Orchard Care Homes.Com Limited

Grimsby Manor

Inspection report

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Date of inspection visit: 9 &10 October 2014
Date of publication: 28/01/2015

Ratings

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

Overall summary

We undertook this unannounced inspection on the 9 and 10 October 2014. The last inspection was completed on 2 October 2013 and the service was meeting the regulations we assessed.

Grimsby Manor is registered with CQC to provide care and accommodation for a maximum of 47 older people who may have dementia related needs. Local facilities and amenities are within walking distance. At the time of our inspection 46 people used the service. The accommodation is on three floors with lift and stair access; all bedrooms have en-suite facilities.

The home has 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us the service was a safe place to live.

Summary of findings

Staff understood the various types of abuse and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained and administered safely. Improvements to the safe storage of medicines were in progress but there had been some delays with the provision of new air conditioning units to improve the temperature control.

We found staff had developed good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People who used the service told us they felt staff were always kind and respectful to them.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Personalised care plans were developed with people who used the service, or their representatives to identify how they wished to be supported.

People's care plans contained information about how they communicated and their ability to make decisions. The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and where people lacked capacity, we saw that decisions had been made in their best interests. The registered manager was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

Staff had the knowledge and skills to care for people safely. Referrals were made to health care professionals for additional support or any required intervention when needed. This meant people would receive support from the appropriate people when their needs changed.

During our inspection we saw there were enough staff to ensure everyone's needs were met in a timely manner. The registered manager had recently increased the numbers of staff on duty in the mornings and evenings following concerns and comments from people who used the service, relatives and staff. People told us there were enough staff to give them the support they needed. People told us staff were good and knew them well.

The registered provider had a robust recruitment process. The registered manager checked staff were suitably qualified to work with vulnerable people before they started working at the service. All the staff we spoke with told us they received regular training and supervision to enable them to deliver care and support effectively. Staff were encouraged to champion, or take a lead role, in a specific aspect of care, which improved the quality of care and supported staff in their personal development.

People told us the quality of the meals was very good. People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

Relatives told us they always felt welcome and were involved in decisions about their relation's care. Meetings for people and their relatives were recorded and we could see how suggestions were acted on.

People told us the service was well organised and the registered manager dealt with issues. Staff told us the registered manager was approachable and supported them to maintain high standards of care. Relatives, people who used the service and staff were encouraged to provide feedback about the service to continuously monitor and improve the quality of the service provided.

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?

Good

The service was safe. There were enough staff to meet people's needs. Staff were recruited safely.

People's care plans included risk assessments and the actions staff should take to minimise the identified risks.

People were protected from the risks of abuse because staff understood their responsibilities for protecting people from abuse and knew how to respond to any concerns appropriately.

Is the service effective?

Good

The service was effective. The service had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who knew them well and understood their needs. Staff received appropriate, up-to-date training and support.

People were referred to other health professionals appropriately and staff supported people to follow the professionals' advice.

Menus were planned to meet people's dietary requirements and preferences.

Is the service caring?

Outstanding

The service was caring. We observed staff were thoughtful and caring with people and anticipated their needs. People had their privacy and dignity respected.

People and their relatives were involved in discussing how they wanted to be cared for and supported.

People were supported to maintain their independence and interests and relatives were welcome to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive. People had personalised care plans in place which had been regularly reviewed and updated.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in.

People and their relatives were encouraged and supported to provide feedback on the service. People were confident that if they raised any issues, they would be listened to and action would be taken.

Summary of findings

Is the service well-led?

Good

The service was well led. The registered manager provided sound leadership and encouraged an open and positive culture. The service was organised. Staff understood their roles and responsibilities. They had access to regular meetings where they were given information about the service, organisation and their individual performance.

There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

There were processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

Grimsby Manor

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 registered 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.

This inspection took place on 9 and 10 October 2014 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience that had experience of supporting older people. 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 asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the timescale. We were not made aware of any additional concerns from the local authority, commissioners or local Healthwatch. Healthwatch is an independent organisation which acts as the consumer champion for both health and social care.

At the time of our inspection visit there were 46 people living at the home. We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We reviewed four care plans and checked the records of how people were cared for and supported. We reviewed three staff files to check how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

During our inspection we spoke with eight people who used the service and seven relatives. We spoke with the registered manager and seven members of staff. We also spoke with six community health care professionals including nursing staff and therapists, who were visiting their patients.

Good

Is the service safe?

Our findings

We asked people if they felt safe living in the service and what safe meant to them. Each of the eight people spoken with confirmed that they felt safe. One person told us they had seen the television programmes about poor care in homes; they were aware of safeguarding and protecting people and knew that staff had received training about this. The person confirmed they had no concerns about their care. Comments from other people and their relatives included, "I've moved here because of all the falls at home, I'm safer here, the staff are around to help me," "They are very safe here" and "Yes I am happy with everything, (Name) is as safe as houses in here, she is spoilt rotten."

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support the people who used the service. The three staff files looked at contained relevant information which included a Disclosure and Barring Service (DBS) check and appropriate references. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The registered manager informed us that they used volunteers and provided placements for sixth form college students, which enabled young people to experience working in care settings. Before these students started helping in the service, we saw that DBS checks had been undertaken to ensure people's safety. We spoke with a student on placement and they confirmed checks on their background had been carried out before they could work at the home.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed any concerns about potential abuse had been reported promptly to other agencies such as the local authority and the Commission. The registered provider's safeguarding vulnerable adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding vulnerable adults training and demonstrated to us they had a good understanding of the procedures to follow, if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we saw the registered manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved. This meant the registered provider could be sure that safeguarding concerns would be reported and managed appropriately.

People were protected from the risk of leaving the units and building unaccompanied, by key coded doors. Staff told us they took health and safety matters seriously and cared about keeping people safe. During the inspection we noted a maintenance person was inspecting a loft area which necessitated a large stepladder being in the corridor causing an obstruction. We found a member of staff stood by the stepladder for the duration of the workman`s inspection, in order to prevent people who used the service, staff and visitors from any possible collision or injury. Similarly, when the lift was being repaired, staff were present to ensure people's safety.

We looked at maintenance records and found these were in good order. Installations and equipment such as fire safety equipment, electrical systems, hot water and bed rails were regularly checked, serviced and maintained to ensure they were working safely.

We looked at the systems in place and found that the registered provider had safe arrangements in place for managing people's medicines. Medicines, including controlled drugs were stored securely. The registered manager had requested air conditioning units for the medicine storage rooms to reduce the room temperatures; however, they confirmed there had been a delay with this provision, which they were following up. We noted this issue had been identified on the senior manager's compliance audit in July 2014.

Checks on notifications prior to the inspection showed there had been six medicine errors at the service in the last 12 months. Records showed that each incident had been fully investigated and the member of staff had not resumed medicines administration until they had received further training or supervision. This included competency assessments through observed medicine rounds. The registered manager conducted weekly medication audits, to check that medicines were being administered appropriately. A new system had been introduced whereby staff checked the medication administration records (MARs) at each shift change to identify any errors or

Good

Is the service safe?

omissions, so that these were dealt with immediately. This showed the registered manager had taken action to protect people and ensure staff were competent in their administration and recording practice.

We observed staff had time to carry out their duties and the routines on both days of the inspection, on each unit, were calm and paced. The registered manager informed us the staffing levels were calculated on the assessed needs and numbers of people who used the service, and this was kept under review. They confirmed a decision to increase the staffing levels in the mornings and evenings had been agreed, following a residents' and relatives' meeting in the summer. The registered manager told us there had been some delays with the recruitment of staff, however new staff had started and the additional hours were now provided.

People who used the service told us there was enough staff available to meet their needs. One person told us, "The staff are all very good, they work hard but they always have time for you." Another person said, "They don't keep us waiting, there's always someone around." Six out of the seven relatives we spoke with told us they considered the staffing arrangements were good. One relative considered staff were very busy, they told us, "All the girls are brilliant here, the only problem is they could do with more staff." The registered manager told us and staff confirmed that several members of the staff team were trained to carry out a variety of roles such as caring and housekeeping. This enabled some flexibility with rotas to ensure there were always enough staff on duty to meet people's needs.

Good

Is the service effective?

Our findings

People and their relatives were very complimentary about the staff and the care provided. One person commented, "I am happy and settled here, the staff are most kind and helpful." A relative told us, "I went round 18 homes before finding this one, that says it all surely, I needed to be sure I had found the best I could possibly find for (Name), as they deserve only the best. You can see in her face, I found it. I now have peace of mind."

We found the service was effective in meeting people's individual needs. When we spoke with care workers, they were knowledgeable about specific needs of the people in their care. People who used the service had good access to outside health care professionals including their GP, district nurse, hospital consultants, optician, and mental health workers. Details of the visits made were seen in each person's care plan, with information on outcomes and changes to treatment and care if needed.

During the inspection we spoke with community nursing staff from four different GP practices. They considered their patients were satisfied with the support at the service and well cared for. One community nurse described staff as 'on the ball' regarding appropriate and timely referrals to the nursing team.

We observed staff consulted people before providing care and encouraged people to make choices about where they wanted to spend time and what they wanted to do. They were aware of their role in the arranging and recording of decision making. This included how other people would be involved in looking at what was in the person's best interest. We saw capacity assessments in people's care files and best interest meetings had been held to support decisions. Records showed family members and any professionals involved with the person concerned, as well as the staff at the home, met to discuss what they thought was in the person's best interest.

The registered manager and care staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Following new guidance, the registered manager had recently made 32 DoLS applications to the local authority to ensure that restrictions on people's ability to leave the home were appropriate and least restrictive.

Staff we spoke with told us they had received the training and development they required and access to training was good. In addition to the essential training staff had received, records showed staff had completed training in subjects such as: dementia, Parkinson's disease, stroke awareness, end of life care, person centred planning, pressure damage prevention, dignity in care and nutrition. The registered manager told us that competency assessments and observations of practice were carried out routinely in relation to medicine administration, moving and handling and infection prevention and control. Records seen confirmed this.

We spoke with staff about their understanding of dementia related conditions. Staff were able to explain the different approaches they used to engage with people to meet their needs and promote a sense of well-being. One member of staff told us, "Sometimes our face just doesn't fit and the resident responds better to someone else. We understand that and work as a team to put the resident first."

Staff told us they received regular supervision from their manager and had opportunities to discuss their training and development needs and have their performance assessed. Checks on the supervision and appraisal records for three staff confirmed this.

We observed the lunch time service on two units; staff supported people to choose where to have their meal. We saw staff offered people a choice of meal and second helpings. The majority of people were able to eat their meals independently, where people needed support, this was done discreetly by staff.

Two relatives were present who had come especially to assist their relations with their meal, as they often chose to do. We received very positive comments from people who used the service and their relatives about the quality of the meals. Comments included, "The food is brilliant, you get far worse food in lots of the restaurants in Grimsby than you do here at Grimsby Manor," "(Name) eats like a horse because the food is so fantastic."

We saw people's food likes, dislikes and preferences were recorded in their care plans and a copy of the record was held in the kitchen. Discussions with the chef confirmed

Good

Is the service effective?

they knew people's individual dietary needs and had a good understanding and knowledge of special dietary provision, including fortified diets. Throughout the day we observed staff offering and supporting people to take regular drinks and snacks.

Risk assessments had been used to identify specific risks associated with people's nutrition. These assessments, including people's weight, were reviewed on a regular basis. One person's care records showed staff had made a referral to the speech and language team (SALT) for specialist advice. This assessment took place during the inspection. The therapist told us that staff had followed their care directions well and there were effective systems in place to identify and manage risks to people with complex needs around their eating and drinking.

The provider information return stated that the service provided care for people living with dementia. We checked to see the environment had been designed to promote people's wellbeing and ensure their safety. Doors to people's rooms had their photo to help them identify their own rooms. Rooms were personalised; many people had brought their own furniture, photographs and ornaments with them. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. The small lounge areas on each floor had been decorated to provide visual and sensory stimulation. The registered manager told us improvement work to provide sensory décor in the corridors on the second floor was scheduled to start the following week.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "Lovely staff here, very kind and helpful."

Relatives told us, "They look after all the residents like it's their mum" and "My loved one is treated with love, respect, and dignity. Although they cannot move at all, there have been no pressure sores over the past four years whatsoever. The reason they are still alive is because of Grimsby Manor." This person also went on to explain how the management team at the home had arranged for their relative's husband to be admitted when he required end of life care. They told us, "He wanted to be with his wife for his last days, that just shows how caring they are here."

There was a comfortable and relaxed atmosphere within the home during our visit. We observed the relationships between people who lived there and staff were positive and caring. For example, we saw people sat with staff and chatted about their day and their memories. Staff were observed supporting people to have drinks and snacks, to read the newspaper, listen to music and engage in general conversations, including the news and weather. When people who used the service spoke with staff as they entered the room or passed by, we saw staff stopped and engaged in conversation.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this. People who liked their privacy and wished to spend time in their rooms were supported to do so. Staff were clear about the actions they needed to take to ensure people's privacy when delivering personal care. We were informed that privacy and dignity was included in their induction training and the service had dementia champions who promoted good practice and monitored standards.

We found staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. Where people needed support to move, this was provided in a dignified way. For example, we observed two staff supporting a person to transfer using a hoist. The staff spoke with the individual throughout, explaining what was happening with kind words and encouragement. When staff were supporting people to the dining areas for lunch, we saw they walked with them, holding their hands, chatting about the meal choices. We saw people received a good standard of personal care; many of the ladies wore colour coordinated outfits, jewellery and had their hair styled. We found the men were well presented and shaved.

Staff knew people's needs well, what they needed help with and what they were able to do for themselves. Staff told us how they encouraged people to maintain as much independence as possible. For example, they described how they supported people to continue to manage their personal care, to mobilise and to feed themselves. People had been provided with suitable equipment in order to maintain their independence, including mobility aids, crockery and cutlery.

We found the care was person centred. Staff were attentive to people's needs and responded in a caring, patient and compassionate manner. For example, we saw a member of staff gently holding a person's hand after they had become upset and distressed, they gave them their time and attention to talk about what had upset them. We observed the person's mood changed with this interaction and reassurance. Another example we observed at lunchtime, when one person was distressed, in pain and reluctant to eat their meal. We saw two members of staff sat with the person and provided comfort and reassurance until the senior care worker came to discuss the person's concerns. We observed the senior care worker took time to listen to the person, acknowledge their pain and they discussed various options before the person agreed to take some medicine to control the pain. This was done with patience and kindness and enabled the person to eat their meal in comfort.

Relatives told us they could visit at any time. Throughout the inspection there were frequent visitors. We noted the staff all greeted visitors by name and appeared to know them well. One relative brought their dog to visit their relation, it was clear the dog was a regular visitor, many people's faces lit up when the dog was brought into the sitting room and we observed they enjoyed watching and stroking it. We spoke with one relative who had visited their relation every day since their admission four years ago. The relative told us they visited at any time of the day, they did not feel there were any limits to this and they were always

Outstanding ☆

Is the service caring?

welcomed warmly by the staff. Another relative said, "They actually care about me as a person too, not just about the resident, they know my family and me. We are just like one big happy family."

Records showed people who used the service and their relatives had been involved in advanced care planning so they would be cared for as they wished at the end of their life. Special forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. These are called Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. We saw DNACPR forms were completed appropriately. Staff told us, and records confirmed they were trained to provide care for people at the end of their lives.

During the inspection we were informed that one person's health had deteriorated and they were receiving end of life care. Records showed the registered manager and staff had liaised with the 'out of hours' services and community nursing staff to ensure the person received the treatment they needed. A new 'end of life' care plan was put in place to support the person's palliative care needs in relation to their pain control and other symptoms. This plan clearly directed staff on the psychological, social and spiritual support the person needed.

A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life. They attended end of life care link meetings arranged by the local authority and provided feedback to staff on good practice. The service was introducing a new assessment record for end of life care entitled, 'What If' which provided much more detail on each aspect of the person's preferences around their end of life arrangements and care support.

If people wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that they had helped people who used the service to access advocacy services in the past, but there was no-one in the service who currently required or had requested this support.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed. They told us staff listened to them and knew their likes and routines. One person told us, "The girls always ask me about the help I need with washing and dressing, but they know how much I can do for myself and how I like things."

We checked the care records of four people who used the service. We found a detailed assessment of their needs had been undertaken before their admission to the service. One relative told us, "I was involved in the assessment and care plans. Staff went through everything with me to make sure they get things right for mum."

Care plans were detailed and contained a good level of personalised information. People's likes, dislikes, wishes and preferences were recorded. For example, preferences were recorded such as bathing and gender support.

Care plans contained individual risk assessments for falls prevention, moving and handling, pressure damage and malnutrition. Daily records and evaluation of people's care plans showed staff were following the guidance recorded within the risk management plans. For example, where one person had been identified as losing weight staff had made a referral to the dietetic service to assess their needs.

Care plans contained a life history section which gave a detailed biography of the person's life so far. We found people's relatives had been encouraged to help complete these. This information supported staff's understanding of the person's background, values and people important to them. This enabled staff to better respond to people's needs and provide a person centred approach to their care.

Specific care plans had been developed where people displayed behaviour that was challenging to the service and others. These plans were being reviewed regularly and where people's behaviour deteriorated we saw that referrals were made for professional assessment and advice. The behaviour management plans provided guidance to staff but more information about the triggers for people's behaviours and the type of distraction support people responded to, would better guide staff to manage the situation in a consistent and positive way. We discussed this with the registered manager who confirmed the improvements needed to the behaviour management plans had been identified in recent audits, which we were shown. The registered manager informed us they were planning to provide more training and direction for staff in this area.

Prior to the inspection the registered manager had notified us about one person having sustained a pressure ulcer. The registered manager confirmed that following the incident they had liaised with relevant agencies including the local authority safeguarding team, the community nursing team, the person's GP and family. We found the person's care plans and risk assessments had been reviewed and appropriate equipment and support was in place. The registered manager had completed an investigation which identified the pressure ulcer had developed following omissions in care support over one night. They outlined all the action they had taken, which included formal disciplinary procedures in respect of the staff involved. We saw a copy of the memo sent to all staff and records of staff meetings and training sessions which had been arranged to discuss the shortfall in care, the outcome for the person and lessons learnt from this.

During the inspection we spoke with four community nurses about the current quality of care for people at the service in relation to pressure damage prevention. All the community nurses expressed positive comments about the standards of skin care provided by the care team. Two described their patient's dependent needs and how the staff had provided consistently good care over a long period of time.

We saw a programme of activities was displayed in the home. This included activities such as bingo, ball games, reminiscence sessions and visiting entertainers. The registered manager confirmed the activity budget had increased recently and they were able to fund more regular external entertainment such as singers, which many people enjoyed. We spoke with the activity co-ordinator who told us they were employed for 20 hours per week; they explained how they struggled to provide meaningful activities on each floor within that time. They confirmed they had a college student on work placement for a few weeks who was assisting with activities and this had improved the quality and frequency of the sessions.

We discussed dementia specific activities with the activity organiser; they confirmed some people regularly used to participate with life skill activities such as washing up and

Good

Is the service responsive?

setting the tables, but this had tailed off as their illness progressed. During the inspection we observed small groups of people on each floor were supported to play bingo.

Relatives we spoke with considered there were generally enough activities provided but this could always be improved. A relative told us, "Activities are usually in the afternoons, but it would be great to see a bit more going on at other times."

The registered provider's complaints policy and procedure was posted in the reception area and contained the contact details of relevant external agencies. Records showed that three complaints had been received about the service in the last 12 months. We found these had been investigated by the registered manager and a response provided to the complainant within the timescale.

People and their relatives told us that they were comfortable discussing their concerns with the registered manager; they considered her very approachable and always dealt with things in a professional and timely manner. One relative explained how they had raised a concern when their relation had first entered the care home regarding discolouration of laundry in the washing machine. They told us they had mentioned this issue to the registered manager and that it had been dealt with very efficiently and effectively.

Good

Is the service well-led?

Our findings

People who used the service told us the home was well organised. One person said, "I think the staff are well trained and well led, they all seem to know what they are doing." Another person said, "The manager is very good, you only have to mention something and she has dealt with it. Everything runs very smoothly like appointments and things."

The service had a registered manager in post, who was supported by a deputy manager and a night care manager. We found the registered manager had an organised office and filing systems; any records we requested were produced quickly. Relatives we spoke with told us they had every confidence in the management. We saw the registered manager spent time out of their office in the communal areas on the different floors and was known to visiting relatives and health care professionals. Comments from relatives included: "She's a good manager, she sorts everything" and "I don't think you will find any problems in this home, they are brilliant, (Name) is a very good manager, she's a sorter and gets things done."

We spoke with the registered manager and seven members of staff, some had different work roles. They demonstrated they understood their roles and responsibilities and told us they felt well supported to carry out their work. They confirmed they knew the lines of management to follow if they had any issues or concerns to raise. Grimsby Manor is part of a large organisation and staff confirmed senior managers visited the service regularly and were accessible and approachable during their visits.

Staff we spoke with demonstrated their understanding of whistle blowing procedures and said they would feel comfortable to use the procedures if they needed to. We saw the registered provider had a policy and guidance in place for staff to follow.

Staff told us they had regular staff meetings which enabled them to receive up to date information about the service and the organisation. They said they were also able to share their views and make suggestions which they felt were respected. We saw records of staff meetings which included discussion on topics such as: audit findings, medicines, record keeping, infection control and nutrition.

Staff considered there were clear communication systems within the home and they were kept up to date with changes in people's care needs, and any service and organisational developments.

The registered manager explained the quality monitoring programme. They were required to complete a monthly audit tool, which covered a range of areas such as: care records, the environment, finances, complaints, incidents, falls, weights, pressure ulcers, infections, training and staff supervision. Checks on the audits showed action plans were put in place where shortfalls or concerns were identified. For example, records showed referrals had been made to the falls prevention team following increased incidents of falls. We saw action plans were monitored and reported to the registered provider to make sure that actions were completed in a timely way.

Records showed a compliance manager visited on behalf of the registered provider most months; they completed an audit of the service which was mapped to the essential standards of quality and safety. We found the registered provider used the audit tool to rate the service using a traffic light system. Grimsby Manor was rated 'Green' at all the recent audit reports we viewed. The operations manager also completed quarterly 'performance' reviews which looked at areas of management of the service such as bed occupancy, staff management and budgets. These audits and reviews ensured the registered provider had a clear understanding of the quality and safety of the service provided to people who used the service.

We saw that systems were in place for recording and managing safeguarding concerns and incidents and accidents. Detailed records were made of accidents and incidents that had occurred and the immediate action taken. We saw the management team analysed the incidents to identify patterns or trends. The documentation showed that management took steps to learn from such events and put measures in place to reduce the risk of future events occurring.

Records showed people and their relatives took part in regular meetings so they could express their views about the services provided at the home. A relative told us they attended the meetings and considered the management of the service listened to their suggestions. They told us, "One improvement was when they took the carpets up along the

Good

Is the service well-led?

corridors and we had nice new laminate flooring put down, it's much better." Another relative commented, "We are so pleased mum moved in here; it's living up to all our expectations, very pleased with the care."

There had been a recent quality survey to gain views of family members as well as people who used the service. The registered manager confirmed they had so far received 13 replies from the 40 they had sent out. Three respondents had made comments about the staffing levels and the registered manager confirmed the staffing numbers had recently been increased following similar concerns raised at a recent relative's and resident's meeting. We also found some negative comments had been made about the laundry which the registered manager was addressing. All other comments about the service were very positive. The registered manager told us they welcomed comments about the service and always wanted to improve.

The registered manager informed us that the registered provider was working in partnership with charities such as 'Age UK' and 'Action on Hearing Loss' to develop good quality care for older people. Specific training for staff had been provided to support and enhance the partnership work.

The service had undergone assessment by North East Lincolnshire clinical commissioning group in 2013 where 14 quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating. The registered provider had also secured the Investors in People Award for the organisation in 2014.