Ablecare (Torquay) Limited

Greycliffe Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 5 and 6 September 2017 and the first day was unannounced. At the last inspection on the 24 May and 1 June 2016, we found concerns in relation to, medicines management, the management of risk, people's consent to care and treatment, care planning, and the quality auditing of the service. We found the service was in breach of regulations and rated the service as requiring improvement overall. Following the inspection the provider sent us an action plan telling us how they would address these concerns and by when. At this inspection we found action had been taken and improvements had been made in all of these areas.

Greycliffe Manor is a care home, which provides accommodation and personal care for up to 25 people living with dementia and other physical health needs. People who lived at the home received nursing care from the local community health teams. At the time of the inspection 25 people were using the service. Two people were staying for a short period of respite care. The service also had one person who was staying for day-care, but did not live at the service.

The home had 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 provider and registered manager had taken action to address concerns found at the last inspection. Quality auditing systems had been improved to help ensure any shortfalls in the service were identified and addressed in a timely manner. For example, records relating to people's medicines and support arrangements had improved and audits were in place to help ensure these improvements were maintained. Improvements had been made in relation to care planning and the registered manager had liaised with the mental health services to ensure practices in relation to people's behaviour was appropriate and safe. The registered manager had attended updated Mental Capacity Act (MCA) and Deprivation of Liberty Safegaurds (DoL) training and had used this knowledge to train the staff team, and to ensure any practice to restrict people of their liberty was legal and safe.

Staff understood their role with regards to ensuring people's human rights were promoted and respected. Staff asked for people's consent before providing care, and involved significant others when people lacked the capacity to make complex decisions about their lifestyle and care arrangements. Staff had undertaken training on safeguarding adults from abuse, they displayed a good knowledge of how to report any concerns and described what action they would take to protect people from harm.

During the inspection people and staff were relaxed. There was a happy, calm and pleasant atmosphere. Staff attended to tasks and people's needs promptly, but also allowed themselves time to sit with people for a chat and to provide company. This unrushed way of working, along with gentle old time music playing in the background, helped to create a positive and homely environment for people to live in.

We observed people talking to each other in a friendly way. Visitors were welcomed with a warm smile from staff and offered a cup of tea. Meal times were unrushed and people were offered a glass of wine or sherry, which they were clearly used to and enjoyed. Staff said they enjoyed working in the home and spoke compassionately and respectfully about the people they supported. People told us their privacy and dignity was respected.

People and relatives told us they felt Greycliffe Manor was a safe place to live. People's risks were known, monitored and managed well. Staff had a good understanding of risks associated with people's behaviours and records relating to specific people had improved to help ensure behaviour that challenged was understood and managed appropriately. Staff were good at recognising people's non- verbal communication and used this knowledge to reassure people and diffuse potentially difficult situations before they occurred.

People had their medicines managed safely. Improvements had been made to some aspects of medicines management, which had helped further ensure people's safety. Guidelines had been further developed for people who may require PRN (when required) medicines, and staff had access to this information. People received their medicines on time and in a way they wanted. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs, dentists, opticians and other specialist healthcare services.

Staff had a good knowledge of people they supported. A training plan was in place and this was regularly reviewed to help ensure staff had the skills needed to support people using the service. Staff had the opportunity to discuss practice and said they felt well supported by their colleagues, senior staff and management. New staff undertook a thorough induction and did not work on their own with people until satisfactory recruitment checks had been completed.

People's care plans were personalised . Support arrangements included information for staff about promoting choice and independence whenever possible. Support plans were reviewed regularly to ensure the information remained appropriate and up to date. When possible people and their families were involved in the review process to help ensure their views and ideas about their care were heard and taken into account.

People were encouraged to occupy their time in a meaningful way, and to maintain relationships with family and friends. Group activities were planned, which people could choose to join in with, as well as more individualised activities for people who spent time in their rooms or had specific interests.

The registered manager and deputy took an active role within the running of the home and had a good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The registered manager had an open door policy and was present around the home throughout the inspection. A range of quality audits were in place to drive continuous improvement across the service. Feedback during the inspection was listened to and we felt confident would be acted on.

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.

People's risks were assessed and managed appropriately to keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and appropriate action was taken to protect people.

There were sufficient numbers of skilled and experienced staff to meet people's needs and to keep them safe.

People were protected by thorough recruitment practices. Safety checks helped ensure people were only supported by staff that were considered safe and suitable to work with them.

Is the service effective?

Good

The service was effective.

People were cared for by staff who undertook appropriate training to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff asked for people's consent before providing care and respected their response.

People were supported to have their health and dietary needs met.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well. People were treated with kindness and compassion.

People's privacy, dignity and independence was promoted and

maintained.

People were spoken to in an appropriate manner and in a way they could understand.

People's relatives were welcomed into the home and friendships were supported and encouraged.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and met people's individual needs.

People's preferences about how they wanted to be supported were known and respected by staff.

People were able to partake in a range of activities to keep them stimulated and to occupy their time in a meaningful way.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

There was an open, friendly culture. Staff were motivated to develop and provide quality care for people.

Quality monitoring systems had much improved, which helped ensure standards of care were raised and maintained.

People, staff, visitors and other agencies were encouraged to make comments and suggestions about what mattered to them at the service.

Greycliffe Manor

Detailed findings

Background to this inspection

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

The inspection took place on the 5 and 6 September 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people who lived at Greycliffe Manor were able to talk to us about their experiences of the home, but some were less able to do so because of their dementia. Therefore, as well as speaking with people, we conducted a short observational framework for inspection (SOFI). This framework consists of observations of life at the home in order to help understand the experiences of people who are not able to communicate with us.

We looked around the home, and spent time sitting and talking to people either in their bedrooms or the communal parts of the home. We sat with people during their lunchtime meal on both days of the inspection. We spoke with eight people who lived at the service, three relatives and three visiting healthcare professionals. We also spoke to seven members of the care team, the registered manager, regional manager and registered provider/owner of the service. Following the inspection we spoke with a representative from the local authority quality improvement team, a district nurse and a nurse from the local older person's mental health team.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the

quality monitoring of the service.

Good

Is the service safe?

Our findings

At the last inspection on the 24 May and 1 June 2016, we found concerns in relation to medicines, and the management of risk associated with people's physical and mental health needs. We found a breach of the regulations and rated this area as requiring improvement. Following the inspection the provider sent us an action plan and told us how they would address these concerns and by when. At this inspection we found improvements had been made in these areas.

Risks in relation to people's health, safety and well-being were assessed, monitored and managed well. Guidelines were in place to help staff understand how to minimise risks, whilst promoting people's rights and independence whenever possible. Staff understood risks associated with dementia and how some people's behaviours could at times place them or others at risk of harm. Advice had been sought from the older person's mental health team in relation to one person, and guidelines put in place to help staff understand, monitor and manage their behaviours appropriately and safely. Staff had a good understanding of this person and we were able to observe them following guidelines to prevent behaviours from escalating.

Risk assessments had been completed in relation to people's skin, diet and mobility. When risks had been identified plans were in place to manage and reduce the risks where possible. For example, one person had a pressure care plan in place, which included the use of specialist pressure equipment and a repositioning plan to prevent the breakdown of tissue. One person had also been assessed as being at high risk of choking and had a plan in place to help ensure staff understood how food needed to be prepared and served to them. People were assessed in relation to their risk of falling and prevention plans put in place when risks had been identified. The registered manager undertook a regular audit of any falls in the home and made referrals to other agencies such as occupational therapy and physiotherapists when required.

All the people who lived at Greycliffe Manor required support from staff to take their medicines. At the last inspection in May 2016 we found some of the medicine administration records were not completed accurately, and guidelines were not in all cases clear when people needed PRN (as required), medicines. At this inspection we found improvements had been made. Information was available to staff about people who required (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given. We found Medicines Administration Charts (MARS) were well maintained, with accurate and clear information. The application of prescribed creams and ointments were also clearly recorded and these medicines were appropriately stored.

Medicines were managed, stored, given to people as prescribed, and disposed of safely. A senior staff member was able to tell us about the ordering system and checks undertaken to help ensure medicines received were the correct type and quantity. A separate room was available for medicines storage and associated records, as well as two medicines trolley's to assist staff to administer medicines safely around the home. Hand-washing facilities, gloves and aprons were available to reduce the risks of cross infection. Medicines were stored safely and in line with guidance. A separate fridge was available for medicines requiring cold storage and temperatures were checked regularly. Arrangements were in place for the return

and safe disposal of medicines and excess stock was kept to a minimum.

Records contained information about people's prescribed medicines and how they needed and preferred them to be administered. We observed a senior staff member administering people's morning medicines. They had the time needed to administer medicines safely, and were knowledgeable about each person's needs and medical condition. Staff undertook training and understood the importance of safe administration of medicines. Medicines records included a list of staff trained to administer medicines, and regular competency checks were completed to help ensure staff continued to have the skills and knowledge to manage and administer medicines safely.

Staff and people told us there were sufficient numbers of staff on duty to keep people safe. People said staff were there when they needed them, comments included, "I don't have to use my bell very often, but when I do the staff come straight away". Staff were visible throughout the inspection. We saw, in addition to supporting people with tasks and daily routines, staff also spent time sitting with people, chatting and providing company and conversation.

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of abuse would be taken seriously and investigated thoroughly. Training records showed staff completed safeguarding training and staff accurately talked us through the appropriate action they would take if they identified possible abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately within the service. Safeguarding was discussed within handover and staff meetings. Policies and procedures relevant to safeguarding people and abuse were up to date and available to the staff team. People who were able to speak to us said they felt safe living at Greycliffe Manor.

People's needs were considered in the event of an emergency situation such as a fire, for example their mobility and the number of staff they would need to support them to exit the building safely. Regular health and safety checks were undertaken, electrical equipment was tested for safety and legionella and temperature checks were undertaken on the water and water outlets. Notes were posted around the home reminding staff to regularly check the security of the building, particularly external access and gates leading to the main road.

Staff were recruited safely. Recruitment processes were thorough to make sure staff were suitable to work with people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. This included completing an application form with full employment history, evidence of a Disclosure and Barring Service (DBS) having been undertaken, proof of the person's identity and evidence of their conduct in previous employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Good

Is the service effective?

Our findings

At the last inspection on the 24 May and 1 June 2016, we found the registered manager and staff lacked sufficient training, skills and knowledge in relation to people's rights, capacity and consent to treatment. We found correct procedures had not been followed in line with legislation when people were unable to consent to decisions about their care and/or lifestyle. This was a breach of the regulations. We rated the service as requiring improvement in this area. Following the inspection the provider sent us an action plan and told us how they would address these concerns and by when. At this inspection we found improvements had been made.

We checked if the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive.

Management and staff demonstrated a good understanding of the principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions, and made efforts to ensure people were given choices and explanations about their care and treatment. Information about people's capacity had been documented within support plans as well as guidance for staff about promoting choice and independence.

Staff understood that people with memory loss might require information in different forms, or have the information repeated, to enable them to consent to their care.We saw one staff member talking to a person about their morning medicines and checking if they understood and were happy for them to be administered. However, if there was a concern about the person's ability to weigh up the risks related to more complex decisions, other agencies had been involved to help ensure decisions were made in their best interest. The registered manager had attended a number of best interest meetings in relation to one person, and possible risks associated with relationships outside of the home environment. A protocol was in place for one person to allow the staff to administer medicines covertly if required. This had been agreed as part of a multi-agency best interest meeting, due to the person's lack of capacity to make some decisions about their health and well-being.

Staff were aware of people's rights and supported people where possible to move freely around the home. Consideration had been given to safeguarding people where needed, whilst imposing minimal restrictions and promoting independence where possible. For example, people who wished to do so were able to freely access the large garden area, whilst being protected from a busy main road by secure garden gates. The front door had a key pad and alarm system, which alerted staff to people who may be at risk if they left the home, whilst also allowing people who were able to do so to access and leave the home with minimal support from staff.

Some people had been assessed as requiring constant supervision and were unable to go out of the home

unsupervised. The registered manager had undertaken updated MCA training and was aware of the need to consider people's ability to consent to these supervision arrangements within the legal framework of the MCA. People can be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes are called the Deprivation of Liberty Safeguards (Dolls). The registered manager was aware of this process and had made applications under DoLS when they were required. Any authorised DoLS applications were kept under review to help ensure practices remained appropriate and legal.

Staff were supported to understand and manage people's behaviours safely and appropriately. Training in the understanding and management of behaviours had been introduced as the service had started to support people with more advanced dementia. Advice had been sought from the local older person's mental health services to help staff understand and manage one person's behaviour safely and appropriately.

Staff undertook an induction programme at the start of their employment in the home. The registered manager made sure new staff had completed an introduction to the home and had time to shadow more experienced staff and to get to know people. Ongoing training such as safeguarding, food hygiene, manual handling and infection control were completed by all staff. A training matrix was in place to inform the registered manager of training completed and requiring updates. Additional training was sought from district nurses and other healthcare professionals in relation to pressure care, diabetes, continence and catheter care.

Staff felt well supported by a regular system of supervision, which considered their role, training and future development. Observational supervision, competency checks and annual appraisals were carried out by the registered manager. In addition to one to one formal meetings, staff felt they could approach the registered manager and senior staff to discuss any issues at any time. The registered manager worked alongside staff to encourage and maintain good practice, and provided informal supervision as required. They attended daily handover meetings to ensure staff were prepared for the day and had the information they needed.

Staff understood the importance of people receiving a healthy, balanced diet. People told us, "The food is excellent", and "We get a choice and we can't complain". Food was home cooked and served in pleasant surroundings, which promoted a relaxing and unrushed mealtime. We saw people being served lunch in the main dining area. Tables were laid attractively with table cloths and flowers. A selection of glasses were available and people were offered the option of having wine or sherry with their meal. Meals were well presented, served hot, and described to people if needed. The chef served meals according to people's likes and dislikes, but people were still offered an alternative if they didn't like what was being served. Staff were available to support people who needed assistance with meals and this was done in an unrushed and appropriate manner. Drinks and snacks were available throughout the day. The chef cooked cakes or biscuits everyday and these were served with the afternoon drinks.

When people had known health needs or risks associated with their diet, plans were in place to support them and keep them safe. One person had been assessed as being at high risk of choking. They were supported by staff to eat, and guidelines were in place in relation to food types, preparation and how to support them to eat safely. The cook and care staff were very familiar with this person's needs and how to support them safely. Monitoring of people's food and fluid intake was undertaken when risks had been identified, and monitoring forms in place were found to be up to date.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Staff monitored people's health closely and any changes were

documented and reported. Prompt action was taken when concerns about people's health had been identified. Healthcare professionals said the management and staff made prompt and appropriate referrals and followed guidance in relation to healthcare and treatment. People were supported to attend hospital and GP appointments and routine checks such as dental care and opticians were promoted. Arrangements were in place for an optician to visit the home to undertake eye tests and fitting of glasses. They told us the staff were very good at promoting eye care and recognised the importance of eye tests and supporting people to wear their glasses.

Good

Is the service caring?

Our findings

Feedback from people, relatives and other agencies was positive about the quality of care and support people received. Comments from people included, "It is lovely here, the staff are lovely and look after us". Relatives comments included, "It is great, like a hotel, I have nothing bad to say about them". Other agencies also provided positive feedback and said the staff were helpful, provided good information when needed and worked in a way that showed they cared.

Throughout the inspection we observed staff supporting people in an unrushed and gentle manner. Staff responded promptly to people's needs and requests, but also allowed time to sit with people providing friendly conversation or just company. Staff said they were encouraged to spend time with people, comments included, "We are told it is just as important to spend time with people as doing tasks". We heard staff speaking to people in a way that showed they knew people and cared about them. Staff smiled and said hello to people when they walked into the room, they commented positively about what people were wearing and asked people if they were enjoying their day.

People told us their privacy and dignity was respected. Comments included, " Oh yes, they always knock on the door", and " They are wonderful, I always get my clothes back beautifully washed and ironed, the staff always check I'm ok, say hello, even though I am quite independent". Staff spoke respectfully and in a dignified manner about people they supported. Staff knew people's preferred names, and recognised when people enjoyed jokes or a more formal conversation.

People's right to be as independent as possible was encouraged and supported. For example, one person liked to make their own bed every morning and this was known and understood by the care and housekeeping staff. As we walked around the home this person came out to tell the staff they had finished making their bed. The care staff smiled and responded positively by telling us how important this was to the person concerned.

Staff knew the people they cared for. They were able to tell us about people's likes, dislikes and particular interests. We saw one staff member talking to a person about the place they had lived as a child. The person's face lit up when the name of the town was mentioned and despite more recent memory loss they spoke clearly and proudly of their childhood memories. One person was a big fan of a famous singer. Their room had lots of personal items to reflect this interest and staff showed enthusiasm and interest, which pleased the person and made them smile. Staff knew what time people liked to go to bed, their preferred routines and things that mattered to them.

People cared for each other at the home and these friendships and interactions were encouraged and supported. People ate and sat together chatting and enjoying the company of their friends in the home. People who were new to the home, and visitors, were made to feel welcome. Cups of tea and gentle words of reassurance were readily available when people showed signs of confusion or distress. A sense of belonging and familiarity was evident from our observations.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company. For example, one person who had minimal verbal communication regularly held out their hands to staff and visitors. The staff knew this meant they wanted company and also enjoyed holding hands and dancing. We saw staff dancing with this person to music provided by a visiting entertainer. This interaction clearly pleased the person concerned. We were told about another person who could at times become distressed and tearful. It was not always easy for the staff to know why the person was upset, so they had put a form in place to record when this happened. Staff said, "We might report on a particular television programme, which has upset them, and then next time we would know and maybe change the channel". This demonstrated further that staff cared about people and worked hard to support them.

Good

Is the service responsive?

Our findings

At the last inspection on the 24 May and 1 June 2016, we found people's needs had not always been sufficiently assessed, and guidelines were not in all cases in place to help staff understand and meet people's specific care needs, particularly in relation to people's behaviours that might put them and others at risk of harm. Staff told us they did not have regular access to the documentation about people's support arrangements. We found this was a breach of the regulations and rated this area as requiring improvement. Following the inspection the provider sent us an action plan and told us how they would address these concerns and by when. At this inspection we found improvements had been made in these areas.

At this inspection we found people's support plans had been developed to include more personalised information about their needs and how they wanted and preferred to be supported. We found information about people's behaviour had been included in care plans. The registered manager said they had received support from the local older person's mental health services to help ensure this information was appropriate and in line with best practice. One person's behaviour could be unpredictable at times, due to their mental health and dementia. The support plan described what made the person anxious, possible signs and triggers, and ways the staff could support them to prevent behaviours from escalating. Staff were aware of this information and demonstrated their understanding in practice.

Each person had a support plan which was available in the staff office for staff to refer to when needed. The registered manager said information about people's support arrangements were regularly discussed with staff during staff meetings and daily handovers. All staff we spoke to were familiar with the needs of people they supported, and said they had access to care plans and specific guidelines to help ensure consistency of care.

Support plans were personalised and described what people could do for themselves and when they needed support. For example, one plan stated the person preferred a bath to a shower and liked to wash themselves using a flannel. The plan also stated they liked to wear trousers and a T-shirt and should be supported by staff to choose their items of clothing for the day.

The registered manager undertook an assessment of people's needs prior to them moving in. People and their families were also offered the opportunity to visit the service for a day, to sample a meal and join in an activity if they wanted. This was advertised as a 'Taster day' and gave people the opportunity to see the service before making the decision to make it their home. Part of the admissions process included gathering information about the person, their life, background and other important details about them. The registered manager said this was particularly important for people who had difficulty remembering detail and events from the past. Staff would use this information to evoke memories and to remind people of important names and events when they became confused or distressed.

People's support arrangements were reviewed on a regular basis. Handover meetings were used to update staff daily, and six monthly reviews were used as an opportunity to review people's full plan of care.

The service was responsive to people's current and changing needs. One person had a period of being very low and upset. Staff had spoken to the GP and older person's mental health services regarding possible reasons and ways of supporting the person. Staff had information about the person's previous placement when they had been more occupied and involved in activities. Staff met with the person concerned and arranged some social events for them in the local community, which included trips to the pub and local bowls club. Staff said this had a positive impact on the person's well-being without the need for intervention of medicines and health services.

People were supported to follow their interests and participate in social activities if they wished. People told us they enjoyed the activities and there was always plenty to do. In the afternoon of the first day people enjoyed listening to a visiting singer. We saw people dancing, singing and clapping as they enjoyed familiar songs and tunes. On the second day some people joined in a gentle exercise class, which encouraged plenty of concentration and laughter. There was an activities coordinator, and a weekly programme of activities was posted around the home and in people's rooms. Group activities were organised in the communal parts of the home, as well as individual activities for people who chose or needed to be supported in their bedrooms. People had the opportunity to talk about activities during residents meetings and reviews of their support plans. We saw plenty of magazines, books and newspapers available for people to read. One person said they had the paper delivered to their room every day.

The provider had a policy and procedure in place for dealing with complaints. This was made available to people, relatives and other agencies. The policy was clearly displayed in the home. There had been no recent complaints at the service.

Good

Is the service well-led?

Our findings

At the last inspection on the 24 May and 1 June 2016, we found a number of concerns relating to medicines records, management of risk, care planning and records. This meant people who used the service were not always protected by the systems to assess, monitor and improve the quality and safety of the service. Quality auditing systems were not sufficiently robust to enable the provider to identify where quality and/ or safety were being compromised and to respond appropriately and without delay. We found this was a breach of the regulations and rated the service as requiring improvement in this area. Following the inspection the provider sent us an action plan and told us how they would address these concerns and by when. At this inspection we found improvements had been made.

The registered manager had taken action to address the concerns found at the previous inspection. Quality auditing systems had been improved to help prevent shortfalls in the service occurring again. For example, the auditing of medicines had been reviewed and checks had been increased to help ensure all records relating to people's medicines were up to date and accurate. A senior member of staff said they felt the auditing of medicines was much improved and helped further ensure people were safe.

A range of quality audits were in place to drive continuous improvement across the service. Feedback during the inspection was listened to and we felt confident would be acted on.

Audits relating to health and safety, equipment and fire prevention were carried out. We looked at a sample of these records and found they had been completed in line with the homes policies. The registered manager undertook regular spot checks of the building, records and staffing levels. Daily room inspection sheets were completed by staff to help ensure people's environment was clean, safe and well-maintained. Call bell systems were logged and sent monthly to the area manager to be audited and any issues actioned.

The registered manager and regional manager for the service had reviewed people's support plans and liaised with other professionals, to ensure information about people's behaviour and mental health needs was appropriate and in line with best practice.

It was noted however, that some records relating to quality audits and people's support needs were quite disorganised, and although available, took a while for staff and management to find. We spoke to the registered manager about this at the time of the inspection and emphasised that improved organisation of records would further reflect the improvements made since the last inspection. They said they recognised this, and had started to organise files and information by the second day of the inspection.

People, relatives and other agencies spoke highly of the registered manager and staff team. Comments included, "The managers are very hands on around the home, I never have to worry that staff don't care about the residents". People and staff were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people to raise ideas that could be implemented into practice. Information was posted in the entrance reminding people their feedback was important. Posters stated, 'We value your view' and 'We value your comments whatever they maybe'. Feedback forms were

available for people and visitors to complete.

The registered manager and deputy took an active role within the running of the home and had a good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The registered manager had an open door policy and was present around the home throughout the inspection. Senior staff and all the care team were confident in their roles and were able to tell us clearly and competently about the people they supported. Staff said they were happy working at Greycliffe and felt valued members of a team. This was evident in the way staff worked. We saw staff smiled, laughed and chatted with people as they worked. This helped create a positive and homely environment for people to live in.

The registered manager attended regular training and kept themselves updated with best practice, through the use of on-line information and journals. Since the last inspection they had attended MCA and DoLS training and following this learning had ensured all DoLS processes had been followed as required. The registered manager was supported by the registered provider and owner of the service, as well as the regional manager, who had assisted with the homes improvement plan.