

Grove Lodge Care Home Limited

Grove Lodge Care Home

Inspection report

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Stockport
Greater Manchester
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Tel: 01614838654

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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

Grove Lodge Care Home is registered to provide accommodation for 19 adults who require help with personal care and support with their daily lives. The statement of purpose for the home states that they provide services for people who may be living with dementia and/or mental health disorders. At the time of our inspection there were 18 people living at the home.

The home is located on the outskirts of Stockport and is close to local amenities and services.

Grove Lodge has eleven single occupancy rooms, three with en-suite facilities and four bedrooms with shared occupancy. The three bedrooms on the first floor of the building could not be accessed by people with limited mobility because there was no passenger lift.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager was registered in July 2016.

We inspected Grove Lodge Care home on 20 June 2018.

The service was last inspected in December 2016, and rated Requires Improvement. There were three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, relating to safety at the service and how it was governed. Following the inspection the provider sent us an action plan which stated the breaches would be addressed. At this inspection we found significant improvements in all areas.

At this inspection we found that the service had fitted two new boilers which meant people had unlimited access to hot water. People told us that they could have a shower whenever they wished and the facilities suited their needs.

We found that systems to monitor the safety and quality of the service had been put in place and sustained over a period to ensure compliance with the regulations.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. This included training specific to the needs of the people living at Grove Lodge.

Staff knew how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. The service had developed a staffing dependency tool to ensure there were sufficient staff to meet people's needs.

Person-centred care plans were in place that reflected the needs of the people living at Grove Lodge and included a range of individual risk assessments developed to keep people safe.

Environmental risk assessments were carried out regularly to ensure safe service provision and maintenance work was carried out and recorded. Grove Lodge was clean and well maintained.

Staff were sufficiently supervised and had their performance reviewed by managers regularly. People had access to a range of activities which was suitable to their age, gender, ethnicity and beliefs. There was a relevant complaints procedure. There had not been any formal complaints since the last inspection.

The service liaised well with other organisations to help meet people's health and social care needs.

Medicines were safely administered by staff who had received appropriate training. The service had recently introduced an electronic medicines management system which enabled the management team to have clear oversight of how staff administered medicines and helped easily identify medicines errors.

Systems were in place to ensure that all medicines were stored correctly and dispensed by staff trained to provide medicines safely, and where health needs were identified we saw staff followed advice given by professionals to make sure people received the care they needed.

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 had improved to Good.

Facilities had improved and hot water was readily available. People told us they could have a bath or shower whenever they wished.

Staff understood how to keep people safe from harm, and when allegations of abuse were made these were thoroughly investigated.

There was a robust system in place to recruit staff.

There were effective systems in place for managing medicines.

Is the service effective?

Good ●

The service had improved to Good.

Staff were well trained and people felt confident in their abilities to care for them. Staff had completed specialist mental health training.

Capacity and consent issues were considered, and where people were deprived of their liberty the correct authorisation had been applied for.

There was effective liaison with health care professionals.

Is the service caring?

Good ●

The service was Good.

Staff treated people in a caring and compassionate manner

Staff agreed that this was important and spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal

information was securely stored

Is the service responsive?

Good ●

The service had improved to Good.

The service had systems in place for receiving, handling and responding appropriately to complaints.

People contributed to their care reviews and were consulted on service provision.

Care plans reflected people's needs and how they would like their care to be delivered.

Where possible, people were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

Good ●

The service had improved to Good.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Grove Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 June 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an assistant inspector.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also contacted the Healthwatch Stockport and Stockport Metropolitan Borough Council for any information they held about the service. We used this information to assist us at the inspection. We spoke with four people who used the service, one relative, the proprietor, the registered manager, the deputy manager, three care staff members and a visiting health and social care professional.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at four care records and four medicines administration records of people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe at Grove Lodge. One person told us, "I feel safe here, the staff keep an eye on everything and the building is always secure so people can't just walk in off the street." Another person said, "It seems like a safe place to be."

The home was secure. The front door was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Storerooms which contained substances which might be hazardous to people who used the service were kept locked away.

We saw from the training records and staff files that staff had received safeguarding training. Staff had policies and procedures available to report safeguarding issues and used the local social services department's adult abuse procedures to follow local guidance. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistleblowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Staff we spoke with said, "I know what the rules are around safeguarding, I would pass any concerns on immediately." and "We are not the type of place to tolerate anything going on that shouldn't be, it would be reported." This showed staff would respond to any incidents of abuse.

We saw that when a safeguarding issue had been raised it had been investigated and action taken to prevent any further incidents and appropriate action taken. This meant the service would respond to safeguarding incidents to protect vulnerable people.

Staff were recruited safely and full employment checks were carried out before staff started work at the service. We looked at three staff files. They contained the required documentation including an application form, interview questions and answers, references which had been validated and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce the incidents. This included any behaviours that challenge. This information helped staff understand what may cause this behaviour and what staff could do to safely de-escalate the situation.

At the last inspection we identified a breach of Regulation 15 (1) (c) (e) Health and Social Care Act 2008 (Regulated Activities) 2014. We found that 16 people living on the ground floor had access to only one shower and some people were unable to use the bath because of their limited mobility.

At this inspection we found that a bath hoist had been installed so people could access this facility. People told us that they could have a bath or shower when they wished to. One person told us, "The shower is hot.

There are mats in the shower for safety." Another person said, "[The facilities are] generally very good, yes they are warm. I usually have a shower in the morning and a nice warm shower before bed if I like."

At the last inspection people told us that access to hot water was limited due to problematic water delivery. The service acted immediately and two new boilers were fitted. This successfully remedied the issues relating to water temperatures. We checked the water in a selection of rooms and found that hot water was readily available.

We found that since our last inspection environmental risk assessments had been carried out regularly at Grove Lodge which mitigated potential risks to people using the service. We carried out a tour of the home and found it to be in a good state of repair and saw records of the maintenance work that had been completed.

The home was well-maintained, clean and free from any unpleasant odours. There were several communal rooms which were decorated to a high standard and provided a pleasant environment for people to relax in. Steps had been taken to minimise risks. For example, the radiators we saw were covered, which meant people could not burn themselves if they touched or fell against them.

We saw in the care plans that there were risk assessments for the environment and for any specific need a person had. This was for specific health related conditions such as diabetes or activities like going out in the community. Part of the risk assessment process was called positive risk taking. This highlighted what the risk was, for example one person needed support from two staff when accessing the bath using the bath hoist. We saw the risk assessments were used to keep people safe and did not restrict their lifestyles.

We saw the service had taken a proactive approach to managing risks. These included analysis, identification and review of environmental risks and hazards. For example, a fire risk assessment identified ways to minimise the risk of fire, including regular servicing of fire equipment, alarms and fire drills, and preventative measures to reduce the fire risk where people smoked. Personal emergency evacuation plans (PEEPs) had been developed for the people who used the service, and there was an up to date copy of the plan on the back of each bedroom. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs.

There were systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and personal protective equipment, such as disposable aprons and gloves was used appropriately by staff. For example, while serving food or carrying out personal care. People thought the home was clean, one person told us, "I must say that they are very clean. They possibly go over the top. They want to make sure it's very clean. They do the frames as well as the windows. They do all the washing as well as the curtains."

The kitchen had achieved a rating of five stars at a food standards agency inspection in November 2017. This meant food ordering, storage and preparation were classed as 'very good'. The manager carried out regular audits which monitored the disposal of waste, risk around legionella disease and pest control. Two domestic staff kept the home clean and tidy and we saw there were comprehensive cleaning records and audits in place.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helped to ensure the safety and well-being of everybody

living, working and visiting the home. The manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker; and when full checks were needed for water temperatures and legionella testing. The service also had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

Medicines were managed safely. All medicines were stored correctly and were administered by senior care assistants who had been trained in this area. The service had recently started using an electronic medicines administration system. We observed the lunchtime administration of medicines and saw that the system was comprehensive, easy to use and had several safety features which ensured that medicines were only given as prescribed. The system also had the facility to enable the registered manager to monitor and check that medicines had been given correctly and identify medicines errors.

We checked the stocks of some boxed medicines against the MAR charts and these were accurate. We also checked a sample of the monitored dosage system (MDS) blister pack medicines against the MAR charts. These were also accurately recorded with no gaps. The member of staff we spoke with was knowledgeable about people's medicines and why certain medicines were necessary.

There was a medicines policy in place and guidance for staff around safe administration, storage, ordering and disposal of medicines. All staff had undertaken annual competency checks to help ensure skills and knowledge remained current and relevant.

People and staff told us that there were enough staff on duty. One person told us, "They seem to have the right amount of staff. If we want to discuss anything we can. They are approachable. They listen to what you have to say." The service did not use agency staff, preferring to borrow staff from their sister home which was local in the case of staff sickness. The service used a dependency tool which gave an indication of the complexity and level of need of each person who used the service. This was used to help plan staff rotas. The registered manager told us that staff numbers were increased if, for example, a person new to the service needed extra help while they settled in to the home.

Is the service effective?

Our findings

The home was clean, tidy and well decorated. People who used the service were encouraged to help keep the home clean to help retain some independence but also to improve on their life skills. A person who used the service said, "I try to keep my own room clean." Bedrooms were personalised with people's own belongings and there were photographs of the residents on their doors. There was a garden that could be accessed freely by residents from the conservatory. The garden was a very pleasant area which included a brightly coloured shed and a barbecue area. Carol commented that "The garden is very well kept."

People's support needs were assessed prior to using the service. One person told us, "Someone came to see me to find out what support I needed. I feel like I've had help with the transition." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

At our last inspection we identified a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to a lack of staff training which meant staff may not have had the appropriate skills and knowledge to care for people safely.

We saw records that showed that all staff had now completed their mandatory training in areas such as; safeguarding adults, moving and handling, medication, fire safety and food hygiene. We also saw that some staff had undertaken a comprehensive course of specialist training pertinent to the field of mental health such as; dementia, schizophrenia, anxiety, stress, depression and post-traumatic stress disorder. A staff member explained, "Doing the additional training has increased my knowledge in some specialist areas which has been really useful."

During their induction period all staff completed training in a variety of subjects, such as food hygiene and infection control. The service set clear expectations for staff and provided on-going training to ensure staff had the skills to carry out their role. On completion certificates were stored on personnel records. Staff told us that new employees spent time shadowing a more experienced member of staff before they were permitted to work alone and only did so when they were confident. This was to make sure they understood people's individual needs and how risks were managed.

We saw that staff communicated well with each other and passed on information in a timely fashion. All staff attended a handover meeting at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Staff shared information about individual people who used the service and tasks were delegated appropriately.

We saw that staff had been trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated they understood their responsibilities for supporting people to make

their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "[Staff] always ask me what I would like and if they can help me with something, they don't force help on me." The care plans we looked at showed people who were able had signed their agreement to their care and treatment.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that most of the people that used the service had the capacity to make decisions and we saw and people confirmed that they consented to the support they received. We saw that the service had met their responsibilities by applying for a DoLS authorisation in the case of two people that lived at the home.

A staff member said, "I have regular supervision and we can bring up training needs or any other things we want." Staff received regular supervision and an appraisal yearly. Staff told us they could bring up their training needs or any other items they thought important. Staff told us they thought the organisation was very supportive and this was reflected in the management culture.

We observed lunch in the pleasant and spacious dining area. Tables were laid with crockery and cutlery and salt and pepper. The atmosphere during the meal was calm and well-organised with sufficient staff to attend to people's needs. We observed staff were friendly and supportive throughout the meal. People were given a choice of main meal and dessert and were given plenty of time to finish their food. Snacks and drinks were provided between meals.

People told us they enjoyed the food that was offer. One person explained how the service celebrated special events, "We're not looking for fancy food just something that looks appetising. It has improved a lot. Everybody has a cake when it's their birthday." People had the opportunity to contribute to the menu which rotated every week to suit a variety of tastes. Another person told us, "I'm not critical. The food is nutritious, better than I have found at other places. You do get three meals a day and toast at night time. The alternative is not usually as impressive as the main course but it is adequate." The cook told us about theme nights the team arranged, "We did a seaside day the other day. We got food from the chippy, we played seaside music and had buckets and spades." This showed that the home was committed to keeping life interesting at the home to engage people.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. This information was collated and analysed using the electronic monitoring system. The cook told us the service had sought guidance to provide better care around eating and drinking from a nutritionist, "It's about learning new stuff and different ways to help people enjoy eating and drinking more. For example, we are going to get some moulds for soft foods to help them look more appealing." The cook showed a good knowledge of people's likes and dislikes and various dietary requirements.

We saw people had access to a range of external healthcare professionals. One person said, "If I feel poorly they always get the doctor or nurse to check me over." The service had good links with people's GP's and

other specialists such as dietitians and speech and language therapists. We were told by nursing staff that relatives were kept informed about healthcare decisions affecting their family members. One relative told us, "We are kept informed about any appointments and such." We spoke to a visiting healthcare professional who told us, "The team here at Grove Lodge support people very well, particularly in terms of their complex health needs. There is a stable staff team which means that they know people very well and can respond to any changes effectively."

Is the service caring?

Our findings

People described the atmosphere in the home as 'calm' and told us that staff were caring. Comments included; "I'm very happy"; "The staff are lovely. They go to endless trouble. They have been particularly kind to me due to my circumstances" and "The girls are lovely. There is nothing too much trouble for them when doing personal care and generally about the home. John the cook is always pulling your leg." One person told us about the emotional support they had received, "Staff are very helpful, they are hands on. I think the staff are very good. I was emotionally rocky when I first came. The staff made such an effort to help me."

We observed staff working with people in a respectful, patient and unhurried way. Two staff members said, "I love my job, the atmosphere here is like a second family" and "I would be more than happy for a family member or friend to be cared for here. The team are all very committed to their roles." We observed that many people living at Grove Lodge were independent and required minimal personal care. We saw that people were clean, dressed appropriately and well presented, and men were clean shaven.

People's dignity and privacy was respected. The staff we spoke with were able to give examples of how they promoted dignity when caring for people and how they promoted people's independence. For example, encouraging people to undertake tasks that they could manage themselves and offering assistance only when it was required. People who used the service confirmed that they were always treated with dignity and respect by staff. We did not see any breaches to privacy and staff were discreet whenever they assisted a person. We saw that where possible people were encouraged to do what they could for themselves to maintain their independence.

We spoke with one staff member who told us about a person who could not verbally communicate and how staff had learnt how the person said yes and no or needed something. We saw a communication section in this person's care plan which explained the person's specific way of communicating with people.

We saw that one person with limited mobility and communication difficulties preferred to sit in a room that was the hub of the homes activity so they could see what was happening. We saw that staff and other residents readily interacted with them throughout the day, ensuring the person did not feel isolated.

People were encouraged to maintain contact with their family and friends. There was a warm and welcoming atmosphere at the service and there were no restrictions on visiting. Staff had developed caring relationships with families, as well as with people who lived at the home. There was a 'Let's go down memory lane file' in the lounge which displayed photos of the home set up for festivities throughout the year such as Easter, Halloween and Christmas. The photos showed the home decorated with decorations and lights for Christmas. The photos also showed a Halloween themed buffet.

We saw all records were held securely and staff were trained about confidentiality and data protection topics including the use of social media. This helped keep people's care and support private. We saw that the service had approached the advocacy service to act upon a person's behalf and protect their rights.

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about menu choices and activities. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care, treatment and support. A resident's meeting in May 2018 had discussed new activities that people might be interested in pursuing, including a trip on a canal barge and walks in the local community.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service could meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed and amended when there had been a change in need.

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Staff understood about respecting people's rights and supported them make choices. One person told us, "I like to do things my own way and the staff respect that." Another person told us, "They [staff] always ask me if and how I want something, so they get it right for me." The deputy service manager confirmed that people's protected characteristics were met and told us, "We treat each person as an individual here regardless of who they are."

People told us they were kept informed if there were any changes to their relative's health and that communication between staff and families was good. One person said, "Staff pass on my information to the doctor and let me relatives know, they ask me if this is ok before they pass things on" A relative said "I am always kept in the loop, the staff are great at that." A visiting healthcare professional told us that the service was always responsive to any requests they made and followed any treatment and medication reductions with a positive 'can do' attitude.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. We saw that the service had a complaints procedure. The people we spoke with told us that they were confident that their concerns would be listened to and dealt with courteously. We saw a record of complaints and the outcomes with timescales to monitor how these were managed. The registered manager told us that there had been no formal complaints since the last inspection but should a complaint be made they would inform the person of the results of their investigation and consult the person to check that they were happy with the outcome.

The service used an electronic care documentation system. We reviewed the electronic care records of two people who lived at the home and found they were comprehensive, detailed and person-centred. Each person had up-to-date risk assessments and care plans, which clearly showed how they were to be supported and cared for. The electronic system recorded and monitored the care that person had received and the system alerted staff if a task had not been completed. This meant that staff were more likely to meet the diverse needs of people using the service. The system also produced a graph which showed the trend in a person's weight and issued an alert if it identified a person had lost weight. This helped the service monitor people's weight and respond promptly if there was a deterioration.

People told us that they felt happy with the range of activities available and were not pressured to take part if they did not want to. One person said, "They do an awful lot but I have very poor eyesight so I couldn't cut

out. I would love to do crafts. I do bits on things when they are making something. I have a go at it. We play games and things like that." Another person told us, "I am a great reader. It's given me the opportunity to read. They have a good selection here. The local library comes around and fills up with books. There are two library places in a box from the library. I think it is essential to have that facility. Lighting is very important. I've got this lady involved in reading too." Activities on offer included; going out for walks, bingo, chair exercises, watching films, music and singing and playing musical instruments. The home also celebrated popular festivals by having events at Christmas and Halloween. The service had recently arranged for animals to be bought into the home. One person told us, "They were gorgeous. Two little owls. A girl came in another day with other animals and we could hold those if we wanted to."

Where people were receiving 'end of life' care, staff were supported by the district nursing service. From reviewing the training matrix, we saw that all staff had received training in end of life care. A person receiving this type of care at Grove Lodge said that she has requested to stay at Grove Lodge and not to be moved to another home. They told us, "I am very ill and they have agreed to care for me, I am so happy I can stay, this is my home."

Is the service well-led?

Our findings

The service is required to 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had been in post since January 2014.

At our last inspection we identified a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to systems to monitor the quality of the service to ensure people received safe and effective care.

At this inspection we found that the registered manager had put structured processes in place to regularly audit care plans, staff training, complaints, safeguarding, infection control, accidents and incidents. These had been sustained since the last inspection and an action plan was ongoing to tackle areas that required attention.

Since the previous inspection, the registered manager had worked hard to meet the breaches in regulations that were found. For example, water temperatures had stabilised because a new boiler system had been fitted, staff training had improved and staff supervision was recorded on a regular basis. In addition, we saw that improvements had been made to care plans to make them more person-centred and comprehensive audits were being completed regularly to monitor service provision.

The registered provider had an up to date service user guide and statement of purpose which gave useful information to people who were planning a move into care. Policies and procedures were regularly updated to reflect any changes in legislation and the care given.

We saw records to confirm regular meetings took place with staff and residents. Staff told us these were open, honest forums where they could discuss support and strategies to support people with their complex behaviour along with topics such as accidents and incidents, staffing levels and tasks. Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the managers and staff showed they were open and positive. One staff member told us, "The managers are very 'hands on' and they know people really well, they are very supportive of the staff too."

All four staff we spoke with reported that there was a supportive team culture and that the registered manager was approachable and responsive. One staff member told us, "[name of registered manager] is always telling us to contact her if we need to, I don't think they are ever really off duty, they are always there, day or night." A relative told us the management team operated an open-door policy. One person said, "Managers are always available if we need a chat about something." The relative told us, "The management are friendly and professional." The relative explained that if, due to personal circumstances, they were unable to speak to the registered manager in person, they could email them. This helped them maintain

communication with the service.

People and those who were important to them had been surveyed for their views about their care and the service manager told us that the surveys were analysed and any points for improvement were placed into an action plan.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the service to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support. The management team and staff consistently reflected the culture, values and ethos of the service, which placed the people at the heart of care.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.