

Greensleeves Homes Trust

Grosvenor House

Inspection report

11-14 Grosvenor Gardens
St Leonards-on-Sea
East Sussex
TN38 0AE

Tel: 01424423831

Website: www.greensleeves.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

We last inspected this service in July 2016 where we found a breach in Regulations 9, 12, 15, 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan identifying how and when they would make the improvements. As a result we undertook this inspection on the 4 and 5 September 2017 to follow up on whether the required actions had been taken. We found improvements had been made and the provider was no longer in breach of Regulation.

Grosvenor House provides accommodation and care for up to 33 people, respite care is also offered. On the day of our inspection 27 older people were living at the home. The service provided care and support to older people living with diabetes, sensory impairment, risk of falls and long term healthcare needs.

A registered manager was 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 and associated Regulations about how the service is run.

Despite improvements in multiple areas related to leadership we found the provider had not fully considered risks associated with completing formal background checks on staff who had been employed for extended periods. The registered manager sent us an action plan following our inspection identifying how they would address this oversight.

People appeared happy and relaxed with staff. There were sufficient staff to support them. When new staff were recruited, their employment history was checked, references obtained and comprehensive induction completed. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear staff and the registered manager had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met as well as catering for individual choice and preferences.

People's needs had been assessed and comprehensive care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People received the care they required, and staff were knowledgeable on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was monitored and the provider regularly liaised with a range of healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems

in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA). Where appropriate 'best interest' meetings had been instigated and outcomes recorded.

People were provided with opportunities to take part in activities 'in-house' and to access the local and wider community. People were supported to take an active role in decision making regarding their own daily routines and the general flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke positively about their work and the management. The registered manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff had received training and knew how to protect people from abuse and what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure new staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, given out and disposed of in line with current regulations.

Is the service effective?

Good 

The service was effective.

Mental capacity assessments were undertaken appropriately and people's freedoms were not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy.

People were supported to access and to receive appropriate health care interventions from a range of health care professionals.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with a senior staff member.

Is the service caring?

Good 

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew people's care and support needs well and took an

interest in people and their families to enable individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities in the home and access the community. Activities were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

A robust system to monitor long standing staffs' suitability to remain working in care sector had not been considered.

People were able to comment on the service provided to influence service delivery.

Staff felt supported by the homes leadership and listened to, and understood what was expected of them.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to enable a good standard of service delivery.

Grosvenor House

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 4 and 5 September 2017. This was an unannounced inspection. One inspector and an expert by experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We last inspected the service in July 2016 where we found the service required improvement and was in Breach of four Regulations.

We reviewed the information we held about the home, including previous inspection reports. 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. We reviewed 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.

During the inspection we reviewed a range of the records related to the running of 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 reviewed six people's care plans and associated risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we look at a person's care documentation in detail and obtain information about their care and support needs at the service. 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 with 11 people, three people's visitors to seek their views and experiences of the services provided at Grosvenor House. We also spoke with the registered manager, their deputy and 12 staff. In addition we spoke with two visiting health care professionals. We observed the care which was delivered in communal areas to get a view of the care and support provided including the lunchtime meal.

Is the service safe?

Our findings

At the last inspection in July 2016 the provider was in breach of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Areas identified as requiring improvement included the management of risk associated with accidents and incidents such as choking and falls. In addition, the risks related to unauthorised access to the home via the front door had not been fully assessed.

The provider submitted an action plan detailing how they would meet their legal requirements. At this inspection we found the provider had taken action to improve all areas previously identified and was now meeting the requirements of Regulations 12 and 15. People living at the service were supported to remain safe and protected from avoidable harm. One person said, "Oh yes, I definitely feel safe here, never any problems."

At our last inspection in July 2016 we found the provider had not taken adequate steps to mitigate the risks associated with the management of accidents and incidents. At this inspection we found there had been significant improvements in how accident and incidents were managed. Following an accident or incident completed forms were passed onto senior staff for review. The registered manager told us, "This ensures I have overview of all accidents and incidents." We reviewed records and saw actions had been taken as a result and a clear follow up process was evident. For example, a person who had recently fallen had had their assessment of risk associated with mobility reviewed and as a result there had been additional staff brought to provide further support whilst awaiting a health care intervention. The registered manager said, "We now use accidents and incidents as an opportunity to review and respond to risk better." Care staff were clear on the reporting process and that documentation was required to be completed in a timely manner.

People's support plans contained clear and detailed risk assessments for a wide range of daily living needs such as falls, nutrition, skin pressure areas. Risk assessments included clear measures to protect people, such as identifying the number of staff required to support people to move safely around the service. Staff demonstrated they were clear on the level of support people required for specific tasks. One staff member told us, "By knowing residents capabilities you can adapt tasks so as they are safe but can be as involved as much as they choose to be." Care plans contained further risk assessments for example room and environmental risk assessments. Information had been reviewed and updated to reflect people's changing needs.

There were clear contingency plans in the event of an emergency evacuation. People had individual personal emergency evacuation plans (PEEP) which staff were familiar with. These reflected the change in staff requirements based on the time of day or night. The service had an 'emergency grab bag' available which contained information such as copies of people's PEEP for the emergency services and key contact numbers. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had completed to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable

appliance testing (PAT) and boiler were routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things won't get left; if something is broken it and will get fixed or replaced quickly."

Staff were able to describe different types of abuse and the action they would take if they suspected abuse had taken place. The provider had up-to-date policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed care staff had received safeguarding training. We saw that safeguarding referrals were made appropriately and external agencies notified in a timely fashion. One staff member told us, "I feel confident I would be taken seriously if I reported something to a manager and if I wasn't I would speak to the local authority."

Each person had their own medicine profile. The profiles provided clear information on people's medicine history and what each medicine was prescribed was for. There was information available for staff on the potential side effects of medicines. Medicines in current use were stored in locked cabinets. We observed medicines being administered. The care staff gave the medicines and checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. We looked at a sample of medication administration records (MAR) and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. A senior member said, "I feel confident supporting our residents with their medication, the training and support we have has been very good." There were systems to manage medicines which were PRN 'as required'.

There were enough skilled and experienced staff to ensure the safety of people who lived at the service. People told us there was always sufficient staff on duty to meet their needs. One person said, "I don't ever have to wait long for a staff member, they come straight away." Another said, "They make sure I am all set up before leaving me in my room." Staffing levels were sufficient to allow people to be assisted when needed. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded promptly. A relative told us, "Always seems to be enough staff around, I come at various times of the day and I've never picked up on concerns." The registered manager told us that people's dependency levels were reviewed as part of their care plan and adjustments in staffing levels would reflect any changes. The service published a rota which identified which senior staff were 'on call' when one was not during the night. All staff spoken with said that they felt the home was sufficiently staffed.

Is the service effective?

Our findings

At our two previous inspections in April 2015 and July 2016 we found care was not always effective and the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified areas requiring improvement in relation to people receiving effective care in regard to their health support needs. At this inspection we found significant improvements and the provider was now meeting their legal obligations.

At this inspection we found the support people reviewed from both the staff and health care professionals was effective. People were supported to maintain good health and received appropriate and timely healthcare support. People commented they regularly saw their GP and other health care professionals such as chiropodist. We identified multiple examples of appropriate referrals being made to health care professionals such as the rehabilitation and falls prevention and Speech and Language Therapist (SLAT). Relatives felt staff were effective in responding to people's changing needs. One visiting relative said, "The staff have been very good, they are quick to pick up if there is a change or a problem." One staff member told us, "We look for warning signs such as mobility and eating habits changing." During the inspection we spoke to a health care professional who had regular contact with the service; they were very positive about the service and staff. They said, "You really get a real sense the staff on the side of the residents and will fight their corner for them."

People were complimentary about the food and meal times at the service. People told us they had enough to eat and drink. Positive feedback included, "I'm happy, very good, always tasty, like a restaurant." Menus and food choices were available on dining tables. Staff spent time on a one to one basis to establish preferences. Dining tables were set up neatly with table cloths and condiments. People chose to where they wished to eat such as their rooms or the large dining room. People were provided with time to enjoy their food, with staff checking they were happy with their meal and choice. Food was served in an efficient manner. Where a person was not eating their main meal choice, an alternative was offered. Throughout our inspection staff were seen encouraging people to drink plenty of fluids. A staff member said, "The drinks station in the dining room is always topped up and is popular." In addition regular servings of tea and coffee very offered during the day. Staff ensured specific people had drinks offered 'little and often' if they were struggling to drink enough fluids. A staff member said, "We do our best to keep the drinks flowing and they can reach them." People who required their body weight to be monitored had been weighed regularly and recorded, staff were aware that any changes in people's weight required prompt action. One staff member said, "It's (body weight) a key indicator in helping us keep an eye on overall health."

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires assessment of capacity must be decision specific and must record how the decision was reached. At our last inspection we found there was limited evidence as to how people's capacity had being assessed using the MCA principles. At this inspection we found senior staff had improved how the assessment of capacity and best interest decisions were captured and recorded. We also found where a person had an appointed Legal advocate the registered manager had assured themselves by confirming the legal status prior to deferring decisions to advocates. Staff had received

training and understood the principles of the MCA and provided examples of how they followed these whilst supporting people with daily care routines. Care staff were aware any decisions made on behalf of people who lacked capacity had to be in their best interests. A staff member said, "If a resident is unable to consent then for day to day care we have to support them in their best interest." The registered manager had made appropriate applications to the authorising body where a person's freedoms had the potential to be restricted by living at the service.

People and their relatives spoke positively about the effective care delivered by appropriately trained staff. One person's relative said, "I have been impressed with the knowledge staff have especially the seniors, they handle tricky situations very well." When a new member of staff started at the service they completed an induction. This consisted of training and shadowing more experienced staff. A senior member of staff said, "When we have a new starter it's important they get to know our residents gradually." Mandatory training covered areas such as moving and handling, health and safety and dementia. Throughout our inspection we saw staff applied their training whilst delivering care and providing support. One staff member said, "The training is good, we have a few different types like face to face and on-line." We saw staff assisted and addressed people in a respectful manner and were aware of people's potential anxieties and triggers. People who required additional time to respond to questions were afforded this by staff. One staff member told us, "It helps that you can see the relevance of the training we do, it all fits together."

Systems had been established to ensure staff had access to regular supervision. The registered manager told us the target was four supervisions for a staff member each year. Although some ancillary staff were behind this target following our inspection the registered manager sent an action plan identifying how this would be addressed. One staff member said about supervision, "It's a chance to talk about residents and any changes and what's has gone well." Another staff member said, "We spoke about medication and how things can be improved."

Staff commented on the effective communication at the service. Staff told us handovers between shifts provided them with a clear summary of the routines of the home that day and how people had been. Staff had the time and opportunity to ask each other questions and clarify their understanding on issues. Due to the lay out of the building staff continued to use effectively 'walkie talkie' equipment. Staff were overheard using this as a timesaving tool to communicate professional with each other without impacting on people's dignity. A staff member said, "I will always turn the volume down a bit if I am in a quiet area so as not to disturb."

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "I am very pleased to call this my home, I am comfortable, I have friends and the staff are lovely." People's relatives were positive about the care people received. One person's relative said, "The care and respect offered here are such positives."

People's individual preferences and differences were respected. We looked at all areas of the home, including people's bedrooms. We saw rooms held items of furniture and possessions which people had prior to moving into the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "I'm in my room by my own choice, I am happy with my things around me." Another person said, "If I wanted to sit in the lounge more I know I could but I don't want to, the staff ask me which is kind."

It was evident there were strong bonds between people and staff. Staff had a good knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. One person said, "I felt comfortable and at home from the moment I arrived." We overheard staff patiently explaining options to people and taking time to answer questions. We heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "I enjoy a laugh and a joke, keeps me young." The staff approach was thoughtful and caring. A staff member was seen to discreetly tell a person their clothes had been ruffled whilst sitting and asked if they would like support rearranging these in private. A person told a staff member they liked nectarines. The staff member went to the corner shop and brought some back. The person was very pleased and later told us, "They sent out for small tomatoes last week for me which was lovely."

People looked comfortable and were supported to maintain their personal and physical appearance. For example people were seen talking about the jewellery they were wearing. Men had been supported to dress smartly in line with their preferences in care documentation. People told us that staff were caring and respected their privacy and dignity. People were consulted with and encouraged to make decisions about their care. One person told us, "They involve me in everything they do". Another said, "I just do as I want to, I'm not dictated to. I choose when I get up and when I go to bed." One staff member said, "I don't lose sight of the fact that everyone is different. We respect their choices, you can't treat everyone the same." Staff supported people and encouraged them, where they were able, to be as independent as possible.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. A senior member of staff said, "People's likes and dislikes are recorded; we get to know people well because we spend time with them." People and or their relatives confirmed that they had been involved with developing care plans. One person's relative said, "You don't have to be involved in the care plan side of things but it's nice to be asked and I wanted to."

Care records were predominately held and stored electronically. Staff told us this had been a significant change to their way of working but had been positive. A staff member said, "It pulls all the information together and into one place." Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality.

People friends and relatives were welcomed during our inspection. Relatives told us they felt welcome at the home at any time. They said, "Staff always welcome us, there is a nice calm atmosphere here," and "A nice bunch of staff, seem happy and they speak to everyone nicely." Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked, "Content and settled."

Is the service responsive?

Our findings

At our last inspection in July 2016 we found care was not always responsive and the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan identifying how they meet the regulation by January 2017. At this inspection we found actions had been taken so as the provider was now meeting their legal responsibilities.

At our last inspection we found examples where care plans were not providing clear guidance for staff on how to respond and support people; in particular where people displayed behaviours that challenged. At this inspection we found significant improvement in how care plans had been designed, completed and reviewed. This meant staff had more detailed up-to-date information available whilst supporting people.

People's care plans now clearly identified support needs and reflected individual preferences for all aspects of daily living. For example within a 'personal care' section it identified the person's specific sequential routine for their shower in line with their preferences. Another person's care plan indicated that staff should not serve them large portions at meal times as this would 'put them off eating'. A member of staff told us, "I find the support plans helpful when a new resident joins us; you get a feel for their background and the type of person they are." Care plans included information on people's support needs in regard to areas such as mobility, nutrition, personal hygiene, continence and communication. Where a person required support to walk there was clear guidance for staff. For example, one person was able to walk short distances with an aid but required a wheel chair for distances over 20 metres. Care plans captured people's likes and dislikes and identified where they could choose and retain control in aspects of their daily routines such as clothing and meals. During our inspection a relative and their relative were sat in private with a member of staff reviewing their care plan. The relative said, "I didn't have much to add but like to show my support and keep involved with what's going on." The service had recently begun to operate a 'resident of the day' initiative. A member of staff explained, "For one day a month each person's needs are reviewed in detail, we get input from all areas such as the kitchen and laundry to see how things are going and what can be improved." The person who was 'resident of the day' on the day of our inspection was fully engaged in the process and used it as an opportunity to have their say on various issues connected with their care.

Staff demonstrated a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents." We saw daily care records provided clear informative descriptors of people's mood, behaviours and how they had spent their time. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; they 'didn't sleep well and chose to stay in bed later than usual.'

At our last inspection we found the social interaction opportunities for people who either chose or unable to leave their rooms was not consistent. At this inspection we found the number of hours the provider had allocated for activity provision had increased. People spoke positively about the range and volume of opportunities to engage in social activity. One person said, "I honestly couldn't grumble, staff come and sit and chat with me and offer me the chance to get involved in all sorts of things." The registered manager was

pleased with the progress that had been made in this area, they said, "This has been a real success we have two staff who lead and co-ordinate activities and it is going from strength to strength." During our inspection we saw people taking part in activities such as a sing-along, music sessions and a quiz.

Staff told us they encouraged people to be involved with their families and friends. They said, "Keeping strong links can be really important and can lift people's spirits." A relative told us, "I visit all the time, and that is so important for me." One person said, "I look forward to my family coming to see me. It always brightens my day." One person told us about how she regularly went to visit her family and, 'would stay over for a few nights.'

Systems had been established to capture feedback from people and their relatives. We reviewed meeting minutes from recent 'residents' meeting'. These demonstrated they were well attended and provided people with the opportunity to have input into the running of the service. Ideas and opinion was recorded for areas such as food choices. The registered manager was seen to have reminded people on how to make a complaint if they were unhappy with any aspect of the service. Families were surveyed for their opinion on an annual basis, results were sent to the providers head office who collated the results.

Is the service well-led?

Our findings

At our last inspection in July 2016 we found the service was not always well led and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to shortfalls and omissions with governance systems and ineffective oversight of the service. An action plan was submitted by the provider detailing how they would meet their legal requirements. At this inspection we found the provider had improved aspects of the service and was no longer in breach of Regulation 17. Despite the progress made in all areas there remained aspects of leadership which continued to require improvement.

When staff had their annual appraisal they were requested to read and sign a declaration which confirmed there had been no change in the status of their Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found some staff had not had a refresh to their DBS since 2003. This meant there was a risk employees' may not declare changes which could affect their employment status. The provider's policy did not stipulate how regularly the DBS should be refreshed. The registered manager acknowledged the shortfall in both the policy and extended timescales some staff had worked without a DBS refresh. Following our inspection the registered manager sent us an action plan which identified how they intended to address this issue with the support of the provider's HR department.

At our last inspection we found shortfalls with the provider's quality assurance systems. These systems had not provided senior staff with clear oversight of the service in areas such as accidents and incidents and care plans. At this inspection we found the governance of the service had improved and effective quality assurance processes now afforded the registered manager overview of the home. The registered manager said, "Since you were last here I now have a much better handle on all areas of the home." To support the registered manager the provider had a regional/area manager complete additional quality assurance on a monthly cycle. These visits were documented and resulted in actions from previous visits checked and signed off. Care plan audits were now detailed and robust. We saw examples where additional information on a person's mobility had been requested by the senior member of staff completing the audit. A senior member of staff said, "Care plan audits have become a focus for me now as it allows me to see where any gaps might be." Other areas of the service which were subject to routine audit included health and safety, catering and medicines.

Staff meetings were held regularly, the format of these varied. For example senior staff and ancillary staff held their own meetings as well as larger 'all staff' meetings. Meeting minutes demonstrated they provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational messages. For example the importance of the signing of people's care MAR. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people.

All staff were positive and spoke highly of the registered manager and their leadership. One told us, "I can approach them about anything and they would make time for me." Staff demonstrated a clear

understanding of their roles and the lines of accountability. One told us, "I would normally speak to the senior first if I had a concern but I know I could always go to the manager." The registered manager was at the service five days a week. All staff were aware of the 'on call' system in place when a senior member of staff was required 'out of hours.' One staff member said, "You can always get to speak to a member of senior staff if you need one."

Staff were clear on the vision and philosophy that underpinned the service. One staff member told us their saw their role as, "Supporting people to be safe, comfortable and happy in a homely home." People commented throughout the inspection that there was a 'homely feel' to the service. The registered manager said, "With the layout and design of parts of the building we are restricted to the types of care needs we can meet, by assessing people carefully and close monitoring of changing needs I can keep the home running smoothly."

Throughout the inspection the registered manager was responsive to feedback and on multiple occasions took immediate actions to makes changes. For example, instigating a formal document for agency staff to sign when they came on shift to indicate they had been familiarised with all important aspects of the building such as health and safety and fire exits. The registered manager told us the inspection process was a 'helpful' experience and they demonstrated they had implemented a previous verbal recommendation made by an inspector in relation to installing hand rail in a communal corridor. They said, "Sometimes a fresh set of eyes sees something you don't, the hand rail was a small improvement but it has made a difference to residents as you see them use it."