

Grove Care Limited

The Grove Residential Home

Inspection report


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Ratings

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

Summary of findings

Overall summary

This inspection took place on 8 and 9 May 2018 and was unannounced. There were no concerns at the last inspection of December 2015. The Grove provides accommodation and personal care for up to 36 people and supports those who have a dementia. At the time of our visit there were 33 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection, we rated the service Good. At this inspection, we found evidence continued to support this rating and in addition, we found the service had improved to outstanding in some areas.

There was 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.

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. Staff involved in this inspection demonstrated a genuine passion for the roles they performed and their individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the provider, registered manager, deputy and colleagues. They continued to look at the needs of people who used the service and ways to improve these so staff felt able to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount. The registered manager listened to people and staff to ensure there were enough staff on duty to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure the staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. There was an emphasis on teamwork and unison amongst the staff at all levels. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions.

Staff had an excellent awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. People received

appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People and family were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs.

People and relative feedback was a vital part of the quality assurance system either through annual surveys, 'residents' meetings, complaints or reviews. People, relatives and staff were listened to and action was taken to make improvements where required. The registered manager monitored and audited the quality of care provided striving to meet the ever-changing needs of people living in the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service had improved to Outstanding.

The service had continued to improve on ensuring people benefited from a person-centred approach and that each day was meaningful to people.

Is the service well-led?

Outstanding ☆

The service had improved to Outstanding

The service was exceptionally well led.

The provider and registered manager promoted strong values and a person-centred culture. Staff were proud to work for the service and were supported in understanding the values of the service.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The Grove Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one lead inspector for adult social care. We were accompanied by an assistant inspector and an expert by experience. An expert by experience is a person who has used this type of service in the past.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit, we met and spent time with most of the people living in the home and we spoke individually with three. We found people were more comfortable with us spending time observing rather than asking them lots of questions that could make them feel anxious. Three relatives were happy to speak with us and share their thoughts about the service. We spent time with the director of quality, registered manager and we spoke with eight staff. We looked at six people's care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

The service continued to provide a good safe service. People's safety was paramount to the service provision. People and relatives, we spoke with felt 'safe' and 'content' in the home and the safety measures in place. Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity, potential falls and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these. Staff had a good understanding of reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. Comments included; "There always seem to be staff around helping and supporting people", "I like the fact that we have time to sit and talk to people and reassure them" and "They are lovely and always ready to help me".

The service had a clear staff structure with a registered manager, deputy, senior care staff and care staff. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable mix of skills and experience during each shift. Staff escorts were also provided for people when attending appointments for health check-ups and treatments if required.

The service made every effort to ensure staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the registered manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Staff followed the policies and procedures for the safe handling, storage and administration of medicines.

Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. People received their medicines as prescribed. Some people were prescribed 'as required' medicines, for example pain relief medicines and medicines to be administered in emergencies.

The home was clean and retained a homely feel. The provider had infection prevention and control policies and staff had received training. Staff had access to the equipment they needed to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials. Comments from people included, "The cleanliness is of an extremely high standard", "It's spotless here, they are always cleaning" and "It always smells fresh".

Is the service effective?

Our findings

The service continued to provide an effective service. People received care from staff who had the skills and knowledge to meet their needs effectively. One relative told us, "I feel they are looking after mum and know what her needs are, for example when we leave she gets anxious, so staff suggested we go during lunch and then she has forgotten we were there.'

The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The Care Certificate was designed to support staff who were new to caring roles. One staff member spoke with us about their role as a mentor to new staff. They stated, "I have a good relationship with everyone. I am now a mentor for new staff. I love my job so it's nice to pass that on. New staff were supported for as long as it takes to feel confident and happy to work on their own".

Staff received training to keep them up to date with best practice, extend their skills and knowledge and in some cases their roles. In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for. Staff told us they enjoyed attending training sessions and sharing what they had learnt with colleagues. A variety of training methods were used. These included 'in house' training delivered by staff qualified to teach the subject, using external training providers and computer based e-learning.

Staff enjoyed individual supervision sessions to talk about what was going well, and where things could improve. They discussed individuals they cared for and any professional development and training they would like to explore. Staff meetings were always welcomed as an opportunity to share views and experiences and equally staff felt supported by these. Comments from staff included, "I have regular supervisions with the manager and deputy and I can ask for supervision at any time if I want to raise anything", "I find them very useful to talk about things and how I want to progress".

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty, if done in the least restrictive way and, it was in their best interests to do so.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the DoLS it was to keep them safe from possible harm. There was a clear account of why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for.

Every effort was made to make eating and drinking a pleasant experience. Meals prepared and served had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they wanted on the day. The food looked very

appetising, well-presented and people appeared to enjoy their meal. The atmosphere was calm, and staff were talking to people and assisted where necessary in a kindly, discreet manner. There were plenty of staff around to assist people with their meal. We observed staff asking people if they wanted an apron to prevent soiling their clothes and where would they like to sit. One person told us, "The food is nice, there is a good choice and I have a drink whenever I want". Relatives told us, "If my mum didn't like something there is always something else on offer. There is always lovely cake in the afternoons and we can stay and eat with her if we wanted to", and "Staff always ask me if I want a drink when I visit".

If people were at risk of weight loss staff had management guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food and fluid intake and body weights. The chef understood their responsibilities to support any special dietary requirements that needed to be catered for. This included things such as diabetes, compromised swallow and fortified foods for those at risk of weight loss.

Is the service caring?

Our findings

The staff provided a loving, caring service. People told us, "They are always so friendly and do whatever I want" and "They are definitely approachable, I cannot fault them, they are all lovely". One member of the inspection team told us, "Throughout my observations, staff were caring and kind to people. Staff always spoke to people when they passed them. Staff made conversation and took the time to compliment people. I heard one staff member say to one person 'that's a nice blue jumper you are wearing, you are looking nice today'. Staff were also tactile with little gestures for example, a hand on a back or a hug. There was lots of laughter from staff and people". The registered manager told us about 'little acts of kindness' from staff, for example coming to work on their days off, bringing in their children or pets because people were interested in the staff and their life's outside of the home.

We asked staff what they liked about supporting people. Comments included, "I love my job and I love care work", "People sometimes get scared and it's our job to comfort them and make them feel safe", "The best part of the job is building up trust with people, reading their care plans and getting to know them, it's very satisfying", "We are like a second family. I tell new staff if you put your heart into your work you'll be fine. People need love and sympathy" and "I feel our residents get looked after well. We focus on making people happier. I just want to give them all a big hug and make them feel better".

Staff were proud of their approach towards people; they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. We saw staff offering to wipe people's faces after mealtimes, offering to cut up foods and one staff member noticed a person needed a tissue and discreetly wiped their nose. Staff knocked on doors before entering rooms, some people had put their clothes on inside out or back to front and staff supported them to discreetly change if they chose to. People's decisions were respected, one person said, "I get up when I want to and go to bed when I want, staff are always popping in and asking if I want anything". One relative said, "At the previous home my mum lived in staff shouted out to ask if you wanted the toilet, but here they discreetly whisper in her ear".

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to hairdresser visits.

Maintaining independence was also integral to respecting choice and maintaining dignity. The registered manager told us, "The staff team are supported to encourage residents to lead a fulfilling, independent life and if this means taking risks this can be achieved by risk assessing. Just because someone has dementia does not mean life should stop and you need to wrap everyone in cotton wool".

Staff we spoke with told us, "We try and keep people as independent as possible. I always encourage people to walk when they can. It would be easy to get a wheelchair and push someone but I know it will make a

person feel good knowing they were able to walk and give them the time they need to do it" and "I always encourage people to walk with their frames where they are able. Even if it is only a little distance, it is good for people to mobilise and not be sitting all the time. They need encouragement to keep moving". Another staff member spoke with us about a person who didn't want to bath or shower. They explained how they spent time with the person, getting to know them, taking an interest and building their confidence up. Over time the person 'opened up' to her and said he did not mind having a bath but wanted the staff member to stand outside the door. She added. "It is just about taking the time with people and making them feel at ease".

Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. Staff supported people to send letters and cards to celebrate significant dates. People contacted their family regularly through video call, which was far more engaging than phone calls and 'lots more fun'. Staff also kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly. Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to the communal areas and the garden. Family and friends were invited to special events. One relative told us, "Staff ask me how I am, and if I would like a drink. I always feel welcomed here anytime".

Is the service responsive?

Our findings

The service continued to provide a strong responsive service and had sustained their previous good rating and practice. Since the last inspection they had improved to outstanding in areas around enhancing people's life's, particularly for those with dementia. They had considered and explored innovative, creative ways to train and develop their staff to enhance a more responsive person-centred approach. One example included the use of the Virtual Dementia Tour. This is a system endorsed by various organisations including Dementia UK. It demonstrated what it is like to have dementia. The provider had purchased a dementia suit. The suit consisted of a padded and weighted upper-body protector, weighted leggings and thick gloves. The heavy suit aimed to mimic the increased heaviness of limbs for older people, in addition to an altered centre of gravity and compromised mobility. Headphones covered the ears, producing disruptive background noise and goggles distorted the central vision, a camera used gave staff a clear perception for what things looked like visually for people with dementia.

We read a collective, reflective account and feedback from staff following the training. They stated, "We found walking a real challenge and the gloves and goggles also altered all perception. Wearing the suit gave us insight in how dementia can affect movement and dexterity. We found it was difficult to walk up and down the corridor or even just to sit on a chair. The gloves made it difficult to grip, to hold a cup of tea, so trying to do more detailed things which involved fine movement would have been impossible. Our spatial awareness was altered and that made us realise just how important it is when carrying out personal care to let the person know what we are doing. Colours and shapes were altered. A camera mimicked the colour scale changing vision to shades of black, grey and white. It was proven that only a small range of colours could be clearly seen by an individual as colours and shades blended into the background. For example, a brightly coloured painting was a black, grey image which could only be seen on a contrasting wall. It then became clear that this could be a reason why some of our residents do not see their walking frames or sticks despite them being in front of them, they cannot see them". Individual staff comments included, "After being in care for 20 years it gave me a totally different understanding about dementia and the people I care for", "When people say I can't see my stick I now understand why this is so" and "You realise this is not just about dementia, other conditions need to be considered for example having arthritis".

Having identified from the training that people may visually have a limited range of colours in addition to other visual impairments, the service was looking at how to help support people at mealtimes. The registered manager spoke with us about one person where mealtimes can make them become anxious. Coupled with a diagnosis of dementia, explaining what food types were on this person's plate was not always successful. Now the staff were looking at contrast colours for plates, and considering ways of using other senses to help such as, taste and smell.

The registered manager said, "With this knowledge and insight improvements can be made for our residents because now we have a better understanding of some of the issues facing them. We may not be able to solve all the issues but being aware is half the battle".

Through continual assessment and review staff could identify any new problems people may be experiencing. There was a holistic approach to this and emotional/psychological needs were always

considered and supported individually for each person. One gentleman found his anxiety increased and he became quite distressed when attending any health care appointments. Staff consulted with family and made a sound track of the persons favourite songs and those that would relax him. Various earphones were tried and tested to ensure they were comfortable. This was a new initiative but progress to date had been very positive and already staff had noticed a decrease in the persons stress levels.

It was found that music had been a positive therapy for other people living at the home and subsequently one of the three lounges had been made into a musical room just for that purpose. One person had recently become very fixated on the front door 'holding the handle and pulling with all his might'. On occasions he would stay like this for up to 30 minutes becoming increasingly distressed. Diversion techniques had not seemed to work as his energy and concentration was focused on that one task. Staff tried drinks, getting a chair for him to sit down, conversation, and different favourite foods, without success. The registered manager told us, "One day staff put some music on (Tina Turner) and his eyes lit up and with encouragement he walked with the staff into the music room, singing along and dancing. He was smiling and content and this broke the focus from the door, to date this has not returned. We continue to do this daily to try to stop any fixated behaviour and this has improved his quality of life and reduced previous anxiety levels".

One of the things staff were particularly proud of was their ethos of 'always having time' for people. The registered manager told us, "Taking and making time for people is paramount and to ensure staff understand we provide a 24 hour round the clock service, the day is not dictated by when a shift starts and finishes. We are not task orientated even though there are things that should be done during a shift. Staff will sit down with someone if they need support and reassurance. Someone may just want their hand held, make a phone call to their family or a video call when they feel sad or distressed". During our visits we saw many examples where people received one to one attention from staff, creating conversations, sharing experiences and memories, completing a jigsaw and using adult colouring books.

Adjacent to The Grove was their sister home, Blossom Fields who also specialised in dementia care but for those who required nursing intervention. Everyone who lived in these homes received the same care and attention including exclusive involvement in activities, facilities and events. People told us they still enjoyed a visit to 'Memory Lane'. This was an area within the grounds of both homes that had been transformed into a street replicating 'times gone by'. There was a public house with real ale, a post office, a general grocers store and a bus stop. An old-fashioned original ice cream cart was used in the warmer months for people to enjoy a cool treat. All these areas were stocked with authentic memorabilia and objects that people would recognise from their younger generation. Memory lane was perfect for creating conversations, sharing experiences and memories and people often enjoyed sitting quietly passing the time of day and reflecting. Since the last inspection the sensory room had been updated and refurbished. This was a room where people could seek a peaceful sanctuary 'away from it all'. Features included, comfortable seating, water features, lights and sounds. We saw people moving between the two homes and enjoying different areas. One person told us, "It's lovely to have the choice, there are so many nice places to be".

The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Is the service well-led?

Our findings

The service continued to provide a strong well led service and had sustained their previous good rating and practice. At this inspection, there was evidence they had continued to improve and demonstrated some outstanding qualities in a well led service. Systems in place contributed to the smooth, effective operation of the providers services whilst still retaining its personalisation for each individual home. This was a relatively large service provider with an equally large workforce, yet it felt inclusive and seamless. It was evident that the achievements were not down to one individual but had been achieved collectively within the organisation and with the involvement of the whole staff teams.

The registered manager felt supported by the provider, the management team and deputy. She was respected, trusted and empowered to make decisions and implement change to improve the service. Both the registered manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the manager's views. In addition, the organisation 'put people at the heart of the service, were always very interested in what was going on in each of their services, they were approachable and easy to talk to, and would always help and support when asked'.

The organisation had a track record of being an excellent role model. They had created and provided innovative methods to educate the wider community on the issues faced by people living with dementia and their loved ones. They had also worked in partnership with other organisations to promote good practice and to promote positive change. The registered manager told us, "During my time at The Grove I have seen a big shift in dementia care and the ethos of the organisation has been instrumental to promote this". The organisation was working extensively to raise awareness both within the home and the community. The aim and objective of the service was to work towards the high street and surrounding areas becoming dementia friendly community. The Grove had approached various retail stores, the bank, post office and library in the area to offer dementia training. One retail store had already signed up for this and dates were in the process of being arranged.

In addition, links were being forged with local dementia groups such as dementia café, the library, and carer groups. The plan was to offer bathing facilities to those people who were unable to do this at home. The registered manager told us, "Sometimes family/carers do not have the equipment, facilities or techniques required to bath someone so we are offering the use of our homes to try and make it easier for people. This in turn will break down barriers because they can see what care homes are like and we will be able to share skills and knowledge along with other support".

The organisation used meetings to plan for the year ahead, consider what had been working well and where improvements could be made. New projects were considered across the services and based on what people and staff told them, in addition to research and up to date best practice outcomes. A service would be nominated to trial any new projects before implementing them to all its services. This was to help ensure initiatives would be robust and effective.

The Grove had been implementing two new projects since our last inspection. The first they had named the

'blue bag system' originally the 'red bag system', introduced by Sutton NHS. This simple initiative was to help people receive quick and effective treatment should they need to go into hospital in an emergency. The blue bag keeps important information about a person's health in one place, it's easily accessible to ambulance and hospital staff. The blue bag contains standardised information about a person's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This means that ambulance and hospital staff can determine the treatment a person needs more effectively. There is room for personal belongings (such as clothes for day of discharge, glasses, hearing aid, dentures etc.) and it stays with the person whilst they are in hospital. The blue bag also clearly identifies a patient as being a person who lives in a care home. This means that it may be possible for the patient to be discharged sooner, because the care home has been involved in discussions with the hospital and understands their care needs so they are able to support them when they are discharged. Although in its infancy the feedback had been positive and the registered manager was meeting with the South Gloucestershire NHS Commissioning Group to review progress and where improvements were still required.

The second project was tailored to enhance people's night time experience. This was to help people with the level of confusion and disorientation they experience and the lack of association between day and night. Research states that nearly two thirds of people in care homes experience sleep disorders. Several things had been put in place to help people to receive a good night's rest and improve their quality of life during the day. Staff who worked nights were experimenting by wearing nightwear. This was to help prompt and encourage people to prepare for bed. If people woke up during the night they were supported by people wearing nightwear rather than seeing a person dressed in a uniform. The service had considered the physical environment that may have a negative impact on sleep. Noise levels play a key part in this and for people with dementia these are exacerbated because they have a decreased inability to filter out unwanted noise. Simple measures such as changed staff routines and lowering voices when talking had a positive impact. Bright lights normally found in care homes are not conducive to preparing for sleep. The service had installed sensor lights which came on automatically when the main lights were turned off, this provided subtle lighting, in addition to wall lights and table lamps to add to the ambience. Some areas of the home had subtle music that was also conducive in preparing people to relax at the end of the day. There were other things that were being considered following research including other senses such as smell. So far the impact for people had been a positive one, for example there had been less falls, people were sleeping less during the day and people walking around at night disturbing other people had reduced.

Throughout our visits staff were energised and enthusiastic. They embraced the inspection, they had been looking forward to being part of it and telling us what they were proud of and what it was like to work at The Grove. The registered manager demonstrated effective leadership skills within their role. Their knowledge and commitment to the service, the people in their care and all staff members was evident. The registered manager led by example and was an effective role model. Staff embraced and shared the providers vision and values and supported the registered manager to put these into practice. There was a deputy at the home who worked in partnership with the registered manager. It was evident their relationship was an effective one that also strived to put people at the centre of the service and to drive improvement. The registered manager told us, "My deputy is a great support to me she goes above and beyond, she is committed to the home and when needed she comes in at any time. She builds excellent relationships with staff, relatives, carers and other professionals. She believes in what we do and encourages everyone to achieve the best that they possibly can".

The registered manager recognised positive traits in staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles

and become champions (experts). These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these subjects and improved auditing to ensure better quality and safety. One staff member spoke with us about their lead role in supporting people's nutrition and how they were enjoying this responsibility. They had completed an extensive piece of work reviewing each person's nutritional assessment and making any changes necessary. They told us being a champion meant weight loss or dehydration would be identified quickly allowing prompt action to be taken. They shared with us a few examples where they were working with the GP, looking at alternative food supplements and how one person with a chest infection required softer foods as their swallow was compromised.

The registered manager, deputy and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.