Ratan Care Homes Limited

Grove House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	**Good** 
Is the service safe?	**Good** 
Is the service effective?	**Requires Improvement** 
Is the service caring?	**Good** 
Is the service responsive?	**Good** 
Is the service well-led?	**Good** 

Overall summary

We carried out this inspection on 7 May 2015. The inspection was unannounced.

Grove House is registered for a maximum of 29 people offering accommodation for people who require nursing or personal care. At the time of our inspection there were 19 people living at the home.

A requirement of the service's registration is that they have 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. At the time of our inspection a registered manager was in post.

Summary of findings

At our last inspection in September 2014 the home was found to be compliant in all areas we inspected.

People and relatives consistently told us care provided at Grove House was good and there were enough staff to support them with their care needs.

People's health and social care needs were reviewed regularly with appropriate referrals made to other professionals, however sometimes there was a delay in referrals being made. Risk assessments were completed but at times did not reflect changes to their needs.

Staff knew about safeguarding people and what to do if they suspected abuse. Medicines were stored securely and systems ensured people received their medicine as prescribed.

Checks were carried out prior to staff starting work at the home to ensure their suitability for employment. Staff received training to do their jobs effectively and were encouraged to continue to develop their skills in health and social care.

Staff had some understanding around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs) following training. However, when there were concerns about people's capacity to make decisions, assessments were not always completed to comply with the legal requirements.

People told us they liked living at the home. We saw there was a variety of food available and snacks and drinks could be accessed when people required them. People with special dietary needs were catered for, and relatives could enjoy a meal with their family member if they wished to.

People told us they enjoyed the activities available at the home and there were group and individual activities arranged. Staff were caring, and we saw examples of this during our visit. People were treated as individuals with their preferences and choices catered for where possible. Staff showed dignity and respect when providing care and all the people we spoke with were positive about staff.

Everyone we spoke with was positive about the management team and the running of the home. The registered manager knew the people that lived there well. We saw good systems that made sure that overall people received a good quality service. People knew how to complain if they wished to and complaints were actioned quickly and thoroughly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Staff were confident in how to safeguard people from abuse and what to do if they had concerns. Risk assessments were completed, but at times did not always reflect changes to people's care. Medicines were managed safely and people received these as prescribed. There were enough staff to care for people and staff had been properly checked before starting to work at the home.

Good

Is the service effective?
The service was not always effective.

Staff provided care to people effectively, but referrals to other professionals were not always made in a timely way to support people's health needs. Staff had an understanding of mental capacity but when people lacked capacity to make decisions, support was not always sought in line with legal requirements. People enjoyed the food at the home and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wished.

Requires Improvement

Is the service caring?
The service was caring.

People were encouraged to be independent and care was provided ensuring dignity and respect. Everyone spoken with told us staff were caring in their approach and we saw examples of this in the way staff supported people. Staff treated people as individuals and where possible their choices and preferences were catered for.

Good

Is the service responsive?
The service was responsive.

People received person centred care and staff knew their individual needs and preferences. Group and individual activities were on offer for people at the service. People had regular opportunities to meet with staff and discuss any issues they may have. Complaints were recorded and dealt with quickly and thoroughly.

Good

Is the service well-led?
The service was well-led.

All the people spoken with were positive about the management team and the improvements made in the past year. Staff told us managers were

Good

Summary of findings

approachable and issues raised were addressed quickly. Good systems ensured the home environment was safe and the care provided was of a good quality. The manager had worked to improve the home for people and was responsive to new ideas to continue to do this effectively.

Grove House Residential 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 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 took place on 7 May and was unannounced. The inspection team comprised of three inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This reflected the service we saw and included plans to make changes and improvements.

We spoke with eight people who lived at the home, four relatives and one professional. We also spoke with six staff including the cook, laundry person, care staff and the registered manager. We looked at four care records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported.

Good

Is the service safe?

Our findings

People told us they felt safe living at Grove House, one person told us, "I feel safe here, yes, no problems at all". Another person agreed and said, "I feel alright here, it is a safe place. I never worry about anything here." We asked people who they would tell if they were concerned and a typical response was, "[Managers], there is always one of them here."

Staff we spoke with were knowledgeable about safeguarding and who to report this to if they had any concerns. A staff member told us they had received safeguarding training and were clear what to do if they suspected abuse. One member of staff explained abuse as, "Making a resident do something they don't want to do. I would report it to my manager. She would talk it through and depending on the severity it would be disciplinary action. She has to report it to the CQC and the safeguarding team." A staff member told us the safeguarding policy was in the office and the whistleblowing policy was displayed on the office door, "There is a poster on the office door so people know where it is without having to look for a folder." We saw the whistleblowing policy was displayed and staff had signed to say they understood this. We were aware staff knew about whistleblowing as they had previously raised concerns with us. Although we had received safeguarding referrals from the service in the past, we saw one incident of a possible safeguarding nature that had not been reported. The manager told us they would refer this type of incident in the future.

We asked staff whether staffing levels were sufficient and one staff member told us, "It's getting better." They said there had previously been a high use of agency staff but not anymore. Another staff member commented, "There are some days people call in sick, but most days you come in and the floor is full. Most days we are very good at staffing levels." They went on to say the manager increased staffing levels if a need was identified, for example, if people were unwell they would request an extra member of staff that day. A different member of staff said they felt there were enough staff and if they had any concerns they would raise it with the manager. The manager completed the staff rota and agency staff were used at times to cover absences, but they had a bank of regular staff they accessed if they needed to. There were two staff vacancies currently at the service.

One person we spoke with about staffing told us, "They come running," when they used their call bell. Another person told us they had fallen out of bed and, "When I pressed the button they were there straightaway." We found staffing levels were sufficient to keep people safe and call bells were answered quickly.

We checked recruitment practices and found systems and checks made sure people were suitable to work at the service. Staff we spoke with told us they had a check of criminal convictions completed (known as a DBS check) and had to provide two references. They were unable to begin work until these checks were done.

The maintenance worker undertook comprehensive safety checks at the service to ensure the building was safe for people to live in. These checks included fire safety and there was a monthly test for this. The fire service had visited the home and recommended they purchased an evacuation chair, which they had done. Staff completed a book for the maintenance person requesting work to be completed and we saw this was up to date. Call bells were tested monthly and equipment such as hoists were serviced to ensure they remained safe to use.

People had personal evacuation plans, which detailed assistance they needed in an emergency. Staff were aware of these and told us there was additional evacuation information available near the office. We saw information was accessible and there was a contingency plan if people could not return to the service.

Accidents and incidents were recorded and up to date, there was some information around trends however this could be further analysed. For example, one person had fallen frequently but the circumstances around the falls had not been recorded to help staff understand this better and potentially prevent this reoccurring. The manager agreed this system would be reviewed.

Risk assessments that identified the risks to people's health and care and the actions that staff needed to take reduce this, were completed and were detailed. These were reviewed by people's keyworkers so risks to people's health and care could be monitored and preventative action taken if possible. One staff member told us about the risk assessment, "It gets updated as their needs change." We looked at one person's risk assessment for manual handling and mobility. They had recently suffered a period of ill-health and the risk assessment identified an increased

Good

Is the service safe?

risk to their safety when mobilising around the home. The plans had been reviewed and when their health had improved, the assessment reflected the change. Other risk assessments were evident to support individuals to maintain independence. For example, one person liked to do their own ironing and this risk had been assessed.

We looked at medicine administration and management. One person told us about their medicine, "They come and give it me when I need it," and a staff member told us, "People get it when they should." Only senior staff gave medicine and competency checks were completed by the manager to ensure administration remained safe. Staff received training before they could give medicine. A senior staff member told us, "I had medication training and then I had to have two observations and we get regular supervisions to make sure we are doing it by the book and correctly." Staff signed after medicine had been administered and when any amendments were made. Each person had their own section in the medication folder with their photograph on the front to reduce the risk of medicines being given to the wrong person. Where medicines were prescribed with variable dose, the dosage given was recorded to ensure people were not given too many. The manager and deputy completed an audit of medicine to ensure there were no concerns around administration, storage and disposal. We found medicine was stored and disposed of in line with manufacturer's guidelines.

One person told us that usually the same member of staff gave them their medicine each day and they liked this consistency. People could self-medicate if they wished, however no one did this currently. Staff understood the reasons for giving medicines as required (PRN) and there was written information (a PRN protocol) about why the person might need the medicines. We heard a staff member offer someone painkillers and they declined, telling the staff they would decide again later in the day, depending on how they felt. The staff member accepted this. People were involved in decision making around their medicine.

Requires Improvement

Is the service effective?

Our findings

People we spoke with were happy with how staff cared for them at Grove House. One person told us, "Staff do their best" and a relative told us, "Brilliant, can't say anything bad about any of them at all." A keyworker system meant that people had a named staff member who knew them and their needs well.

At lunchtime we saw a number of people eating together sharing easy conversation with music playing in the background. Where needed, staff supported people to eat at a pace that suited them. One person told us they enjoyed the food and we overheard comments from people, "It's really tasty" and "It's lovely." One person ate in their bedroom and they told us this was their preference. Another person had gone for a pub lunch with their family member. The manager told us the menus were being reviewed, as lack of variety had been raised as an issue by people. On the day of our visit a pork meal was being served with yoghurt and fruit for dessert. One person did not want this, so requested cornflakes, which they had. People could choose what they wanted to eat each day, and that day for breakfast, one person had a cheese omelette made at their request. There was variety of food and choices available for people.

Some people had additional dietary needs. One person commented, "They know I don't come down for breakfast until the nurse has been and they are there with my porridge." This person had diabetes and staff knew if their blood sugar was low, breakfast was required quickly. We saw a folder contained detailed information about people with diabetes and the management of this condition. Other people required food to be blended to reduce the risk of choking and this was documented so kitchen staff could provide food which was suitable for them. One person told us each food item was blended separately, so they could still enjoy each taste. The cook told us one person had an allergy so they were careful to make sure suitable food was offered. Care staff and kitchen staff worked together to support people's dietary needs.

We saw jugs of fruit juice were available in each lounge and drinks were offered with meals. One person explained, "I can get a drink when I like" and nodded towards the juice. Another said, "There's plenty of drinks, they always come in the morning and afternoon with the trolley." People told us if they wanted a hot drink they could ask for one and staff would get this. A professional commented, "I notice they always have drinks here which is a nice thing to see." People could access drinks when they wished to.

Some people had their food and fluid intake monitored by staff due to their health conditions. We found the information recorded did not give clear details about quantities of liquid taken or food eaten. For instance, one person had drunk 'a cup of squash' but it was unclear how much liquid this was. This information was not adequate for medical professionals to assess someone at risk of dehydration. We discussed this with the registered manager who agreed this information would be recorded more precisely now. We saw some staff had received nutritional training but others had not and were not trained in assessing people's nutritional health needs.

People were weighed every month and a malnutrition universal screening tool (MUST) was completed to assess risk. We saw that people's weight was not always accurately measured and staff had not taken action quickly around weight changes to ensure people were supported effectively. For example, one person was recorded as gaining almost a stone in weight in a month. This person was frail and had a heart condition, however a referral had not been made to the GP until two weeks later to check this further. Another person was recorded as having lost over one stone in a month. Staff had taken no action to investigate this further and seek advice from a medical professional. This change had not been reflected in their risk assessment either so the increased risks, for example the impact on their skin care and increased frailty had not been identified. The manager told us the scales had not been calibrated recently and there was likely to be inconsistencies in the way staff weighed people, so they were unsure if weights were correct.

People were supported by health professionals who visited people at the home. For example, one person had been prescribed some medication which had made them drowsy, staff had contacted the GP and they agreed they should stop this until they were reassessed. A relative gave us an example of when the manager had been proactive and encouraged their family member to be seen in hospital, following the recommendation from the GP. The person had been reluctant initially but the manager

Is the service effective?

persuaded them to be checked and the relative told us they were grateful for this. People we spoke with told us they accessed support from other professionals when required including the dentist, chiropodist and optician.

A handover of information about people took place at each shift change, so this provided a continuity of care. A staff member gave an example, "If someone's foot is hurting and they don't want to walk, it is all handed over in handover so we can make sure they don't walk too far and injury themselves further." We saw a sheet of information for each person which was given to health services in an emergency. Staff made sure communication about people was up to date and accessible, so disruption with their care would be reduced if they had to go into hospital.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the MCA and DoLS. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We saw reference to people's mental capacity on some care records, but where people were considered to 'lack capacity', a mental capacity assessment or best interest meetings had not been completed. A best interest meeting is where someone closest to the person, decides a course of action, ensuring the person's prior views and wishes are considered in any decisions made. Two people had a diagnosis of dementia and both were deemed to lack capacity in some areas according to their care records and staff. One of these people sometimes went against medical advice which put them at risk of choking on food. There was no assessment to decide if this person had capacity to make this decision or not. The manager agreed this would be reviewed as a priority. The manager was aware of the current DoLS legislation and informed us there were no DoLS applications for the service. We did not see anyone at the home who was being deprived of their liberty.

We looked at DNAR (do not attempt resuscitation) forms. These had been completed with GP involvement and were completed correctly to demonstrate that people were supported to make decisions regarding resuscitation consistently and in line with their abilities to do so.

Staff told us that before they started to work at the service, they completed an induction and the manager ensured staff knew the home's policies and procedures. Staff were given a job description which detailed their roles and responsibilities as an employee. Managers supported new staff in their role by ensuring they read care plans so they understood people's care needs, and offered, depending on staff previous experience, a period of observing more experienced staff.

Staff confirmed they had received training considered essential to meet people's health and social care needs. One member of staff told us, "Yes training is effective" another staff member commented, "We get a lot of training and it is all up to date." They told us they had recently completed training about using equipment safely such as hoists and this had increased their confidence. We saw staff used this training correctly to assist a person to safely move into a chair. Records were kept detailing all training completed, dates of completion and when refresher training was due, it included fire safety training and first aid. A medical professional had trained staff to prevent skin damage and one staff member had become the 'champion' for this. They told us about this, "I'm going to a conference over the next few weeks" and they told us they felt supported to gain further qualifications in health and social care. One person had received cardiopulmonary resuscitation (CPR) training and had used this, but they told the manager they still did not feel confident in this area, so the manager had arranged further refresher training for them.

Good

Is the service caring?

Our findings

One person told us, “Staff are caring, they treat me with respect,” and a staff member commented, “Yes, staff are caring, we do have time to sit and chat with people in the afternoon”. We saw a letter from a relative which said, ‘Staff were kind and caring’ and they were ‘Welcomed at the home with a smile and a cup of tea’.

Staff encouraged people to be independent at the home. One person told us, “I do all my own personal things and tidy up.” A staff member commented, “A lot can choose what they want to wear and what they want. If they change their mind you accommodate that.” We saw some people used the lift independently to access their rooms and another person smoked, and they were supported to access the smoking shelter in the garden. Over the lunch time period, staff gently encouraged people to be independent instead of assisting them straight away with meals. We were told one person could became anxious at times when walking, so staff provided them with reassurance whilst still encouraging this independence.

One professional told us, “It is one of the homes that looks tired inside but the staff are lovely.” The environment at the service was homely; however, we saw a noticeboard explaining management of skin pressure areas in the main corridor which in this instance, did not promote a homely atmosphere.

Staff told us they enjoyed being with and talking with people. One staff member told us “If you don’t have time, you make time, to chat to the residents.” Another staff member had worked at the service a long time and said, “I adore being here”. One person commented about staff, “Last Friday I was so poorly and I couldn’t have been treated better.” Another person told us they had been at the home a while and if they ever felt upset they knew they could talk with a member of staff. A staff member reiterated this and told us, “We turn into family rather than carers.”

We asked people about whether they were given privacy and treated with dignity. One person told us, “They always knock the door and ask if I want this or them to do that.” Another person explained they could choose to sit wherever they wanted in the home and had chosen the back room as, “This room is a bit quieter and I can watch the birds.” A professional confirmed that staff always made sure they can see people in private, “If they are downstairs, they will take me to the medicine room.” We asked if staff were respectful, they told us, “Yes, both to the patients and to us.” Care plans detailed how people preferred to be called and we observed staff calling people by their preferred names. One relative told us, “Staff are caring and show [person] respect and dignity”. Staff explained they made sure they were at eye level with people when they spoke with them. An example was given of someone who wore a hearing aid and staff spoke with them clearly at their level so they could hear what was being said.

We asked whether advocacy services were used for people. The manager explained no one currently used an advocate however we saw information was available about this. Several people had involvement of solicitors in managing their finances and the home liaised with them when required.

People told us their family or friends could visit whenever they wanted to, “Any time. Sometimes my [family member] comes at 7.00pm and doesn’t go until 9.00pm.” One person told us that they used to play cards with a small group of friends. When they moved into the home the friends were made welcome and they now visited regularly to play cards. Another family member told us they always received a ‘warm welcome’ when they came to the home. The manager told us families were able to come and eat at the home if they wished and there was no charge for this. People were encouraged by staff to maintain their relationship with friends and family.

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Good

Is the service responsive?

Our findings

Everyone we spoke with told us they were satisfied with the service. One person told us, "Staff are fantastic, very good". Another said, "If you are in a situation where you need someone to look after you, they do." One relative told us, "My [family member] is not an easy person to handle and they do a great job."

The manager completed a 'pre-admission assessment' before people came to live at the service to make sure they could meet their needs and the home was suitable for them. They told us they knew if the person was unsuitable for the home this could have a 'ripple effect' on the people already living there and they always took this into consideration. The assessments were used to ensure people coming to the home could be cared for safely and effectively and formed the basis of their care plan. One family member told us they had purposely come in at different times when initially choosing the home with their relative and were always welcomed by staff.

People we spoke with told us they were involved in planning their care and their relatives where involved when this was appropriate. A relative told us that communication was good between them and the staff. One person confirmed they knew about their care plan – "I've got two care plans because I am diabetic. The nurse comes in twice a day with the insulin." We asked a staff member if they had time to read care plans and they responded, "I come on shift early so if [manager] says there has been a change in the care plan, I can spend time reading it without taking time off the floor."

A keyworker system was used so staff got to know the person they cared for well. We saw care records had been recently improved so each one was more individualised, reflecting the person's 'voice' and how they wanted their care to be delivered. Care plans recorded information for staff to be responsive to people's individual needs. One person said they preferred a male care worker when taking a bath, so this was provided. A care worker told us about one person who liked set routines and because they knew this, and had built a good relationship with them, they got on well together. They told us, "Everyone is respected and what they want happens, it's always in their best interests."

Information in people's care plans detailed their personal history and hobbies. One person told us they liked to go to the pub and now either a member of staff or their relative took them. The activity co-ordinator worked four days a week, including weekends. One person told us, "One girl comes in on a Friday and does exercises. We have one carer who is working four days a week. She does spend an hour at least doing bingo and card games." Another person told us, "I can play dominoes and cards when I feel like it." Keep fit was held weekly and a hairdresser visited the service. We saw a monthly newsletter displayed detailing information, news and celebrations. Some people had religious needs and a church service was held at the home. We saw a poster advertising a service at the local church people could attend if they wished.

We observed people sitting in one lounge in the morning with the television on loudly in the background, but many people were not watching this. There were a variety of activities on offer but not always to everyone's taste, and some people chose to make their own entertainment. A staff member told us they tried really hard with activities to involve people but it could be difficult to engage people as not everyone wanted to join in. One person chose to be in their room and said, "Very often I am here because I feel when I go downstairs in the morning everyone seems to sit in their chairs in the lounges fast asleep. I don't want to watch people asleep so I come up here and listen to my music." A staff member told us many people chose not to get involved and this was respected, as it was "Their home". Another staff member told us they often brought in DVD's for people to watch. The manager told us they were starting a cooking group for people shortly as this had been suggested.

A large mature garden at the rear of the home was used regularly by people, and staff told us they had held barbecues there in the past. We saw a person walking in the garden in the sunshine, enjoying this aspect of the home. The manager told us a fete was planned for the summer and they invited family and friends to attend. The garden was used as much as possible for people to enjoy.

'Relatives and residents' meetings were held monthly so people had an opportunity to raise any questions or issues they had. The manager told us they gave people a monthly survey to obtain people's views about the service. We saw there had been an issue raised in a survey about the type of

Good

Is the service responsive?

food on the menu. Some people wanted more traditional food but others preferred food such as curry. The manager said they now offered more choices so people had food they preferred.

A copy of the provider's feedback policy for complaints, compliments and concerns was displayed in the reception area and a complaints box was available in the hallway. People knew who the manager was and said they would complain to them if they needed to, although people told us they had not had cause to complain. One person told us, "I would talk to the manager, [name]" Someone else said they had a 'little grumble' but it was dealt with quickly. We saw a relative had written a letter stating, 'Managers showed supportive management skills by being visible when we visited the home and actively listening to and acting on any concerns we had.' One person told us they had no complaints since they had been at the home and were very happy with the care. A staff member told us if people had an issue they often raised it directly with them and they would then take this to management with their agreement. Compliments and complaints were logged and we saw these had been addressed and responded to quickly. The last complaint received was in 2012 and we were not aware of any complaints. We saw a display of compliments and thank you cards from people and relatives. People were supported to complain and the management responded quickly and to people's satisfaction.

Good

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the registered manager and the effectiveness of the management team. One staff member told us, "[Managers] have worked wonders with the home in the last year." The management structure consisted of the registered manager, a deputy manager and four senior care workers. The registered manager had worked at the home for around ten years, starting as a care worker and had become registered with us in March 2015. A relative said they had access to the manager and found them, "Very welcoming". One person told us, "I have lived in other places before and this is the final place I want to be." People were happy with the way the managers knew people and supported them at Grove House.

One of the registered manager's responsibilities was to ensure systems at the home were safe and effective for people that lived there. This included completing checks of the environment, equipment and care records, and generally overseeing the running of the home. The registered manager told us they walked around the home daily to check how the service was running and addressed any issues they identified. They told us care records and risk assessments were audited each month to check they were being completed accurately and we found these audits had been completed. A staff member told us, "They're very good at auditing the care." Informal observations of staff were undertaken, for example in moving and handling, to address any concerns as they arose. The registered manager told us they were aware that further improvements were required in some areas of the paperwork and were continuously trying to improve systems. They told us they had plans to link in with other care providers who could share new ideas and good practice with them.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues with the service. We were aware that these notifications had been sent to us when required. They told us the local authority had visited the service around six weeks ago and the registered manager had completed the actions arising from this visit.

As some family members could not always visit in the week, the registered manager came into the service on a Saturday morning so they were more accessible. They told us they were planning to arrange some meetings in the evenings so they could meet families they did not usually see. They told us they had developed a good relationship with some of the health professionals in the community such as district nurses and this had strengthened over the last year. This was confirmed by one professional who told us, "When you knock on the door, they know who you are here for." The manager knew the needs of people that lived at the home and had built relationships with the professionals supporting them.

The registered manager and deputy manager alternated being on call 'out of hours' to continue to support people and staff. An information sheet had been devised for the night shift to give to managers in the morning so they could understand any issues or changes that had occurred overnight. This gave managers a formal handover of any issues as well as a verbal handover in the morning.

We asked one staff member if they enjoyed working in the home. They responded, "I love it. It is very old fashioned but I think it gives it character. I like that it isn't the biggest home in the world which makes it more homely." A different staff member went on to say, "I think she [manager] is doing a brilliant job. She is very fair and very approachable. I like the atmosphere here which I think [manager] is responsible for." Staff told us they had monthly staff meetings and two weekly senior meetings. This gave them the opportunity to put forward suggestions about the service people received. They said the registered manager asked their opinion by stating "I want to change that, what do you think?" and was receptive to suggestions.

Staff told us they felt supported in their roles. A staff member told us about the management team, "The office door is always open" and anything discussed, "Stays in the office". All staff had one to one meetings with managers every three months. Appraisals were held annually. There were monthly staff meetings which gave staff an opportunity to discuss any issues they had. A 'committee' meeting was held with all areas of the home represented, kitchen, laundry, care and maintenance and this gave an opportunity for further communication around any issues from different areas of the service.

The registered manager told us they were proud of Grove House and "How we've moved on" and that they had accomplished so much since the previous management had left. They told us they were, "Excited and determined" to continue to improve the home. They told us there had

Good

Is the service well-led?

been some challenges with some long standing staff resistant to some changes, but the team spirit was good and there were a good group of senior staff. The registered manager acknowledged they liked to be 'hands on' in their role but they had realised they benefited from delegating some tasks to other senior staff so they could prioritise their time better

The home had three small lounge areas people could use. There were plans to develop and decorate the service which the registered manager acknowledged required updating. This included providing some en-suite facilities and a wet room as currently each bedroom only had a wash basin. People could not access a shower, only a bath and the management were aware this did not offer people choice currently.

The registered manager told us the provider supported them with regular meetings and they were both enthusiastic in developing and improving the service. A consultant had supported them further in making some changes over the last year and improving paperwork. They had already identified that some further equipment was required, for example, they had ordered some different size 'handling belts' to use with the 'stand aid' equipment to make this more comfortable for people. They told us they continually strove to improve the home and service for the people that lived there.