St Philips Care Limited

The Grove Care Centre - Thurnscoe

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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 8 and 13 September 2016. The home was previously inspected in December 2013, and at the time was meeting all regulations assessed during the inspection

The Grove is a 28-bed home providing personal care for older people. The home is set out over two floors and has a combination of single rooms and double rooms, 26 of which have en-suite facilities.

There was a registered manager in place. 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.

Safeguarding alerts had been made when needed. Staff understood the procedure they needed to follow if they suspected abuse might be taking place.

Risk assessments were in place for people who needed them. They were specific to people's needs..

Emergency procedures were in place for staff to follow and personal emergency evacuation plans were in place for everyone. A robust procedure for recording fire drills was in place.

There were sufficient staff on duty. People told us there was enough staff on duty day and night to meet their needs.

Medicines were managed appropriately. The service had policies and procedures in place to ensure that medicines were handled safely. Medication administration records were completed to show when medicines had been administered.

Certificates were in place to ensure the safety of the service and equipment used. Maintenance and fire checks had been carried out regularly by the service.

Robust safe recruitment processes were in place.

Staff performance was monitored and recorded through a system of supervision and appraisal.

People were supported to maintain their health. People spoke positively about the nutrition and hydration provided at the service. Staff understood the procedure they needed to follow if people became at risk of malnutrition or dehydration. However some of the care plans had not been updated to reflect the persons changing needs.

Staff demonstrated good knowledge and understanding of the requirement of the Mental Capacity Act 2005and Deprivation of Liberty Safeguard and knew what action they would take if they suspected a person lacked capacity.

Each person was involved with a range of health professionals and we saw records to confirm this. From speaking with staff we could see that they had a good relationship with the health professionals involved in people's care.

People spoke highly of the service and the staff. People told us they were treated with dignity and respect.

People, and where appropriate their relatives, were actively involved in care planning and decision making. This was evident in signed care plans. Information on advocacy was displayed within the home and was available should people need it.

Care plans detailed people's needs, wishes and preferences and where person-centred. People's life history was documented. However, some care plans had not been reviewed and updated when changes had

occurred.
Activities were planned in advanced and displayed on a large notice board within the home. We saw that people participated in activities and people told us there were a range of activities on offer.
The registered provider had a clear process for handling complaints.
Staff told us they enjoyed working at the service and felt supported by the registered manager. Staff told us they were confident any concerns would be dealt with appropriately. We could see from our observations and from speaking to people and staff that the registered manager had a visible presence at the service.
Quality assurance processes were in place. Records confirmed these were completed on a regular basis. However, the audits failed to identify areas where action needed to be taken.
Accidents and incidents were monitored to identify any patterns and appropriate action was taken to reduce risks.

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

People told us they felt safe living at the service. Relatives said their relatives were kept safe.
People were supported by sufficient numbers of suitable, experienced and skilled staff.
People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.
Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.
Risks had been identified and managed appropriately. Systems were in place to manage risks to people. Although some improvements were identified

Is the service effective?

Good

The service was effective.
Staff were trained to an excellent standard that enabled them to meet people's needs in a person-centred way. Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.
People were supported to access external professionals to maintain and promote their health
Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences

Is the service caring?

Good

The service was very caring.
Relatives told us staff were exceptionally caring and provided person centred care.
People were treated with dignity and respect by staff who knew them well.
Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.
Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.
There was a large range of individualised activities on offer at the home. These were enjoyed by people and were mentally stimulating.
Procedures were in place to investigate and respond to comments and complaints.

Is the service well-led?

Good

The service was well led.
The vision and values of the home were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this.
Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.
here was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way the home was managed.

The Grove Care Centre - Thurnscoe

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.'

The inspection was undertaken by one inspector on the 8 and 13 September 2016 and was unannounced.

Before the inspection we reviewed the 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 reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with 7 people who used the service, the registered manager, the Deputy Manager, the regional manager and five members of staff. We spoke with four relatives and three health and social care professionals who had supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four care plans which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits, as well as other records involved in the running of the service.

Good

Is the service safe?

Our findings

People who were able to told us they felt safe. One person said: "It's a fantastic place you feel safe. "Another person said "Yes, I do feel safe." A relative said "since [my relative] came in here I can relax because I know she is in safe hands, it's such a relief. A third person said "Its brilliant here, [my relative] came here for a week to try it out and chose to stay here."

The provider had safeguarding policies and procedures in place to guide practice. This set out the types of abuse that can occur in care settings and guidance to staff on how it should be reported. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. The staff we spoke with showed they understood their role in safeguarding people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. The staff training records showed staff had received safeguarding training and updates and the staff we spoke with confirmed this. We looked at safeguarding information we had received from local authorities regarding suspected abuse of people using the Grove. Records showed that the provider had submitted the appropriate referrals and notifications to CQC and to the local safeguarding team.

We looked at arrangements for managing risk to ensure people were protected from harm. People or their relatives had been involved in planning their risk assessment. Risk assessments identified individual risks relating to people falling, diet skin care and mobility. Risks to people were assessed and care plans put in place to reduce the risk of them occurring. Where a risk was identified further assessments took place to assist in taking remedial action. For example, a risk assessment for one person showed they were at risk of falls. This led to a moving and handling care plan being produced. Three risk assessments that we looked at were not up to date and did not correspond with the person's needs. A risk assessment covering areas such as medication, mobility, and nutrition and hydration had been completed. However, changes in the persons needs had been identified in the monthly review document but the risk assessment documentation had not been updated to correspond with the current level of support needed. We spoke to the registered manager about this who told us they would review the care plan and risk assessments immediately. On day two of the inspection the manager had reviewed the risk assessments and updated the care plans accordingly.

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available throughout the service to help reduce the risk of cross infection. Risk assessments were in place associated with the day to day running of the service. Regular checks were made in areas such as water temperature, emergency lighting and fire alarms Smoke alarms and emergency lighting was tested. Regular fire audits and evacuation drills had been carried out. People had individual emergency evacuation plans in place (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People's medicines were managed safely and people spoke positively about the support they received. Staff

had access to a medication policy that contained guidance on how to support people with their medicines. Medicines stocks were monitored on a regular basis to help ensure people had access to the medicines they needed. One person said, "They make sure [my relative] gets their medication." People's medicines were managed and given to people as prescribed, to help ensure they received them safely. There were photographs in place for each person requiring medicines, a list of staff signatures and people's allergies were noted. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. People who were able had signed to consent to staff administering their medicine. Medicines administration records (MAR) were in place for each person and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

We reviewed four people's MARs and saw they were accurately completed to show when people had taken their medicines. Where people did not want their medicines or they had not been given for some other reason the appropriate code was used to record this.

Medicines were stored in a clean and secure treatment room. A lockable medicine trolley was used during medicine rounds. Where appropriate, medicines were stored in a medicines fridge whose temperature was monitored to ensure they were within safe ranges. The temperature of the treatment room was also monitored on a daily basis.

Controlled drugs were securely stored. Controlled drugs are medicines that are liable to misuse. Records were kept of the total amount of controlled drugs stored as recommended in national guidance and required by the service's own medication policy.

We looked at the records of a person at the service who used topical medicines such as creams or patches. We saw that information about these was recorded on their MAR and body maps were used to identify where the topical cream needed to be administered. The date of opening was also recorded on the cream.

Recruitment procedures minimised the risk of unsuitable staff being employed. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Applicants for jobs were required to complete an application form setting out their employment history, and we saw in recruitment records that any gaps in this were explored at interview. Two written references were sought (including, where possible, from a previous employer) and proof of address and identify obtained. Disclosure and Barring Service (DBS) checks were carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We looked at three staff files and these confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Accidents and incidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. The registered manager said they monitored accident and incident reports to see if any trends requiring remedial action were occurring. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents. One relative told us" [my relative] was having a lot of falls and the staff did everything they could to minimise the risks. The person told us" they got bed rails and mat sensors on the floor so that they knew when [my relative] was moving about."

Staff told us they would not hesitate to whistle blow (tell someone) regarding any concerns they had. One staff member told us, "I have never known anybody have to whistle blow, but if they did [the registered manager] would sort it out". Another staff member told us, "I know all staff here would whistle blow if they saw something they were worried about."

People and their relatives said they felt the staffing numbers were sufficient to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people

appropriately at all times, for example at mealtimes and during activities.

Good

Is the service effective?

Our findings

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. Staff told us, "They are a brilliant company to work for; they encourage you to develop your skills." Staff said they received all the training they needed to support people effectively. The registered manager showed us an induction checklist with details of mandatory training completed and competencies checked. Mandatory training is training the registered provider thinks is necessary to support people safely. Staff received training in a number of areas, including first aid, moving and handling, infection control, fire training and equality and diversity. Staff also received additional, specialist training if a person using the service had a particular support need. For example, staff had previously completed training in end of life care so they could effectively support people at the end of life. One member of staff we spoke with said, "If I spoke with the registered manager they would put me down for any additional training." Staff had completed specialist dementia training and were able to give specific examples of how they had used this to improve their work.

Newly recruited staff completed an induction programme. This consisted of an introduction to the service's policies and procedures, fire safety training, medication awareness, equality standards, infection control and training based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One member of staff told us about their induction process. They said, "the training has been fantastic, it's a fantastic place I feel supported."

Staff spoke positively about the training they received. The registered manager told us I have recently completed the Bee Inspired Dementia Care programme and we want staff to recognise that we need to enrich people's lives." Another said, "The training is fantastic, we reflect back on our practice and the training we have had and see how we can make a difference. "I have just completed dementia and equality and diversity. It gives you more confidence with your job. I feel so much more confident about working with people with dementia."

This training was refreshed annually to ensure staff were aware of the latest best practice. The registered manager monitored staff training on a chart. This showed staff had completed mandatory training. Where there were gaps in training plans were in place to ensure staff received it.

The registered manager told us that staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions were carried out approximately every three months and appraisals annually. Records confirmed that these were taking place, and that staff were able to raise any support needs they had. For example, one member of staff had requested some training in activities and a specialist dementia course had been arranged for them. They told us "The training was fantastic; it helped you understand the sensory needs of a person with dementia. For example, thinking about using different coloured plates and mats at dinner time and turning the plate round If they were only eating form one side." At appraisals, staff reviewed there overall performance over the last year and were asked if they needed any additional support.

Staff told us they felt supported by their supervisions and appraisals. One member of staff said. "They are a great staff team, they are all so supportive." Another member of staff told us,[the managers] "they are brilliant they have even done training with families. They did role play with families where they asked people to think what it would be like if they were the person with dementia. It really made the families think about

what it is like for a person with dementia." "
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 16 people were subject to DoLS authorisations. This was clearly recorded in their care records, along with any restrictions on the authorisation. Staff had a good working knowledge of the principles of the MCA. One member of staff told us, "We always try to give people choice, we never automatically assume people can't make decisions." Another member of staff told is. "Even if its simple everyday decisions like what they want to drink or to eat we make sure they get a choice."
The registered manager described how capacity and best interest assessments were arranged if staff thought people may lack capacity, which was in keeping with the principles of the MCA. Records confirmed people were supported to access other services to help them make decisions if they lacked capacity, such as Lasting Powers of Attorney (LPA) or Court of Protection appointed Deputies.
Some people had made advance decisions on receiving care and treatment and 'do not attempt cardio-pulmonary resuscitation' (DNACPR) orders had been completed by relevant professionals. The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held within the health and social care professional completing the form.
People were supported to maintain a healthy diet. When people started using the service their nutritional needs and preferences were assessed. This assessment used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan. People were regularly weighed to help monitor their health.
At the time of our inspection no one was using any specialist diets such as soft or pureed food, though some people had fortified foods to help them maintain their weight. The cook had a good understanding of people's dietary needs and preferences and was able to discuss these in detail. A four week rotating menu was used, but the cook said people were free to choose whatever they wanted to eat if it was not on the menu.
Staff were able to tell us whether the people they supported had specific dietary needs and if so what they were. The registered provider supplied the service with a menu that had been developed with the input from the residents and cook. The cook said they were free to adapt this to meet people's preferences.
Most people chose to eat in the communal dining room, but could eat in their rooms if they wished. People and their relatives spoke positively about the food at the service. One person said, "The food is good here, they even ask you if you want something to eat." Another person told us, "the food is really good here; [the named person] put weight on since they have been here." A third person we spoke with said, "the foods really good here, you don't fancy what's on the menu staff ask you what you fancy."
People were supported to access external professionals to maintain and improve their health. People and their relatives said staff helped to arrange visits from clinicians whenever they were needed. One person told us "the person was losing weight and they called in the dietician straight away." A relative we spoke with told us, " [my relative] was falling a lot and they had a falls assessment completed to see how they could improve their balance, a physiotherapist now comes in and does exercises with [my relative]]. They have improved by leaps and bounds." Another relative told us "They have a great relationship with the GP, they ring them with any queries or concerns, and [my relative] was deteriorating and losing weight. They were on to the GP straightaway and they included me in all the decisions about [my relative] care and treatment."

Care plans contained records of visits from GPs, district nurses, speech and language Therapists, physiotherapists and other professionals. This meant people were supported to access the healthcare they required when they needed it.

Throughout the home we saw clear signage and visuals at eye level that were useful for orientation this was then supplemented by words with pictures, images or recognisable symbols. Throughout the home there was a range of objects for people living there to engage with. This included things themed sets of material items and memorabilia which promoted different thoughts and memories. For example there was an area dedicated to mining for all the people who had worked in the mining industry, another area was dedicated to social outings and included a range of hats and scarves and sensory tactile objects.

Good

Is the service caring?

Our findings

Everyone we spoke with was overwhelmingly positive about the staff and the management team. Relatives and external professionals said they could not fault the service. They said the staff were exceptionally considerate, kind and caring. For instance, one relative said, "I work on the principle when [my relative] sees me they smile and when [my relative] sees staff here they smile." Another relative said they are brilliant here, nothings too much, if we ask them to do anything they do it." Another person said "The standards of care are very high because it's about what the residents want it is very personalised." Other comments included "In a care home there are people who come to work and there are people who come to work because they care, and they all come to work because they care here" and " I came here the other day and they were sat in the garden having a lolly and afternoon tea, it was lovely. It's such a relief to know [my relative] is happy here." The staff are always friendly, open honest and they communicate with you its like home from home."

We checked four people's care plans and found each one had a great amount of detail about each person. They were centred on each person's individual needs, and set out how staff should provide care to people. The care plans included information about what was important to the person and how best to support them. The care plans also included pictures of specific moving and handling processes and details of any specific health problems people had. The notes we checked showed that staff were providing care and support to each person in the manner set out in their care plan.

We found staff we spoke with were very knowledgeable on different people interests and how their dementia affected them. The staff could describe in detail their knowledge about these areas. Many of the people we spoke about had very specific preferences, and staff demonstrated their knowledge of this when describing how they met each person's needs Throughout the inspection we observed staff that were sensitive to the important things and the little habits and ways a person liked things to be done, when they needed support. For example, staff told us about a lady who loved to go shopping they were able to take her out to the local community shopping but they also set up a shop with a range of traditional where the lady could choose items weigh them out and pay for them. Another example, the registered manager told us about was how they supported a person to keep in contact with their family via skype. One member of staff said "Its fab what the registered manager has done to try and support people with dementia." The registered manager told "we want staff to be inspired; we want them to recognise that we need to enrich people's lives. I always want to make a difference. Every day I think what can we do better whether its contrasting table mat covers or helping someone develop their life books. Every day I dedicate my life to thinking what can I do differently."

We saw that care delivered was of a kind and sensitive nature and that staff demonstrated genuine affection, care and concern for the people living there. We saw that staff addressed people with warmth and kindness, and understood people's needs extremely well. We saw that the atmosphere within the service, and the interaction between staff and people using the service, was

spontaneous, friendly and engaging. Staff showed concern for people's wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable. Staff interacted with people positively and used people's preferred names. We saw that people's dignity and privacy were respected and relatives said they always experienced this to be the case. For example, staff knocked on doors before they entered and they asked people before supporting them.

Staff we spoke to told us it was important to ensure that all people who lived at The Grove were being

treated with dignity. They explained it was a basic human right, not an option and that staff were all times compassionate, person centred, efficient, and willing to try new things to achieve this.
Health and social care professionals we spoke with said, "Staff are very caring. They take a personal interest in every person and strongly advocates for people, to make sure they get the best service possible. For example staff had identified a medication review was required and ensured this was achieved in a timely way to ensure their needs were met." Another professional told us, "Its clean its bright and it doesn't smell like a nursing home, they keep a good eye on people here. I come here every week and they always give me a verbal update on how the person has done. Staff know what's happening."
We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The interaction between staff and people they supported were inclusive and it was clear from how people approached staff they were happy and confident in their company. During the inspection we observed staff supporting people with a sense of fun and spontaneity, for example both staff and people living at the service broke into song on a number of occasions and people were sat in the garden laughing and joking and enjoying the sunshine.
One member of staff talked about the" big achievement" of all the staff, carers and people living at the Grove. They talked passionately about how staff and carers had come in their own time to renovate a derelict area of the garden. On inspection we saw that the area had been transformed with ramped access, planted raised beds and new garden furnishings that had been donated. The staff member told us about their open day which celebrated the lives of the miners in their village because they had two miners in their home and all the families were connected to mining one way or another. The registered manager told us how families had donated mining memorabilia which was on display in the dining room area.
One relative told us about a training session that the registered manager had organised for families to understand what it is like for there family members to live with dementia. They talked about how this helped them to care for and have a better understanding of their relatives condition and how best to support them.
At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us about people who had used advocates in the past, and records confirmed this. People were provided with information on how staff could support them to access advocacy services in the statement of purpose guide they received when they moved into the service. These meant procedures were in place to ensure people could access advocacy services should they be needed.
No one was receiving end of life care at the time of our inspection. The registered manager acknowledged how important it was for staff to feel comfortable and confident to support people at end of life. The registered manager told us that staff had attended end of life training and the care plans included information about individual choices and preferences at the end of life.
The registered manager explained how one person they had supported at end of life care had asked them to read to them from the bible. The staff explained how they did this and how it comforted the person at the end of their life.

Good

Is the service responsive?

Our findings

On the day of the inspection we observed people receiving person-centred care. Person-centred care is a way of helping someone to live their life and to focus what is important to and for the person.
One person told us, "I can't fault this place; they are fantastic, they are so responsive
[my relative] started losing weight and started deteriorating. They were so responsive; they involved us in all the decisions about care and treatment. They involved the GP and they made changes to [my relatives] diet [my relative] is different again. A professional visiting the service told us "staff always know what's happening, they come to the door and they know I am and why I am here, they are lovely."
During our inspection we looked at four care plans. Care plans began with 'personal information'. This contained a photograph of the person and detailed the person's personal details such as date of birth, previous address, doctor, optician and dentist contact details A 'personal history' document had also been completed.
People were assessed in a number of areas before they started using the service. These assessments covered their likes and dislikes as well as their support needs in areas including communication, skin care, and mobility, sleeping and eating and drinking. Care plans were then developed based on people's assessed needs and preferences. For example, one person's mobility care plan stated they needed a rollator to move around the building for short distances and the support of someone when [the person] is mobilising outside. The same persons care plan said that when dressing staff should ensure they start dressing from the left side and records confirmed that this was being done.
Care plans were reviewed on a monthly basis to ensure they reflected people's current support needs and preferences. From the records we looked at we could see that some of the care plans required updating as the needs of people had changed. For example, a nutrition and hydration care plan that we look at had stated the person was not at risk of dehydration .However, in the daily records it stated that that the person was not eating and drinking and needed constant encouragement. We could see that there had been changes in the risks associated with eating and drinking but a new care plan had not been developed to support this. We spoke to the registered manager about this and on the second day of the inspection the registered manager had reviewed and made the necessary changes to the care plans.
Care notes were used to record any changes in people's support needs, what they had been up to that day and the results of any medical checks. This helped to ensure that staff coming onto shift had up-to-date information on how they should support people.
People were supported to access activities they enjoyed. The service employed an activities co-ordinator, who provided a range of activities. The service placed a strong emphasis on providing personalised activities. Activities that were organised included hymn singing, baking cinema, gardening, news and book reading, bingo and activities that focused on reminiscence. One the day of inspection we could see that a large number of people who used the service participated in a singing session and some people decided to sit in the garden and enjoy a shandy. Staff encouraged people to join in the activity. We saw that some people chose to have quite time in their rooms or in the lounge area. Another member of staff showed us memory boxes and life story books that captured important elements of a person's life. The staff member told us these are great for finding out about people's lives and them often help if someone is feeling anxious because we can use the photographs to help relax them. "Throughout the day we saw people being asked or encouraged to be involved in social activities.

The activities co-ordinator said that this helped ensure staff could spend quality time with people and give them person-centred attention. Photographs of people participating in recent activities were displayed in communal areas around the service.
Meeting people's religious and cultural needs was part of everyday practice at the service. Staff were able to describe how people's religious customs were respected and a range of pastoral visitors and church leaders visit the home.
People and their relatives spoke very positively about the activities on offer at the service. One person said, "It's a lovely environment {the person} loves to read and to have her nails done, or you come here and if the weather is nice they can sit in the garden." A relative we spoke with told us, "The level of activities on offer is great." Another relative said, "you come here and they ask you if you want anything to eat or drink, you always feel welcome."
Procedures were in place to investigate and respond to complaints. People were provided with guidance on how to raise complaints in the service user guide they received when they moved into the service. A complaints policy set out how issues would be investigated and the time frame for doing so. In the 2 months up to our inspection no complaints had been received. People and their relatives said they knew how to complain or raise issues should they need to. One person said, "I have only ever complained once and the registered manager sorted it out straight away."". A relative we spoke with said, "The manager has made it clear that if we have any concerns we must tell her and she will sort it out."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2013.

There was exceptionally positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team.

Staff said that all of the members of the management team were very good at their jobs, exceptionally caring, very approachable and always put the needs of the people who used the service first. Staff we spoke with said, "I feel supported by the management team if we ask people will help, we are a good team and complement each other."" Another said, "The manager and deputy are brilliant, they are approachable and they advise you. "Another person said" "The registered manager and deputy are very strict, its crystal clear leadership and they encourage you to develop."

Relatives we spoke with told us the registered manager and staff were all exceptionally good, knowledgeable and understanding. They told us they managed the service well and listened and dealt with anything they raised. One relative told us, "There is strong leadership, the registered manager said if you have any problems tell me and I will sort it out."

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "We reflect back on our practice because we want to make a difference, if you have a problem we help each other. We want it to be a home not regimented."

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress. We had identified on inspection that the care plans and risk assessments were not always up to date and that the care plan audits had failed to pick this up.

An annual feedback questionnaire was sent to people using the service, their relatives and staff. This had last been done in October 2015. The registered manager had analysed the results of this survey and had taken action where suggestions were made. Comments included "This is the third Home my Mother has used locally and the level of care etc. at the Grove, far exceeds that at the other Homes." Another comment was "More and more residents are visited by families with cars, resulting in shortage of parking spaces. Suggest increasing number of car parking spaces." Comments from professionals included I am confident in the care provided by staff at the Grove. They do not hesitate to contact Memory Services should they have concerns about a client and respond well to my input and suggestions. Comments from staff included "We have been asking for a four weekly rota. We do not get it even now we have a senior doing the rota for the four weeks and it gets kept in the office which is no good to us. We can't book appointments due to this. I feel contracts should be increased and also we should be valued in a job like ours for better pay. Minimum wage for carers is an unfair wage. We work weekends and no extra pay which should be looked into." In response to this the registered manager spoke to the regional manager about wages and organised monthly staff meetings for staff to express their concerns.

The registered manager was responsible for audits of infection control practice and medication, which were

carried out weekly. Where these identified issues requiring remedial action a plan was drawn up and monitored by the registered manager until it was completed. The registered provider carried out monthly audit of the service. This included areas such as the kitchen, care plans and the physical environment. The registered manager said they would be notified of any issues picked up by those audits and would take remedial action

The registered manager investigated safeguarding alerts and accidents and incidents in a timely manner and informed the local authority and CQC when needed. Safeguarding's and accidents and incidents had been thoroughly recorded and any action taken as a result had been accurately recorded by the registered manager.

From our discussions with the registered manager and staff we could see they followed the visions and values of the service and people who used the service were at the centre of this. We could see that staff had taken appropriate action to raise concerns and the manager ensured CQC and the local authority were notified in a timely manner of incidents which occurred at the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.