three people and talking about the weather and holiday places they had visited, a conversation about a lady's nice jumper and favourite colours and a member of staff walking hand in hand with a person and having a sing song.

The service had received many thank you cards and we looked at a sample of these. We would suggest that the registered manager date these cards to show when they had been received. Examples of what families had written include the following: "We witnessed lovely interactions between staff and residents", "Your staff are compassionate and fully committed. Duty of care is exceptional", "X is so settled and had nothing but praise for you all" and "Superb Easter party and the commitment of staff is exceptional".

Staff spoke about the people they were looking after lovingly and with respect. Each person was allocated a named nurse and a key carer. This role enabled them to get to know the person better and have a good

understanding of what the person liked, disliked and their preferences. 'This is Me' documentation was used to record the person's past life and families were encouraged to help record this information.

We heard people being offered choices in respect of activities, food and drink and staff respected the decisions they made. People were treated with kindness and were responded to promptly. It was evident that the staff really cared for the people they looked after and wanted them to have the best possible time.

The service looked after people with palliative care and end of life care needs. The deputy manager and the nurses were syringe driver trained and therefore able to administer pain relief medicines to ensure people were kept as comfortable as possible. The service looked after people who were funded under continuing health care arrangements. They told us they had no concerns regarding the care provided by the staff at Olive Tree House. The nurses and GP ensured end of life medicines (called anticipatory medicines) were prescribed in readiness when people needed them. Anticipatory medicines included pain relief and other medicines, to manage distressing symptoms. This meant the service was prepared for a sudden deterioration in a person's condition and there was no delay for them receiving the treatment they needed. A number of the thank-you cards received by the service had been sent by families whose relative had passed. Comments included the following, "Thank you for all the care and support you provided. She spent her last few days peacefully", "You brought so much fun, laughter and joy into X's life (and ours) in the last year" and "All the staff are filled with such love, care and compassion".

Good

Is the service responsive?

Our findings

People said, "I am very satisfied with the help I get", "They asked me how I wanted to be looked after which is nice of them. They are so kind to me", "They know I like to have my meals in my room and they bring them in to me every day" and "Staff seem to know everything that I need help with. I don't have to worry about a thing". Relatives told us they were very satisfied with the way their family member was looked after and were contacted if there were any changes they needed to know about. Health and social care professionals felt the service was responsive when there was a change in a person's care and support needs.

People's care and support needs were assessed before they were offered placement in Olive Tree House. These assessment were undertaken by either the registered manager or the deputy and ensured the home was the right place for the person. The assessment also ensured the staff team had the required skills and experiences and any specific equipment was available. The assessment covered all aspects of the person's daily life, any healthcare needs and the person's expectations. The information gathered during this assessment was used as a basis for further assessment on admission and then completion of the care plan.

Care plans were in place for each person. We looked at a sample of plans and found them to be detailed and provided accurate information about how the person's care and support needs were to be met. The plans were person centred and it was evident the person or their representatives had been involved in making decisions about their care and how they were supported. Care plans were reviewed on a monthly basis and amended as and when necessary. When people's needs changed, their new needs were identified and a new plan of care agreed.

Other care records included daily care notes written by the nurses and care staff, repositioning charts, fluid and food charts, behaviour charts and topical medicine administration charts. These forms were checked at the end of the shifts by the nurses to ensure they had been completed correctly and also audited regularly. Those we looked at had been completed appropriately.

The service employed activity organisers and there was a four weekly plan of group activities arranged. The provider placed great emphasis on the importance of meaningful social activities. One of the activity staff told us, they had trialled new activities, some were successful, others were not. Details of the programme were displayed on the noticeboards on each floor but these were "not set in stone" and could be changed depending upon what people wanted to do. The programme consisted of quizzes, crosswords and word searches, poetry sessions and sing-a-longs, armchair exercise, men's club, church service and a book club.

External entertainers visited the home examples included tortoise, donkey and pet therapy visits, musicians and singers The activities took place on either of the three floors and people were assisted to go to the activities they chose to attend. The home had a hair salon and a hairdresser visited the service twice a week. Families were also able to use the hair salon. The activity organiser also liked to spend one to one time with those people who were either unable to attend group activities or did not like to. The activity organiser had put together an activity pack that care staff could use when they were not there. This provided suggestions

of activities they could organise for people to provide stimulation.

The service had access to a minibus and trips were arranged on a regular basis. A trip was planned to the M Shed in Bristol in August. In the past there had been trips to the football and the rugby. People who lived at the other Grove Care homes also attended these trips, which meant that people from Olive Tree House were able to socialise with others outside of the home. The service had recently had a garden party to celebrate their first birthday and pictures of the event were displayed throughout the home. A monthly newsletter was produced by the activities staff and distributed to each person and their families. The service also subscribed to the Daily Sparkle, a reminiscence newspaper and this was used to start conversations with people.

People told us if they were at all worried about anything, or had any concerns they would tell a member of staff. Some people were unable to communicate their concerns and staff said they would know a person was upset if their behaviours changed, or by observing their body language or facial expressions. People and their families were provided with a copy of the service user guide. This contained a copy of the complaints procedure. A copy of the complaints procedure was also displayed in the main reception area. There had been one formal complaint received by the service since Olive Tree House opened and records showed it had been handled correctly and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff members told us they thought the home was very well run and the registered manager provided good leadership. People said, "The manager always comes to see me and asks how I am feeling", "Everything is top notch here" and "I am very impressed with the nurses, the managers and the care staff. Everything runs so smoothly". Relatives were very complimentary about the service and the way it was run. One said, "I moved mum here from another care home and it is so good. All care homes should be like this". Health and social care professionals we spoke with had no concerns about the safety and quality of care provided and felt the home was well run.

The service prided itself in having a modern approach to care particularly in respect of the environment, their person centred care planning approach, appropriately skilled staff and a total commitment to caring for people with respect and dignity.

The staff team were led by a registered manager. There was also a deputy manager, who had previously worked in a sister home run by Grove Care Limited. Both managers were qualified nurses. The staff team was made up of nurses, senior care staff and care staff, activity staff, domestic and kitchen staff and a maintenance person. During office hours, visitors were welcomed in to the service by a receptionist and administrator. Either the registered manager or deputy did one midday to 8pm shift per week in order for there to be a management presence in the evenings. The registered manager told us these arrangements had been put in place following feedback from relatives. A daily walk-around was completed and it was evident from going round the building with the registered manager during the inspection that they knew people well.

The registered manager had a schedule of regular staff meetings. These included a seniors meeting last held on 7 July 2017 and activity coordinators meeting on 6 July 2017, a nurses meeting on 10 October 2016 and a full staff meeting on 29 March 2017. Staff were encouraged to make suggestions about different ways of doing things or activities that people may enjoy. Records were kept of all meetings and a copy of the meeting notes were displayed in the staff room for those to read and sign who could not attend. The registered manager told us there were plans for each of the floors to have their own separate staff meetings.

The last 'residents' meeting had taken place in May 2017. People were asked for their views about food, activities, planned changes (for example shaded cover for the roof top garden) and changes to the church service (from once to twice a month). Previous meetings had been held each month since the beginning of 2017. There had been three relative meetings held since the beginning of 2017 the last being in July 2017. In these meetings relatives were encouraged to have a say about the service and make any suggestions. One example of a change that had taken place as a result of feedback from relatives was the presence of either the registered manager or the deputy one evening a week until 8pm.

Quality assurance questionnaires had recently been sent out to people, their families and health and social care professionals in order to gather feedback on how the service was doing Fourteen completed

questionnaires had been returned so far. People were asked about the quality of personal care, the management of staff, the premises the three most impressive aspects of the home and the three least. In the 14 responses received so far there were positive comments regarding cleanliness and food, activities, the premises, communication and the care provided. The registered manager told us when all forms had been returned the results would be analysed and where negative comments had been received, an action plan would be put together where improvements could be made.

The provider had a programme of audits in place to check on the quality and safety of the service. Audits were completed in respect of the environment, health and safety including fire safety, infection control, care documentation, accidents and incidents, safeguarding events, pressure ulcers, body weights and nutrition, medicines and the incidences of falls. Some of the audits were completed on a monthly basis whilst others were completed three or six monthly. Care plans were reviewed on a monthly basis by the nurses and the care staff and a sample was then checked on a three monthly basis in the audit process. There was a monthly analysis of falls. A high risk falls checklist was used to check whether any equipment was required with the aim of reducing or eliminating further occurrences. This meant the service was able to identify any trends in the events and then be able to make changes. Any complaints received were audited, again in order to look for any trends. In addition, one of the directors had taken a lead role in checking the quality and safety of the service.

One of the directors of Grove care had taken a lead role in monitoring the quality of the service and visited the home on a regular basis to complete monitoring visits. One of the other directors had strong links with the local authority, care provider forums and the safeguarding adult's boards. The providers were committed to following best practice and strived to provide people with the best possible care.

The registered manager and the deputy were aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about. Both were aware when notifications about deprivation of liberty applications had to be submitted to the CQC.

The provider's policies and procedures were kept under regular review and in general were aligned to the fundamental standards of care and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We pointed out to the registered manager that previous legislation was still referred to in the medicines policy.