

Gracelands Care Home Limited

Gracelands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 June 2018 and was unannounced. This was a first inspection of a newly registered service. At this inspection we rated the service as Good.

Gracelands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides personal care to a maximum of 43 people, some of whom are living with a dementia and/or a physical disability. At the time of the inspection there were 32 people who used the service.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures helped to ensure people were protected from the risk of abuse and avoidable harm. Staff had received safeguarding training, and were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with people.

Systems were in place to ensure people received their prescribed medicines safely. Staff had been trained in the safe administration of medicines. We did note the room in which medicines were stored was on occasions too hot. However, the registered manager was aware of this and had obtained some quotes for air conditioning and was awaiting a date for fitting.

Risks to people's safety and health were assessed, managed and reviewed. We did note that risk assessments were generic and did not identify individual measures to keep people safe. However, the registered manager was aware of this and was to review and update all risk assessments. People and relatives told us there were sufficient numbers of staff on duty to ensure people's needs were met.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles.

People were supported to have a good diet which met their needs and preferences. People told us they liked the food that was provided. People were supported to access health professionals to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood people's different ways of communicating and how to make people feel valued. The home had a strong and person-centred culture. We received feedback from people, relatives and professionals which was very positive about the quality of life that people experienced. People told us the staff were kind and caring and treated them with dignity and respect. The service recognised the importance for people of maintaining close family relationships and provided the support required to make this happen.

People's care needs were met in a way they liked. Individual care plans included the appropriate information to help ensure care was provided in a person centred and safe way. Where people were supported at the end of their lives, this was done with dignity and kindness.

The service had a clear process for handling complaints. The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them and ensured information was available in different formats and fonts.

The service was very well led by the registered manager and providers, supported by a dedicated team. There were quality assurance systems in place to help monitor the quality of the service, and identify any areas which might require improvement.

There were regular meetings with people who used the service and surveys for people who used the service had been undertaken. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

The registered manager had worked hard to develop links with the local community.

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.

There were safe systems in place to manage people's medicines. The provider had policies and procedures in place to protect people from abuse and harm.

Risks to people's safety and health were assessed and reviewed. However, risk assessments were generic and did not identify individual measures to keep people safe.

The registered manager reflected on incidents and implemented learning from these occurrences. There were systems in place to protect against the risk of infections spreading.

There were sufficient numbers of staff in place. The provider had systems in place to check staff's experience, character and suitability for their role.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, induction and ongoing support in their role.

People were supported with eating and drinking and specialist diets were catered for. People had access to healthcare services when required and their needs were assessed using a range of assessment tools.

The provider had made adaptations to make the service more suitable for people living with dementia.

The principles of the Mental Capacity Act 2005 were adhered to. People's rights and freedoms were respected.

Is the service caring?

Good ●

The service was caring.

We observed many kind and caring interactions between staff

and people.

The privacy and dignity of people was maintained and information was maintained confidentially.

People were given choice and were involved in making decisions about their care.

Is the service responsive? **Good** ●

The service was responsive.

Person centred care plans were in place and these were up to date and reviewed on a regular basis. Staff were familiar with the content of plans.

People took part in a plentiful supply of activities and outings.

A complaints procedure was in place and people were confident their complaints would be responded to. Information about how to make complaints was available.

Is the service well-led? **Good** ●

The service was well led.

People, staff and visiting professionals spoke highly of the registered manager and the way the service was run.

There was a clear management structure in place. The registered manager had a good understanding of the needs of people who used the service.

There was a system of auditing in place to monitor the quality and safety of the service.

Gracelands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We inspected Gracelands Care Home on 1 June 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to Care Quality Commission (CQC) by the registered manager. We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided. The feedback we received did not raise any concerns about the service.

We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included four people's care records and medicines records. We also looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service. We spoke with twelve people who used the service and nine relatives. We spoke with the registered manager, deputy manager, the providers, the HR manager, the cook, three care staff and three housekeeping staff.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person told us, "Yes I do. This is my second time I have been here. I just know it's okay. If I need anything, I just ask. It's just the atmosphere [which makes me feel safe]. Things I don't even think about, they [staff] do for me." Another person said, "I feel very safe. The staff are good and I get help straight away." A relative commented, "When mum first came she was very anxious. After coming here, they [staff] changed her tablets. She is quite happy. She calls staff her angels." Another relative told us, "I've been away on holiday for the first time and thought my mums safe and getting looked after." A staff member told us, "The home is always safe. We have pressure pads on some mattresses so we would know if people are getting out of bed, then we can go and help them. By using the buzzers, people can call us if they need us. Some people have bedrails to stop them falling out of bed. There's always somebody [staff member] upstairs and somebody [staff member] downstairs checking that people are better and safe."

Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and they knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

There were enough staff on duty during the day and night to ensure people's needs were met and they were safe. The registered manager told us staffing levels varied according to need, the number of people receiving care and if people were attending medical appointments or taking part in activities and outings. One person told us, "I keep them [staff] on the trot because I am always on the toilet, but there's never any complaints and they come straight away." A relative commented, "Quite happy with staffing. No cause for concern on that."

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored safely and securely. Staff had been trained in the safe administration of medicines. We did note the room in which medicines were stored, was, on occasions too hot. However, the registered manager was aware of this and had obtained some quotes for air conditioning and was awaiting a date for fitting.

Risks to people's safety and health were assessed, managed and reviewed. We did note that risk assessments were generic and did not identify individual measures to keep people safe. For example, one person was at risk of choking and the documented control measures included for staff to be aware of the signs of choking and for staff to receive training in clearing a person's airway. However, the risk assessment did not detail the person was now cared for in bed and the position they would need to be in when they

were eating and drinking. We spoke with the registered manager about this who told us they had also identified the need for risk assessments to be individualised to each person. They told us they were to review and update each person's risk assessment by the end of August 2018. All staff we spoke with during the inspection were extremely knowledgeable about the people they care for and their risks.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on gas safety, the fire alarm, fire extinguishers and the electrical installation. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

During the inspection we looked at some bedrooms, toilets, and communal areas and found that the environment was clean and staff followed safe infection control practices. Personal protective clothing such as aprons and gloves were readily available for staff to use. A staff member told us, "We wear gloves and aprons when we provide personal care and there are different colour gloves and aprons for using at mealtimes so we can be sure that we are supporting people to eat with a clean apron and not one that is used to [provide support to people]."

Staff were aware their responsibilities to raise concerns, to record accidents and incidents and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "The staff are brilliant they know exactly what I want and need." Another person told us, "I think they [staff] are well trained as they certainly look after me well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager demonstrated a clear understanding of when it was necessary to apply for an authorisation to deprive somebody of their liberty to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place.

Staff explained what was happening and obtained people's consent before they provided day to day care and support. However, we did note that some consent forms within care plans were not signed by people. We pointed this out to the registered manager who told us they would take action to address this. Staff offered people choices each day, even when they were assessed as not having capacity to make some decisions. Staff acknowledged that this did not mean they could not make any decisions and how they wanted to spend their day, what to eat and what they wanted to wear.

One staff member told us, "I always ask people, finding out how they feel, like if they are in pain. Those with capacity can answer. They tell us if they've got pain and where the pain is. We've got residents who are 96 years old who have full capacity and can tell us everything and make their own decisions. But we also have younger people who have no capacity. We still approach these in the same way, but for them we have to look for the signs that people show to indicate that they are happy with what support you want to give. We make the effort to get to know these people very well, so we can always make decisions for them in their best interest."

Care records we reviewed included detailed assessments and care plans. The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. We found that people who used the service were supported to have a good quality of life. They were supported to have as

much choice and control over their lives as possible and people's decisions and choices were respected by staff.

Staff confirmed that they had regular supervision; this was a one to one meeting with the registered manager. Staff told us the registered manager and other senior staff were always available for support. Through supervision it could be identified if further support was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wanted to develop further or training they wanted to receive. The registered manager told us they had undertaken supervision with all staff as they had wanted to get to know staff, build up a relationship and show they were approachable. One staff member told us, "[Name of registered manager] is great, you can speak to her about anything." Another staff member commented, "I've received regular supervision and everyone receives regular supervision with the manager. Our supervision is very helpful. I hope to be able to give staff supervision soon and have already received my training to do this."

People were supported by well-trained staff that knew them well and had the skills to meet their needs. The provider had employed a training manager to deliver training to the staff. Records showed newly appointed staff undertook the Care Certificate induction. This is an identified set of standards used by the care industry to help ensure care staff provide compassionate, safe and high-quality care and support. One staff member told us, "I had a great welcome to the home. I spent time shadowing other staff to learn the care routines and get to know how each resident likes their support. Staff then shadowed me working to make sure that I was working OK. I've done lots of online training. We watch a video and then answer questions to make sure we have understood. The next one I'm going to be completing is about end of life. I have completed my dementia friend course, and have a little badge I can wear to confirm this."

People were supported to have a good diet which met their needs and preferences. People told us they liked the food provided and confirmed there was always a choice. One person said, "The food is beautiful and the fish on a Friday is lovely." We spoke with the cook who told us, "The ingredients used to cook are top quality. We get fish from the fishmongers and the meat is excellent quality. We get good mince beef with no fat."

We observed the lunchtime meal served in a communal dining room and saw that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We found that these assessments were kept under review and amended in response to any changes in people's needs. A health professional wrote and told us, 'I have found the staff easy to deal with, and they seem to know their residents really well. Off the back of some malnutrition training I recently did at the home, they have made some positive changes with regards to nutritional screening, including changing their paperwork to the Malnutrition Universal Screening Tool (BAPEN) and [deputy manager] has put in place a spreadsheet detailing resident's weights and MUST scores. Subsequently, a recent audit found that 100% of MUST tools checked were completed and correct, compared to 60% prior to training.' The Malnutrition Universal Screening Tool (MUST) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses,

social workers, speech and language therapists and chiropodists. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met. However, we did note records of visits from health professionals were not kept in order of each practitioner or by dates of visits or appointments. This meant it was difficult to track the input and response from any one professional with regards to an aspect of the persons health.

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There were comfortable lounges with ample seating for everyone and designated dining areas so people could enjoy a meal together. The environment throughout the home was warm and welcoming and appropriate for the people who lived there. People's individual bedrooms included personal items to help create a homely feel.

There was an accessible garden that people enjoyed. The registered manager told us they had researched dementia friendly environments from the University of Stirling prior to the decoration and refurbishment of the service.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I'm very happy here, it's just like home. Everybody [staff] is good, kind and helpful." Another person told us, "I have nothing but praise for the lovely, kind and caring staff." A relative commented, "When my wife needed to go to hospital they [staff] sent her there, and when she came home they were all lined up welcoming her home, it was really rather wonderful." This same relative also said, "This is not a home, it's better than being at home. It's like my wife and I have the extra family."

Relatives told us staff were keen to provide people with person-centred care and they demonstrated empathy and understanding of each person's individual needs. One relative told us how the person who used the service could become agitated and upset. They also told us how this person had limited communication but how staff just had a way of understanding them. One relative said, "Staff really, really care. We've seen staff with mam when she is agitated. [Name of staff member] was kissing and cuddling her and mam cuddled them back. [Name of staff member] talked mam down. It was so reassuring." This relative also commented, "[Name of another staff member] seems to just know how to communicate with mam, like squeeze my hand if it's a yes. They [staff] can understand more than we [family] can now."

People were supported to celebrate important events in their life. When people had birthdays, staff ensured that the day was celebrated and family members were invited to share the celebrations. The registered manager told us a care staff member took the lead for making sure their day was special by talking to the person about how they would like to spend their day and who with, what they would like to eat and if they would like a cake. One person told us they had recently celebrated a special birthday. They said, "I didn't want a big party but family and friends came. We used the big room [lounge]. It was lovely, we had tea and cakes."

Relatives told us how they were made to feel welcome at the service. They told us how they had been encouraged and supported to carry on with what was important to them before the person who used the service had moved into Gracelands. They told us, "They [registered manager and staff] are very obliging. On a Thursday morning we used to go to nanas and grandads as a family. We have still carried on this family tradition which has been lovely."

We found staff at the service were very welcoming. Staff spoke to people at every opportunity. The atmosphere was relaxed and friendly, with staff and people who used the service enjoying friendly banter. Staff were passionate about their work and demonstrated a kind and caring approach with all the people they supported. We saw they actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way. One staff member told us, "I always think about it if the person was my gran. How would she want to be looked after? She would never leave the bedroom without looking tidy and her hair brushed. And so, I make sure that no one I care for here, leaves their room unless they look tidy and has had a hairbrush."

Staff understood and respected people's individual human right to be treated with dignity and respect and to be able to express their views. We observed this in practice during the inspection. From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs. One person told us, "Oh they [staff] only come into my room if I need them. They are very good with dignity. They ask if I need help and I usually do. They knock before they come in." We saw staff provided reassurance and encouragement when people were mobilising with their walking aids.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

People received care that was tailored to their individual needs. One person commented, "They [staff] are just so lovely and I'm very well looked after." One relative told us, "The staff are lovely. If there's a problem they are on to it."

Care was personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had a good understanding of all the needs of the people they were supporting. Care records were person centred and had lots of detail about what was important to the person, people's preferences, their personal history and any specific health or care needs they had were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff. In addition, there were detailed plans of care for how the person liked to spend their day and their night time routine.

During the inspection we observed staff were prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. People's care needs were reviewed as their needs changed. When one person's nutrition assessment changed they quickly involved the dietician and implemented changes which included staff monitoring the person's food intake.

People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. People told us they took part in regular activities and had regular outings. One person told us how they really enjoyed knitting. They showed us a beautiful selection of blankets they had knitted and were selling for a few pounds. They told us they were giving the money to Gracelands social fund to spend on activities and outings for people who used the service. This person told us about a new knitting group that had been set up in the home that included people who used the service, relatives and staff. We were invited to join in the group on the afternoon of the inspection. Although relatively new, the knitting group was well attended with some people who used the service just attending for a chat. We saw how discussions took place about favourite colours and how people enjoyed this social occasion.

There were other activities taking place such as baking with the cook who worked at the service and regular coffee mornings. The registered manager and staff took every opportunity to celebrate special times in the year such as Valentine's Day. We saw photographs of beautifully set tables and people who used the service and their partners enjoying quality time together. One person had enjoyed the occasion so much they wrote to the registered manager and said, 'I just wanted to say a very big thank you to you and those who helped to provide a wonderful Valentine's Day tea. You will never really know how much it was appreciated as this was my first celebration of Valentine's Day with [my husband] in [many years] of marriage.'

May 2018 had been a busy month as people, relatives and staff had celebrated Dementia Week with a full

schedule of activities from 21 May until 27 May 2018. Amongst other activities the service had hosted a BBQ, a band rehearsal, a coffee morning and a 1940's fancy dress theme day for everyone. People and relatives told us how much they had enjoyed these activities. One relative told us, "We [the family] come in and spend quality time with grandad at coffee mornings, karaoke and dancing. We are making more memories."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. People told us they were able to speak with the registered manager and staff if they had any concerns. The complaint procedure was readily available. One person told us, "I would speak with [registered manager or deputy manager] if I was worried, they are both lovely." A relative told us, "It's a family run business. They want to listen to us; they want to know what's going on. There's never any need to complain because they have listened and acted before it ever gets that far. Anything you raise is always actioned straight away."

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. We read some compliments from relatives of people who had received end of life care at the service. One read, 'He was happy at Gracelands, which he hadn't been for some time, and he appreciated the genuine interest and concern shown to him. One staff member who was going off duty for a day, called in as she was leaving, explained that she wouldn't be in the next day and gave him what turned out to be his last hug that he was aware of. My only regret is that he wasn't there for longer, as those were his best few days in his last few years.'

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service since it opened in June 2017. The registered manager had a good knowledge of people's care needs, likes and preferences, as well as the day-to-day workings of the service and the governance structures in place.

People, relatives and professionals spoke positively about the registered manager and staff and told us the service was well led. One person said, "[Registered manager] is absolutely lovely and so friendly. She makes time to chat with everyone." Another person told us, "[Registered manager] is so friendly, approachable and helpful." A relative said, "The management here are absolutely fabulous. I'm really pleased that my wife is living here if she cannot live at home." Another relative commented, "[Registered manager]. She has been brilliant from the start and keeps me informed."

Staff told us they thought the registered manager was extremely approachable and the service was well led. One staff member said, "I love working here. The residents and the staff are great and [registered manager] is fantastic." Another staff member told us, "If we were worried about anything, we can speak to [registered manager or deputy manager]. They will do everything they can to help us out, [the registered manager's] brilliant." Another staff member commented, "It really is well led here. We can talk to her in our appraisals. The home is well organized and well led. We have all of the policies we need to complete our paper work well. It really is brilliant here."

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility from all staff and the management team. There was a clear management structure. The registered manager was supported by a deputy manager and a team of highly motivated staff. A professional wrote and told us, 'I have attended the [people who used the service] in Gracelands since it reopened. I find the staff kind and courteous to the [people who used the service] and always happy to help. The [people] areas are always clean and tidy. [Registered manager is pleasant and approachable if I have any concerns. I have never had any concerns regarding care at Gracelands.'

The registered manager had an excellent knowledge of the people who used the service and the staff who supported them. The registered manager spent time in all areas of the service which enabled them to constantly monitor standards.

The registered manager and other staff carried out many quality assurance checks and audits to monitor and improve standards at the service. This included checks on care records of people who used the service, medicines, the environment and staff records.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were regular meetings with people who used the service and discussions took place about activities and outings, food choices and any concerns. We looked at meeting notes and saw that people who used the service had requested that bread and butter be served with their fish and chips. When we inspected on 1 June 2018 we noted that fish and chips were on the menu for lunch. We observed lunchtime and saw that bread and butter was served. This meant people could be confident that issues within the service or requests would be dealt with.

Surveys for people who used the service had been undertaken. This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

Although the service had only been registered for a year, the registered manager had worked hard to develop links with the local community. Children from local primary schools had visited to sing to people who used the service. Representatives from the Women's Institute had visited and looked round the care home and discussed 'a day in the life of a resident at Gracelands.' Guisborough Theatre Group had held productions throughout the year and had invited people who used the service to attend free of charge

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.