

Grassington House Care Home Ltd

# Grassington House

## 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

Grassington House is a residential care home for 13 older people living with dementia, mobility difficulties and sensory impairment. There are three floors with the first floor having access via stairs or a lift, access to the third floor is by stairs or stair lift. There is a smaller dining room, a television lounge and a large conservatory lounge leading out onto the gardens. There is level access to the gardens and various seating areas. There were 12 people living at the home at time of inspection.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and the who to report this to if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

The service was responsive when things went wrong, were open and reviewed practices and produced action plans to aid learning.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with routine audits to ensure safety with medicines.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, occupational therapists and social workers.

People had their eating and drinking needs understood and were being met. People were happy with the quality, variety and quantity of the food. People living in the home were involved in menu planning, shopping for food and their nutritional needs and preferences had been assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A person told us "I just let the staff know I am going out and I go out whenever I want".

The registered manager actively sought to work in partnership with other organisations to improve and nurture positive outcomes for people using the service.

Care and support was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt supported and confident in their work.

People, their relatives and professionals described the staff as caring, kind, affectionate and warm. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected. A relative said "The reason we chose Grassington House is because it felt like a family, not a just a home".

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories were detailed and people important to them had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. People and their relatives felt they would be listened to and actions taken if they raised concerns. The service actively encouraged feedback from people.

People's end of life needs were assessed and very detailed these included their individual spiritual and cultural wishes. The records showed that people and their relatives had been involved in these plans.

Group and individual activities were provided. People were consulted about what they liked to do with their day. Many people went out throughout the day and some liked to be involved with task around the home. A person told us, "I help around the home, it makes me feel very much better".

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone. A relative told us "They are open with their conversations, you know where you stand".

Leadership was visible within the home and promoted inclusion. Staff spoke positively about the management team and felt supported. One staff member said, "I really feel I want to do the best for them [the registered manager]" another said, "I feel included".

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

The service understood their legal responsibilities for reporting and sharing information with other services. The registered manager told us, "I have created an open culture within 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 was safe.

There were sufficient staff available to meet people's care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care.

Staff received training and supervision and they were confident in their role.

People were supported to eat and drink enough and dietary needs were met.

The premises met people's needs and they were able to access different areas of the home freely.

The service worked well with health professionals and people had access to services when they needed them.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that treated them with kindness and respect.

Staff had a good understanding of the people they cared for and supported them to make decisions about their care.

People were encouraged to be independent.

There was a relaxed and friendly atmosphere in the home.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported by staff who had a person centred approach to deliver the care and support they required.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place and was effective, people knew how to complain.

People's end of life preferences had been discussed and plans were in place.

### **Is the service well-led?**

**Good** ●

The service was well led.

The management team promoted inclusion and encouraged an open environment.

The service worked well in partnership with other agencies and professionals.

Quality assurance systems were in place which ensured the management had a good oversight of the service.

Positive feedback was received about the registered managers leadership.

The home was continuously working to learn, develop and improve.

# Grassington 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.

This inspection site visit took place on 7 August 2018 and was unannounced. The inspection continued on the 8 August 2018 and was announced. The inspection was carried out by one inspector and an inspection manager on both days.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not requested a Provider Information Return (PIR) to be completed. This 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. We gathered this feedback from the registered manager during the inspection.

We spoke with three people who used the service and four relatives. We spoke with three health and social care professionals, five staff and one visitor to the home.

We spoke with the registered manager and the deputy manager. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us information after the visit. This included policies and training

information. They agreed to submit this by Friday 10 August 2018 and did so via email.

## Is the service safe?

### Our findings

People told us they were safe living at Grassington House. Staff felt that the service was safe for them and for the people who live there. We saw risk assessments, policies, audits, quality checks and support systems were in place. A person told us, "I feel very safe, we are checked on quite often". Another person said, "I feel so safe here I couldn't wish to be in a better place". A relative told us, "I feel my loved one is safe as there is always someone around" another said, "I feel my relative is safe because of the high levels of professionalism demonstrated by the management and staff".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed. The service had recently changed their supplying pharmacy the registered manager told us this was an action from the home's improvement plan. The changes meant that the information supplied with the medicines had changed and new style Medicine Administration Records (MAR) were used. Staff had received guidance on how to check stocks and complete the new style records. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited.

People's medicine support needs had been assessed and staff re-assessed those needs each time they gave the medicines. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed and a stock count showed this was accurate. The service was working on people's pain level assessments with the GP and had created guidance for medicines that people can have as and when they require them in addition to their regular medicines. This enabled staff to identify possible physical signs of pain which meant they could support people sooner with their pain management. Staff had instructions for the application of prescribed creams, each person had a body map which explained which cream was applied where, when and how much.

The service had enough staff on duty to meet people's needs. The registered manager told us that they regularly checked the staffing levels and did this by working in the home and speaking to people and staff. If staffing levels needed to change the registered manager told us they would adjust them accordingly. A person told us "I feel there are enough staff and they are efficient". A relative told us "There is enough staff and always somebody around to help" another told us "Staff numbers vary throughout the day, they are always busy". A staff member told us "I feel there is enough staff and we have extra staff at lunchtime which really helps".

All staff members prepared and served food from the kitchen. All staff had received food hygiene training. The service had the highest rating of five from the Food Standards Agency which meant that conditions and practices relating to food hygiene were very good.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks



people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy, organised and clean. Infection control stations were on each floor these held gloves, aprons, waste bags and hand sanitising gel. The stations were clearly visible with signage above. During the inspection we observed staff wearing gloves and aprons. The home employed a cleaner who worked mornings. The registered manager told us everyone was responsible for keeping areas clean. Staff received training for the prevention and control of infection and could tell us their responsibilities. A person said, "I think the home is very clean". A relative told us "It's always clean and smells so fresh" and a visitor said, "It's perfectly clean".

The home had effective arrangements in place for reviewing safeguarding incidents. There was an electronic record which showed all alerts and outcomes. We found that there were no safeguarding alerts open at the time of inspection. Staff demonstrated an in-depth knowledge of signs and symptoms of abuse and who they would report concerns to both internally and externally. Safeguarding information and guidance together with contact numbers were displayed prominently in communal areas of the home. Guidance on whistleblowing procedures and external contacts of safeguarding were clearly displayed. A relative told us, "I do not have any safeguarding concerns about my relative or anyone else living at Grassington House".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses. Staff told us if they had concerns they would speak to the registered manager they were confident that action would be taken. Accident and incidents were all recorded and analysed by the registered manager and actions taken when needed. Lessons were learned and shared amongst the staff team through the electronic planning system and through staff meetings. Measures were put in place to reduce the likelihood of reoccurrence. The registered manager told us, "Mistakes do happen, everyone is human, everybody makes mistakes, we have to be honest about it and learn". A staff member told us, "If I have any concerns about someone I would complete the record and set an alert this would mean the registered manager could see if and review it" another told us "We can raise any concerns and we can even do that anonymously if we want to".

Staff could describe individual risks for people and what measures were in place to reduce or eliminate them. Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were visible to staff alongside their care plans so could be referred to whilst care was taking place. A professional told us, "The people I have involvement with have thorough risk assessments in place" and then went on to say, "Actions have been taken to ensure equipment and support is in place for those individuals as required". People and their relatives were involved in risk assessments and planning. A relative told us, "I feel my relative's risks have been properly assessed and managed in consultation with us" and then went on to say, "This is a continuous process and they have been adjusted as my relative's condition has deteriorated".

Environmental risk assessments were in place which assessed risk in the home such as heating and hot water. Equipment within the home had regular maintenance. The home had a maintenance lead who had responsibility for risk management, servicing and upkeep of the home. All electrical equipment had been tested to ensure its effective operation. People had personal emergency evacuation plans which told staff how to support people in the event of a fire. In addition to safety audits and checks the service conducted a full health and safety audit annually which looked at every aspect of safety within the home.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People consented to their care and where people lacked capacity appropriate assessments were undertaken. A person told us "I always make my own decisions" another said, "I am always involved and they [staff] ask me what I want help with". A relative told us, "There is always consultation between my loved one, Grassington House and ourselves". Care records contained signed consent forms for specific issues such as consent to care and use of photographs.

Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us "We always have to assume somebody has capacity and ensure they are involved in decisions". However, one person had restrictions placed upon them which had not been fully considered. During the inspection the registered manager sought professional advice and arranged for a review of the restrictions to ensure the persons rights were protected.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of MCA and applications made under DoLS had been completed where necessary. Authorisations made under DoLS were current and best interest decisions had involved all the relevant people.

Grassington House had a detailed induction for all new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The service had recently made a change from online training to classroom based for their induction. A staff member said, "My induction was good and we covered lots of subjects and had competency checks afterwards".

Staff told us they received training and support to carry out their role effectively, they felt confident. Staff received training on subjects such as safeguarding, moving and handling and infection control and were supported to undertake health and social care diplomas. The registered manager said, "If a staff member is interested in a particular area, I encourage them to take the lead in that area and offer additional training" and then went on to say, "I like to draw on the strengths of the staff and help them develop". We saw that this had happened in the service with the development of a medication lead.

Staff told us they had regular supervision and appraisals, they felt these were positive experiences and that they were a two-way process. One staff member told us "I am told straight away if I am doing well". The registered manager had planned supervisions and appraisals for all staff for the coming year. Supervisions

and competency checks were a mixture of face to face discussions and practical sessions where care delivery would be supervised such as during moving and handling.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. Needs were assessed prior to people coming to live at Grassington House this pre- assessment was then used to create care and support plans. People were involved in this process, one person told us, "I am always involved in my care and support". A relative told us, "We are involved in our relative's [name] care plan, and its review".

People were supported to eat and drink enough. We observed staff supporting a person with their lunch to help them maintain a healthy diet. The staff member was respectful and encouraging during this. A person told us, "The food is very good, all fresh and homemade". Another person said, "The food is excellent" and "It's very good, it's simple". A relative told us, "The food is very good" and then went on to say, "My loved one [name] has thrived on the food".

People were given choices for meals and these were displayed on the chalkboard in the communal areas, staff also asked people what they wanted and offered alternatives and lighter options. The registered manager told us that each week people help her to choose the menus for the following week. Staff will go to those who are not in the communal areas and ask for their input. This means there is variety in the menu and everyone can be involved. A person told us "I get asked my opinion and it makes me feel great".

One person required a higher calorie diet due to weight loss and the service had contacted the dietician for support and guidance. Plans that were in place and practices we observed showed this guidance was being met. Staff had a good knowledge of people's specific plans, likes and dislikes. A professional told us "They always follow our advice after our input".

We observed people eating during the inspection and we found the atmosphere vibrant but relaxed, it was a real social occasion. Food was colourful, generous and looked appetising. People could have their meal in their room, in the larger lounge area or in a smaller dining room. Tables were laid and drinks were available both alcoholic and non-alcoholic choices. One person told us, "I can have as much food as I like" and a relative told us "there is always a cup of tea offered and always cake!".

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager told us that they feel they can contact health and social care professionals at any time to support people's needs. A relative told us, "We are particularly impressed with how quickly Grassington House consult with our loved one's [name] GP when they show any symptoms of ill health". A health professional told us, "Everything is done that I ask to be done in a timely fashion".

The registered manager had created a hospital pack for each person. The electronic system contained details about their care needs, contact details for next of kin, communication needs and medicines. The registered manager generated a report from the persons record which was current and contained information to support a safe transfer to hospital.

The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a working lift in place for access from the ground to the first floor and a stairlift to access the top floor. From the reception area there was a small dining room leading into a large conservatory lounge. The conservatory lounge had double glass doors into the patio and garden area. The garden area had level access and various seating area's some shaded from

the sun. A person said, "It feels like home, I have my own furniture in a nice room". A relative told us, "It's a small place and very homely". A professional said, "There is a very personalised feel to the home, it's a very pleasant environment". The registered manager told us that they involved people in decoration decisions within the home.

## Is the service caring?

### Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "Everybody is kind". Another person said, "They [staff] are marvellous with people here". Relative comments included; "Staff are very good and they do amazing things". "Staff are keen, warm and kind". "I would give them [staff] a ten out of ten and I wouldn't give them anything less". A visitor told us, "The staff are very welcoming, they are pleasant. They are genuinely caring and lovely". A professional told us, "The residents are at the centre of this home"

People were treated with dignity and respect. We observed many respectful interactions, staff spoke to people who called for them, they would stop and sit down next to them and take time. A person told us, "Being able to talk to someone always makes a difference" and another said, "residents are treated very well". A relative said, "They are not just carers they are caring" another said, "They are very kind to family members". People told us they were pleased to have all their belongings, furniture and photographs around them. A person told us "There is a family feeling in the home". A relative told us that given the needs of the people living at Grassington House the staff "do an amazing job of advocating for equality, diversity and human rights" and then went on to say, "My loved one [name] is always treated with great respect, sensitivity and real affection".

People's cultural and spiritual needs were respected. People were encouraged to have visitors to the home, whether in the communal areas or alone in other places within the home. A relative told us, "You are welcomed at Grassington". People's cultural beliefs were recorded in their files and that they were supported to attend religious services which visited the home monthly. A person told us, "I am involved in the local church". The registered manager said that they would welcome people of any faith into the home and support that person in any way they needed.

People told us they were happy with the care they received. Comments from people and their relatives included, "We believe the staff working at Grassington House are first class". "They respect my loved ones wishes". "Everything is done for the sake of the residents". "We are like a family". "I have witnessed beyond kindness and tenderness towards people"

People are supported to maintain relationships with their family and friends. A professional told us, "They ensure that the home is welcoming to their families and friends as well as those important to the residents within the home, making them feel included and welcome". The registered manager told us that they routinely invite friends and family for dinner, this was confirmed by a relative who said, "We are always offered food and drinks when we visit". A person told us, "I have friends who I meet up with it's important to me".

There was a calm and welcoming atmosphere in the home. A relative told us, "When you walk in everyone seems relaxed and happy". We observed staff spending time with people individually including those who chose to spend time in their bedrooms. We observed a member of staff showing photographs to a person and they were enjoying a conversation together about them. People were treated well and with kindness.

One person told us, "Staff are so very nice to people, they have patience in a way I could never have"

People were encouraged to be independent and individuality respected. The registered manager told us it was a key goal of the home to keep people active and support them to keep their independence for as long as possible. During both days we observed staff member's encouraging people to be involved. A person told us "I help staff with jobs around the home, it makes me feel useful and included". A relative told us, "We firmly believe that the support our loved one [name] gets at Grassington has slowed the rate of deterioration and has resulted in them [name] having a good quality of life given their disability".

People were encouraged to make decisions about their care. People were involved in their care plans, records showed input from the person, their family and professionals. There was a system for review and people were involved in that. Life histories were full and the contained information that was important to them. A person told us, "I can make my own decisions, receive support and I am content".

The service had a care planning section called 'My Life Wishes' this section had enabled people to set goals in their life. Staff had spent time with people asking what they wanted to achieve. We saw examples of goals such as learning a new skill or hobby to achieving better mobility and more freedom outside the home. The life wishes plan clearly showed people the small steps they needed to take towards the goal and who would help them achieve it. This meant that people could set goals if they wanted and work towards them safely. One person said of their life wishes plan "I want to do more, I have lived alone for many years. They [staff] have helped me very much with moving to the home, finding my way and increasing my independence".

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care plans were in place and regularly reviewed. A relative told us, "They know their residents well". A professional told us, "Care plans are always up to date for the individual showing they have been revised and reviewed". Plans we saw were personalised and detailed. Finer details had been added for people such as leaving out snacks, what blanket someone likes and night time routines. This meant people were receiving the care that was important to them and met their individual needs.

The service used an electronic care planning system which enabled them to be responsive should needs change. During the inspection we saw an example of this where a person was unwell, after speaking with the person GP the registered manager updated the system to include this information for all staff and specific medical instructions were added in to the plan for that day. The system sent a message to all staff so even if they were not directly supporting that person during the day they would know to make an extra check. A member of staff told us about the person who was unwell and showed us the instructions on their care plan handset. This process meant the person received the correct care and support when needed. A staff member told us, "If anything changes I can add this into the system and set an alarm bell, this will then alert everyone of a change in someone's needs".

People's care plans were frequently reviewed and updated to meet changing needs. A relative told us, "They are responsive to my loved ones [name] needs and keep me updated". A professional said, "They are reactively and proactively responsive to their needs" and another said, "We often get referrals or calls for advice to have someone's needs assessed".

People maintained access to the community if they wanted. People were encouraged to go out and we saw people leaving and returning throughout the day both on their own or with staff. People told us that there is a lot of activities outside of the home. The home had their own nine seat mini bus and records showed this had been used for trips to the beach for ice cream, garden centres and magical mystery tours. The registered manager told us that sometimes the trips were navigated by the people themselves as many of them are from the local area. People told us they went out and it was important to them to be able to access the community. The registered manager said that integration into the community was one of their main focus points and had made links with a local nursery school with a view to bringing older and younger people together for activity.

People were involved in activity plans. We observed many activities taking place during the inspection both group and individual. A person told us, "There is always a lot to do" another said, "I really do enjoy going out". A senior staff member told us they attend regional activity hubs this has helped them to make contacts with external activity practitioners. A person told us, "I have enjoyed keep fit all my life and I asked for some exercise, and now we do Zumba Gold sessions which I love". Another person told us, "I enjoy visiting the theatre and the cinema, I really do love it".

The conservatory lounge had people's artwork on the wall from a recent arts session. A relative told us, "We

are amazed at the variety of activities at the home. In addition to games, arts, crafts and music activities there are various trips to the sea side, farm, theatre and cinema which provides for a very stimulating programme". The home had planned a summer fete for later in the month, people told us they would be helping with that and were looking forward to it.

People knew how to make a complaint and the service had a procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. There were no active complaints seen during our inspection. A person told us "If I wanted to complain I would go to the registered manager [name]" another said, "I feel I can say anything if I am not happy". A relative told us, "I have not had to make a complaint but I would see the registered manager [name] and I am confident they would sort it" another told us "I am not afraid to say anything, they are very approachable". The service had feedback forms available in reception and a suggestion box in the large conservatory lounge these were checked regularly and the registered manager kept a log of these comments and action plans were seen where learning was identified. People had confidence in the service and told us, "I made an observation once, and I was totally satisfied that it had been sorted"

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in care plans where a need had been identified. Communication needs were available to staff alongside the care plans and could be accessed prior to or during care.

At the time of the inspection no one at Grassington House was receiving end of life care. People's individual end of life plans were detailed and included their wishes for that time, arrangements following death and specific details individual to them. The registered manager told us that plans are added to as conversations occur and understands the importance of having this information and for everyone to be aware. We saw that plans had been added to as people's wishes changed and routinely checked during care plan review process. A compliment we read said, "The family cannot thank you enough for all the care and friendship you gave to our relative [name] at Grassington House and being so kind to them at the end of their life".



## Is the service well-led?

### Our findings

The service had 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.

The provider of the service had recently changed. The service provider was previously the registered manager who was registered as an individual provider. The registered manager told us the change in registration was seamless as they remained the registered manager and a director of the new provider organisation.

The registered manager had a clear vision for developing the service and told us it was to provide a high standard of care within a homely atmosphere. We saw action plans for further developments to the environment and for improved practices within the home.

There was an inclusive, relaxed and positive culture within the home. People we spoke to felt that it had a family orientated feel. A relative told us, "Everybody works together, staff, residents and relatives". A member of staff told us, "It's a home from home" and then went on to say, "We are a family". Another staff member said, "I feel like I want to do my best for the registered manager [name]". The registered manager explained that it was very important to them to maintain and develop this culture and everyone within the home understood the aims.

The registered manager had created an open working environment and could be contacted in person or by telephone. People and staff told us they felt the registered manager was there for them when needed. The registered manager told us that they involve people in tasks around the home. A person told us, "I help in the home, I help in the kitchen, it makes me feel so much better". The registered manager told us that people are involved in assessing staff suitability for the home and they consult them on any appointment made. People and staff told us during the inspection that they felt they were involved in the home.

Staff, relatives and people's feedback on the management at the home was positive. Feedback forms were available to all at the reception area. People told us, "The registered manager [name] is very approachable" another said, "They are always around, I know they will do their best for us". A relative told us, "The registered manager [name] has a very personable approach to the residents" and then went on to say, "The excellent atmosphere amongst the staff would also indicate a group of people comfortable with the registered managers [name] style of management". Staff told us, "They [name] are a good manager, they take things into consideration", another said, "The manager is really good".

The service sought people's feedback and involvement through meetings but no longer held whole home meetings. The registered manager told us that following previous meetings and feedback from people they had decided to hold smaller group meetings and some individual meetings. We saw minutes of these

discussions and from feedback we received from people they felt involved. A staff member told us that they support the registered manager with smaller meetings for people and discussions include menu planning, décor and satisfaction surveys. A person told us, "We are asked for our idea's, the staff member [name] comes and ask us what we think".

Personal learning and development was important to the registered manager, they told us, "I make sure I keep my learning up to date along with the staff". They had attended regular registered manager network meetings, learning hubs, conferences and also used online guidance and publications. The home had recently made links with another home in the area with a view to working together on certain projects.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies. Quality assurance systems were in place to monitor the standards of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The registered manager showed us current action plans on the system.

Systems were in place for learning and reflection. The registered manager completed various audits such as food, care records, accidents, incidents and infection control. In the records we saw that a person had fallen in their room and the circumstances had been explored involving the person. Action plans were in place and changes were made to the environment to prevent further occurrence.

Grassington House had good working partnerships with various health and social care professionals. The registered manager told us it was important to them to involve everyone in the care of the people living in the home. A professional told us, "Our working relationship with Grassington is on the best end of the scale" another said, "The registered manager [name] will contact our organisation should they require advice and works well with us to ensure that reviews are completed in a timely and supported manner".