East Sussex County Council

Grangemead

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 and 11 April 2018 and was unannounced.

Grangemead 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.

Grangemead is a purpose built property covering two floors which registered with CQC in January 2017. The service can accommodate 12 people with a learning disability for short or longer periods of respite including emergency respite. The age range of people using the service is 18 years and over. Care and support was provided to people living with a learning disability and other conditions that included diabetes and epilepsy. On the day of our inspection there were six people at the service for planned respite and five people who had accessed the service for emergency respite. The service had 47 people accessing the service for regular respite.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This is the first inspection since registering in January 2017.

The registered manager and staff explained they referred to people who used the service as "guests" and they intended to provide a 'hotel' style service, which was safe, stylish and comfortable. For the purpose of this report we will refer to people as guests.

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

Guests received care that was personalised to meet their needs. However there was little reflection in the care documentation of what the stay was to accomplish or of individual goals set, such as rebuilding relationships, confidence building, behaviour management or seeking an alternative placement due to their increased health needs. This was specifically for the emergency respite guests. This was addressed immediately by the management team.

The provider had quality assurance systems to assess and monitor the quality of service provision and drive improvement. The audits had identified issues with consistent recording of fluids for certain guests. We found that the recording of fluids was still not consistently completed and still needed to be embedded into

everyday day practice.

Guests who were supported by the service were safe. Staff had a clear understanding on how to safeguard guests and protect their health and well-being. Guests had a range of individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to guests had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of guests' needs and followed guidance to keep them safe. There were sufficient numbers of suitable staff to ensure the safety of guests.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where guests were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for guests who may be deprived of their liberty for their own safety. Staff received a wide range of training to ensure they could support guests safely, and support to carry out their roles effectively. Guests felt supported by competent staff who benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the guests they cared for. Guests nutritional needs were met. Guests were given choices of food and were supported to have their meals when they needed them.

Guest were supported to maintain their health and were referred for specialist advice as required. There were good systems that ensured safe transitioning between services. Staff knew the people they cared for and what was important to them. Staff appreciated guests' life histories and understood how these could influence the way guests wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in house and in the community. Staff treated guests with kindness, compassion and respect and promoted guests independence and right to privacy.

The service looked for ways to continually improve the quality of service. Feedback was sought from guests and their relatives and used to improve care. Guests knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy. Leadership within the service was open, transparent and promoted strong staff values. This had resulted in a caring culture that put the guests they supported at its centre.

Guests, their relatives and staff were complimentary about the management team and how the service was run. The registered manager had informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

Further information is in the detailed findings below.

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

Grangemead was Safe

Guests had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote guests safety. The environment and equipment was well maintained to ensure safety.

Medicines were stored, administered and disposed of safely. Staff had received training on how to safeguard guests and were clear on how to respond to any allegation or suspicion of abuse.

There were enough staff on duty to meet the needs of guests. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service.

Is the service effective?

Good

Grangemead was effective.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005.

Guests received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support guests effectively.

Guests received a nutritious and varied diet. Guests were provided with menu choices and their dietary needs met.

Is the service caring?

Good

Grangemead was caring.

Staff knew people well and had good relationships with them. Guests were treated with respect and their dignity promoted. People were involved in day to day decisions and given support

when needed.

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Care records were maintained safely and personal information kept confidentially.

Is the service responsive?

Good

Grangemead was responsive.

Support plans contained information to guide staff in responding to guests individual health needs.

There were activities for guests to participate in as groups or individually.

Guests told us that they were able to make everyday choices, and we saw this happening during our visit.

A complaints policy was available and complaints were handled appropriately. Guests felt their complaint or concern would be resolved and investigated

Is the service well-led?

Good

Grangemead was well led.

Guests and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Grangemead

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.

We inspected the service on the 9 and 11th April 2018. This was an unannounced inspection. The inspection was undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the action plan provided following our last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We looked at four support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 15 guests and two relatives to seek their views and experiences of the services provided at the home. We also spoke with the registered manager, deputy manager, five care staff and two members of ancillary staff. During the inspection process we spoke to health and social care professionals that worked alongside the service to gain their views.

We observed the care which was delivered in communal areas and spent time sitting and observing guests throughout the home and were able to see the interaction between guests and staff. This helped us understand the experience of guests who could not talk with us.

Good

Is the service safe?

Our findings

Guests felt safe in the home. Our observations found guests were relaxed and comfortable in approaching and interacting with staff. Guests told us they felt safe living at Grangemead. One guest told us, "I'm very safe here, I know they will look after me." Another said, "They help me, give me my medicine and take me to the doctor when I need to go."

Staff had a clear understanding on how to safeguard guests and protect their health and well-being. Staff had received safeguarding training and understood their responsibilities for keeping guests safe from the risk of abuse. They were able to give examples of signs and types of abuse and discuss the steps they would take to protect guests, including how to report any concerns. The organisation had a whistle-blowing policy that provided guidance for staff on how to report concerns in the workplace. Staff told us they felt confident to whistle-blow if necessary. A member of staff said, "I would report any concerns I had, if dealt with, that would be fine, but if nothing happened, I would go to the local authority and CQC."

A safeguarding poster was on display in the main office highlighting steps that care workers should take if they suspected abuse and telephone numbers of contacts they could call to report any concerns.

We discussed with staff how they made sure guests were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "I make sure that everyone is treated the same, and everyone is treated with dignity and respect. Staff are mindful of racism or sexism and respect guests differences. We are also aware that our guests may not be comfortable with staff from overseas so we do observe how staff and guests react to each other and any hint of trouble we act straight away." Staff had received training in equality and diversity.

Guests' support plans included risk assessments and where risks were identified there were management strategies to manage the risks. Staff were aware of the risks to guests and used the risk assessments to inform care delivery and to support guests to be as independent as possible. Risk assessments included risks associated with: medicines, using the shower, community based activities, nutrition and environment.

Ways of reducing the risks to guests had been documented and staff knew the action they would take to keep guests safe. For example, guests with mobility problems had had an assessment of need undertaken and there was guidance in the moving and handling plan to guide safe in keeping them safe such as using a walking frame. Staff ensured that it was always within their reach and that their footwear was suitable. There was clear guidance to manage health related risks such as seizures, and swallowing difficulties. One guest had developed swallowing difficulties and had been seen by a speech and language therapist (SaLT) who had left directions to maintain the safety of the guest. Both care staff and activity staff were aware of the need to ensure the food was of the correct consistency, that the guest was sat upright whilst eating and to monitor for signs of coughing. Staff documented any signs of coughing following meals. Staff had good knowledgeable about the guests they supported. They knew each guests individual traits and were quick to respond to signs of distress, agitation and discomfort with appropriate techniques. We saw staff use diversional techniques when guests displayed behaviours that may escalate and cause them harm. For

example, one guest had been displaying behaviours that challenged and staff had identified triggers and when first signs were noted staff took immediate precautions and used interactive skills to de-escalate the situation.

Staff managed medicines consistently and safely. Staff that supported guests with medicines had received training and competency assessments in the safe handling of medicines. Medicines were stored correctly and at the right temperature. Medicines were counted at every shift handover to verify quantities and medicines administration record (MAR) charts were signed. A list of signatures were retained to allow for identification of care workers that had administered medicines on a particular day. Weekly checks were also done looking at whether medicines were stored and administered correctly, any omissions in MAR charts or errors were picked up and action taken. To protect guests with limited capacity to make decisions about their own care or treatment, the provider followed correct procedures when medicines need to be given to guests. Each guests had a medicines support plan and a risk assessment in place. These included how guests consented to medicines and how they expressed if they were in pain. Risk assessments were completed in their best interests and looked at the level of support, their choices and preferences, and a record of when 'as required' (PRN) medicines, such as paracetamol were administered.

Incidents and accidents were clearly reported and documented at the service. All records were clearly written and reviewed by the registered manager who analysed the information to highlight any areas for development. This included a record of actions to be taken, by whom and when this should be completed. This meant the likelihood of recurrence had been reduced and future risks had been minimised.

Health and safety audits were regularly undertaken by the registered provider to ensure that guests remained safe. Environmental risk assessments were carried out regularly looking at access to the home, maintenance and catering. Monthly health and safety checklists looking at the doors, fire safety, first aid, food safety, manual handling, documents, COSHH, infection control, electrical safety were done. We saw current certificates for gas safety, portable appliance testing and electrical safety.

Emergency lighting and fire safety equipment were tested monthly and fire drills carried out every three months. Water temperature checks were in place and up-to-date as well as fire alarm and equipment safety testing. Regular reviews, servicing and repairs were undertaken and recorded for equipment including moving and handling hoists, slings, profiling beds, ceiling track hoist's and manual wheelchairs.

There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Guests ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Guests were cared for in a clean, hygienic environment. During our inspection, we viewed bedrooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. There was an infection control policy and other related policies to guide staff in the prevention of cross infection. Guests and visitors told us that they felt the service was clean and well maintained. One guest said, " It's is very clean and comfortable here." Protective Personal Equipment (PPE) such as aprons and gloves were readily available. Staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service.

There were enough competent care staff on duty to make sure that practice was safe and enabled them to respond to guests needs. There were two quests that required one to one support throughout the day and this was provided. Staffing levels were adapted to guests changing needs. There were four staff on during

the day and two waking staff at night. Separate staff supported quests with activities.

Recruitment systems were robust and made sure that the right staff were recruited to keep guests safe. We reviewed five staff files. A record was kept of all staff Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people working with vulnerable groups. Copies of proof of identity such as passport and national insurance numbers were kept and interview notes were retained along with, two references and their original application form.

Good

Is the service effective?

Our findings

Guests received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included staff undertaking the care certificate. The care certificate is a set of minimum standards that social care and health workers follow within their daily working life. The standards give staff a good basis on which they can further develop their knowledge and skills. The induction also included shadowing an experienced member of staff. The induction programme was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction was really helpful. I had training in health and safety, infection control, safeguarding, fire, medication, manual handling, challenging behaviour training and MCA. It prepared me for the role."

All staff received essential core training which included manual handling, fire safety, health and safety, infection control, nutrition and hydration, food hygiene, person centred care, safeguarding and whistleblowing, first aid and Mental Capacity Act 2005 (MCA). Additional training included management of behaviours that challenge, autism and the principles of working with people with learning disabilities. The registered manager kept a service training needs spread sheet which included courses due to expire, which meant they had a good oversight of the training needs of staff.

Care staff said, "Really good supportive team, any problems we can speak with either our manager or the deputy. We have supervision every three months." Yearly appraisals took place and supervision was held every two to three months. The appraisal looked at the years' work and achievements, the years learning and development and objectives for the upcoming year. Records provided supported this.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted to the appropriate authorities to cover for periods of time that a person was on respite at the service. For those guests who had not yet had an application authorised, all supporting documentation was in place.

Staff understood and had a good working knowledge of the DoLS and the key requirements of the MCA. These were put into practice, ensuring that people's human and legal rights were respected. There was an MCA and Best Interests flowchart and information in the staff office for care workers to refer to if needed. Guests' consent was sought before any care or support was given. Staff told us they would explain support to be given and seek the guest's consent. We observed staff seeking verbal consent whenever they offered support. We also saw in care files that guests, or family members and advocates on their behalf, gave consent for care they received and in line with best interest decision making guidance. For example, all files

reviewed showed consent for support and taking and using photographs. Staff told us consent was always sought and the response was not necessarily obtained verbally. Staff observed guests body language which determined if a guest was happy with the support offered.

Guests' needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with guests before they arrived at the service whenever possible. This was to ensure that they could effectively meet their needs. The assessments were clearly recorded and incorporated information about their preferences and wishes. The provider used a series of standard assessments to establish guests' needs with regards to health, skin integrity, nutritional needs, assisted moving and mental capacity. These helped determine guests' base line care needs. The assessments were enhanced with personalised information which had been provided by the guest themselves and their representatives. The staff used these assessments and additional initial observations to create care plans so that guests received the care and support which was right for them. Assessments were reviewed each month and following any changes in guests needs.

Care workers were familiar with guests routine health needs and preferences and consistently kept them under review. The provider engaged with health and social care professionals and acted on their recommendations and guidance. A health professional told us, "They listen to our recommendations and follow our advice. If they have a concern they don't hesitate to contact us."

Guests had health support plans which included details of professionals involved in their care, medicines support, a medicines profile and any health issues such as mobility or eye care. Health action plans included any steps that staff needed to take to support guests. There was evidence that guests had access to and were reviewed by their GP, physiotherapist, optician, dentist, and podiatrist.

Appropriate referrals were made when needed. For example, the community team for people with learning disabilities carried out an occupational therapy review for a guest that used the service. There was evidence that guests were supported by their specific health professional team at regular intervals where relevant. For example, community learning disability nurse, specialist care plans, such as an epilepsy care plan, along with a seizure monitoring chart were in place for those that required it.

There was a varied menu for guests. Food that was available to guests included burgers, soups, curries, sandwiches, sausages and pasta. Some guests were able to articulate what they wanted to eat, whilst family members were asked if appropriate where guests were unable to choose.

Care workers supported guests to manage the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health. Meal time guidelines were in place for guests. These had been developed by the provider, advising staff what tasks guests were able to do independently, such as pouring milk for breakfast and which tasks they needed support with such as eating. Speech and language therapist (SALT) eating and drinking guidelines were on display for staff to refer to for guests with complex needs.

Guests' individual needs were met by the adaptation of the premises. The premises had received a major refurbishment which provided guests with a hotel style environment, with a safe accessible garden and plenty of comfortable communal areas. Communal areas of the service were accessible to all guests and those on the first floor could be accessed via a lift. There were no restrictions to those who had a mobility problem. All bedrooms had an ensuite facility and some had ceiling hoists for safe and smooth moving and handling. There was a self contained flat which was specifically designed for those who may injure themselves so there were no sharp corners or detachable pieces of furniture. There was also a bariatric

(larger size) bedroom with ensuite for heavier guests. Communal bathrooms with specialised baths had been designed to meet guests needs, for example there was a bath which could be used for those that live with seizures.

Good

Is the service caring?

Our findings

We observed many caring interactions between staff and their guests during our inspection. There was a relaxed atmosphere and we saw guests approach staff for support and company.

Guests' preferred names were used on all occasions and we saw warmth and affection being shown to guests. The atmosphere was calm and pleasant. There was chatting, laughter and use of appropriate humour throughout the day. The inspectors were introduced to guests and to staff. Staff took time to explain the purpose of our visit to guests and sought their consent for us to speak with them. Staff told us how each guest preferred to communicate and shared any special methods of communication such as writing to ensure we were able to obtain views from all guests. Staff also told us of how they supported those who cannot verbally express themselves, "We monitor their behaviour and learn how they express themselves." We were told by staff 'when (name) does this', 'it means this' and then they detailed how they support the guest. It was acknowledged that this could feature more prominently in care plans to guide staff and health professionals. One care worker said, "We communicate in different ways with different guests, one of our guests uses pen and paper and also brings us books with the words on, it's their particular way to communicate and it works really well."

Understanding guests' specific ways of communicating also meant staff ensured guests were able to consent to and be involved in decisions about their care. For example, if one guest walked away staff knew this meant the person did not want to engage at that moment and would leave them until they could try again. Staff spoke about guests in a caring and respectful way. Support records reflected how staff should support guests in a dignified way and respect their privacy. Support plans were written in a respectful manner. Guests and their families or representative were involved in developing their care plan. Records showed where appropriate, guests, relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care.

Staff understood the importance of confidentiality. They told us, "You need to protect confidentiality. I do not talk about anything to do with work outside of work or share with other guests" and "We seek permission to share personal information. Guests' support records were kept in locked cabinets in the staff office and only accessible to staff. Each guest's support plan detailed the importance of guests maintaining their independence where possible. For example, guests were supported to be in relationships and to go out with family and friends. Staff told us that guests were encouraged to be as independent as possible. One member of staff said, "If you did all for them you'd take away their independence and it might mean they can't return to independent living."

Guests were supported to express their views and make informed choices about their care. We observed both the registered manager and care workers supporting guests throughout the inspection, they took their time when giving guests the information and explanations they needed, and the time to make decisions. Preferences in relation to their personal care were recorded, for example, how they liked to take their bath and what were their preferred times for waking and going to bed. There were instructions for staff to refer to, advising them on the level of support required and where guests were able to do tasks independently.

Where guests needed prompting, the level of prompt was recorded. This allowed guests to maintain a level of independence and have some control over aspects of their lives. Guests benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Risk assessments and decision making pathways were used to allow choice and enable the development of guests' independence.

Guests' rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones. There were items of interest from the provider, such as their vision and values, newsletters, details of events that had taken place, the weekly activities programme, health information booklets and advice about advocate services. Information on the use of advocacy services was available and the registered manager confirmed staff worked in partnership with Independent Mental Capacity Advocates (IMCA) when required. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Good

Is the service responsive?

Our findings

Before guests used the respite service provided at Grangemead, the registered manager or another appropriate staff person visited them in their own home to assess their needs. If it was an emergency then the assessment may not performed before they arrived but immediately upon arrival.

The care plans were developed with guests and if appropriate their families, taking into account their life history, likes, dislikes and ways they would like to be supported. It was discussed that for some guests the care plans did not reflect the reason for the emergency stay at Grangemead, such as their previous placement breaking down or not coping with ill health in their own home. There was little reflection of what the stay was to accomplish or individual goals set, such as rebuilding relationships, confidence building, behaviour management or seeking an alternative placement due to their increased health needs. This was taken forward by the management team immediately. Staff were very knowledgeable about the reasons guests came to Grangemead and were able to discuss in depth the outcomes needed and how guests were to achieve these outcomes with their support.

Guests who came regularly to Grangemead for respite (short stay) had a care plan that had been regularly updated at each visit and reflected changes that had occurred over time. The documents contained a good level of important information such as what and who was important to the individual, how they spent their time, and what support they needed. Where possible, the guest was involved. Care plan files contained all the information required to support guests throughout the day and night and included details of the health and social care professionals also involved. Care plans contained information about personal care needs, medicines administration support needs, mobility needs, continence, communication and individual health requirements.

The service had good systems to ensure smooth transition between services. Guests had 'hospital passports' which had all the important information to allow continuity of care. These included important information on communication, likes and dislikes, health information and allergies.

Staff completed daily care records that showed the support and care they provided to each guest. At the daily shift handover meeting, staff shared information of the guests' life for the past 12 hours. This ensured continuity of care and was an opportunity to share any concerns such as poor eating and drinking or a change in an individual's behaviour. Staff found the handover meeting very helpful as it gave them the opportunity to discuss how best to manage any concerns. The daily notes also reflected activities undertaken, behaviours, what they had enjoyed, visitors, diet and hydration, medication and other information specific to the guest. This information was used to develop guests' care plans to ensure they remained up to date.

Guests were protected from the risk of social isolation by staff that knew the importance of maintaining relationships. Families and friends were welcomed in to the service by staff.

Grangemead had two activity co-ordinators whose role was to develop and retain life skills and provide

stimulating activities to individuals on a one to one basis and in groups. Whilst there was an activity programme in place, the activity team said it was dependent on a day to day basis and of the guests in the service. They gave examples of when guests didn't want to do the planned activity and then a decision was made by all present to do another activity. There was a minibus which was used for trips out to local amenities of their choice. There had been trips out to the seafront in Eastbourne, meals out and trips to the garden centres. The activity co-ordinators kept records of what guests participated in and whether it was enjoyed and beneficial. These records were used as a tool to continually review the activities offered. Each guest had an activity book which they had added photographs of visits out and what was important to them, such as pets.

The activity co-ordinators were responsible for the preparation of lunch. On the first day of the inspection, guests were preparing vegetables for homemade soup and they had made fresh bread to accompany it. Maintaining life skills and independence was seen as important part of the activity team's role and the activity team discussed ways of consistently taking this forward. Plans for the garden area were being discussed and ideas from guests and staff were requested and added to the plans. It was hoped that this would be completed during the next few months. There was a computer room which guests could use with support from staff and a further room which could be used for private meetings and quiet time.

The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to guests at Grangemead. This included flash cards (pictures of everyday items and activities) and the use of ipads and computers. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure guests with a disability or sensory loss can access and understand information they are given. There were pictorial and printed activity programmes, complaints and safeguarding posters.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. The complaint system was also available on the website for the service. Guests told us they felt confident in raising any concerns or making a complaint. One guest told us, "I talk to the staff." Another said, "I would tell one of the staff or go to the office." Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and it was monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated. We received one compliment through the CQC contact us portal which we shared with the registered manager and staff.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service once they left. These were collated and the survey outcomes shared with guests families and staff. The actions to be taken were also shared.

Good

Is the service well-led?

Our findings

Guests, staff and relatives spoke positively about the leadership at Grangemead. Staff said, "We work as a team, we all want to do our best, we are led by a great management team."

The provider had quality assurance systems to assess and monitor the quality of service provision. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, the medicine audit had identified some poor recording and this was managed in monitoring, supervisions and further support by senior staff. This had been actioned and errors have decreased. However during the inspection we found that improvements to fluid monitoring and emergency care plans was needed and this was acknowledged by the management team. This had not impacted on guests' outcomes at this time because of staff knowledge of the guests they supported. The registered manager had already identified fluid charts as an area that required improvement and was disappointed with the shortfalls we found. We have confidence that this was taken forward immediately by the management team and systems introduced to ensure fluid charts were consistently completed.

The kitchen team had clear lines of accountability and documentation to ensure safe practices in the kitchen had been embedded into everyday practice. Audits of staff recruitment had ensured that recruitment processes were safe. Falls, accidents and incidents were recorded, monitored and an action plan put in place to prevent a reoccurrence. There was evidence documented that incidents, accidents and safeguardings were reflected on, analysed and lessons learned going forward. The registered manager said, "We learn from safeguardings, feedback and incidents and this helps us to improve our care delivery."

At the time of our inspection, the service had a registered manager in place. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of the guests who used the service.

There were clear lines of responsibility and accountability within the staff team at Grangemead. There was a registered manager, a deputy manager, a team leader as well as senior support co-ordinators who were responsible for managing each shift. There was also an area manager who provided support and guidance. Staff were aware of who their line manager was and who they could gain advice and support from at any time. Staff had access to a 24 hour on-call manager during weekends and out of hours. This ensured management support was available at all times for staff.

The service had a positive culture that was open and inclusive. Staff meetings were held regularly and topics discussed included respect for people, health and safety, key working duties and rotas. It included an open session for care workers to raise any issues. Care staff told us they felt like valued members of the team.

During our visit, management and staff were open and transparent and proud of the service they delivered. They were keen to demonstrate their caring practices and relationships with guests. Staff told us they felt the service was transparent and honest. Staff we spoke with felt the service was well led and that the registered manager was supportive. They told us they had good relationships with the registered manager.

Staff comments included, "Yes, manager is approachable. She is always available in the service and when she is away, we have a deputy and if I want to raise any issues I talk to the manager, who is always open and endeavours to address the issue."

Grangemead had clear values and principles established at provider level. All new staff had a thorough induction programme that covered the service's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff. The staff team at Grangemead were aware of the vision of the service. We were told, "We provide a hotel style environment for respite and emergency respite." We were also told. "It's a safehaven for those that require emergency respite, we offer support for families as well as guests." Staff were enthusiastic about their service, "It's rewarding and a really good place to work."

Guests benefited from staff who understood and were confident about using the whistleblowing procedure. The provider had a whistle blowing policy that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "Yes. There is a whistleblowing policy to follow that gives me guidance on what to do."

Prior to our inspection we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. The home demonstrated they fulfilled their statutory responsibilities and submitted statutory notification as required by law to the Care Quality Commission in a timely manner.

Regular meetings were held for the staff team. This enabled any relevant information to be disseminated across the workforce and allowed open discussions about any areas of concern or any scopes of good practice.