Walton Care Limited

The Grove Care Home

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

We carried out an unannounced inspection of The Grove Care Home on 22 January 2019.

The Grove Care Home provides accommodation, personal and nursing care for up to 39 people, including frail older people and younger people with disabilities. There were 36 people accommodated in the home at the time of the inspection.

The Grove Care Home is a purpose built, single storey home. There are surrounding gardens with an internal private patio area and patio and seating areas with raised flower beds to the rear of the home. A car park was available for visitors. Shops, pubs, churches and other amenities are within walking distance.

At our last inspection of October 2016, the service was rated Good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The management team were committed to the continuous improvement of the service and to improving people's care. The registered manager collaborated with others to develop the service, improve practice and to attain better outcomes for people living at the home.

Quality assurance systems were robust and used to make improvements in the home. People had a wide range of opportunities to provide feedback on the care provided; consideration was being given to improving communication methods to get them more involved.

Processes were in place to support people with any concerns or complaints. We found some improvements could be made to the process.

People, and their relatives, were happy with the care and support they received. They said staff were kind and caring and respected their right to be treated with dignity and respect. We observed caring and considerate interactions between staff and people living in the home and their visitors. All staff told us they enjoyed working at The Grove Care Home.

Care plans and risk assessments were person centred and provided detailed guidance for staff on how to provide safe and effective care. Arrangements were in place to ensure all care plans were reviewed and updated as people's needs changed; consideration was being given to improving people's involvement in this process. Changes in people's health and well-being were monitored and responded to.

People told us they felt safe living in the home. Staff had received training in the protection of vulnerable adults and knew what action they should take if they suspected or witnessed abuse. Lessons were learned from any accidents, incidents or safeguarding matters.

People received their medicines when they needed them from staff who had been trained and had their competency checked. The home was safe, comfortable and clean. People were engaged in varied activities which met their individual interests. Arrangements were in place to support people with a healthy, balanced diet; people told us they enjoyed the food and had been involved in changes to the menus.

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. Staff understood the importance of acknowledging people's diversity, treating people equally and ensured they promoted people's rights.

Arrangements were in place to ensure staff were properly checked before working at the service. We found some improvements could be made to the recruitment process. There were enough numbers of staff on duty to meet people's needs, meet their preferences and promote their independence. All staff received an induction and the training and support necessary to enable them to deliver effective care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Effective.

Is the service caring?

Good

The service remains Caring.

Is the service responsive?

Good

The service remains Responsive.

Is the service well-led?

Good

The service remains Well Led.

The Grove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection took place on 22 January 2019. The inspection was carried out by an adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we checked the information we held about the service and the provider and included this in our inspection plan. We considered the previous inspection report and obtained the views of the local commissioning teams. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, such as what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, four visitors, a registered nurse, two care staff, the activities coordinator, the deputy manager and the registered manager who had overall responsibility in the home. We also spoke with one of the directors.

We had a tour of the premises and looked at a range of documents and written records including four people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, customer survey outcomes, complaints and compliments records, medication records, maintenance certificates, policies and procedures and records relating to the auditing and monitoring of service. We looked at the recent report (December 2018) from Healthwatch Lancashire. Following the inspection, we spoke with a healthcare professional and spoke with

the registered manager.

Good

Is the service safe?

Our findings

During the inspection, we observed people were comfortable in the company of staff. People we spoke with told us they felt safe living in the home and when staff supported them. One person shared their concerns about staff; we discussed this with the registered manager and noted this was being appropriately addressed. People's comments included, "I'm safe, it's been good for me" and, "I feel safe. I'm not frightened like I used to be at home." A relative commented, "I never worry about how [family member] is being cared for."

Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. They had safeguarding vulnerable adults' procedures and whistle blowing (reporting poor practice) procedures to refer to. There was a designated safeguarding champion in the home who provided advice and guidance to other staff. The registered manager was clear about when to report incidents and safeguarding concerns to other agencies. Action to be taken and lessons learned from any incidents or concerns had been discussed with staff. Arrangements were in place to respond to external safety alerts to ensure people's safety.

Any risks to people's health, safety and wellbeing were being managed well. Risk assessments included up to date information for staff about the nature of the risks and how staff should support people to manage them. Records were kept in relation to any accidents and incidents that had occurred at the service; referrals had been made to appropriate agencies and the information was analysed to identify any patterns or trends. We discussed with the registered manager, the importance of fully completing the records to include future preventative measures.

Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. We noted there were effective systems to respond to concerns about staff's ability, attendance or conduct.

There were safe processes in place for the management of people's medicines. Staff had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been undertaken. People's medicines were regularly reviewed to ensure they were receiving the appropriate medicines. We discussed, with the registered manager, the importance of obtaining a witness for medicine disposal.

A safe recruitment process had been followed although some improvements were needed. For example, we found two staff did not have an appropriate reference on their recruitment files and the application form did not request a full employment history to determine whether there were any gaps in employment. The registered manager advised that records had not been scanned to the new electronic system. They gave us assurances this would be addressed and an immediate check was to be undertaken of all recruitment files. Checks had been undertaken to ensure nursing staff had up to date and current registrations with the Nursing and Midwifery Council as being safe and competent to undertake their role. Appropriate checks were undertaken to ensure agency staff had the appropriate skills and competency to work in the home.

The rotas showed sufficient numbers of care and ancillary staff were available at all times and numbers were monitored and adjusted in line with people's changing needs. Most people spoken with told us there were enough staff. Three relatives said their family members received timely support from staff, whilst one said there were delays at times. The recent customer survey had identified some people had waited for a response from staff, particularly in the morning; this was being addressed and routines had been reviewed.

During the inspection, we observed staff promptly responded to people's requests for assistance and staff were seen to be mostly available in the communal areas. Staff told us they had a good team that worked well with each other and any sickness or leave was managed well with existing staff or with a consistent team of agency staff. The registered manager and deputy manager worked flexibly in the home and out of hours support was provided as needed. We observed that staff were patient and person centred in their interactions with people; we observed staff taking time to sit and talk with people at times during the day.

Equipment was stored safely, repairs were undertaken promptly and regular safety checks were carried out on all systems and equipment. People had access to appropriate equipment to safely meet their needs and to promote their independence and comfort. Training had been provided to support staff with safe practice and to deal with any emergencies.

We found all areas of the home were clean. Staff had access to protective wear, such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. Designated cleaning and laundry staff were available and cleaning schedules were followed. An infection prevention and control champion was responsible for conducting checks on staff practice in this area, attending local forums and for keeping staff up to date.

The environmental health officer had awarded the service a five-star rating for food safety and hygiene in 2018. There was doorbell entry to the home and visitors were asked to sign in and out, which would help keep people secure and safe. People were advised that CCTV was used to monitor people's safety in the communal areas.

Good

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff were competent and knowledgeable. People said, "I had no worries at all about moving in here as I knew this home was brilliant" and, "I have been in a few homes but this one is the best." Visitors said, "Health wise [family member] is certainly improving here" and, "Staff do everything for [family member] and they do it very well. This place is easily the best." A healthcare professional said, "Our instructions are followed and the staff know the residents very well."

People's care and support needs were assessed before they moved into the home to ensure they could be looked after properly. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This also meant staff could determine whether they were able to meet the person's needs. The service had policies to support the principles of equality and diversity, and these values were reflected in the initial care assessment and care planning process. This meant consideration was given to protected characteristics including race, sexual orientation and religion or belief.

Staff received a wide range of training that enabled them to support people in a safe and effective way. Most staff had achieved a recognised care qualification and were provided with additional training and support to meet the specialised needs of people living in the home. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. They told us they had been supported with their development. New members of staff participated in a structured induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures and completion of the provider's mandatory training. Agency staff also received an induction when they started to work in the home.

Staff received regular support and supervision; this provided them with an opportunity to speak about their training and support needs as well as being able to discuss any personal issues in relation to their work. Staff attended regular meetings and received an annual appraisal of their work performance. Staff told us communication about people's changing needs and the support they needed was good. There were effective systems in place to ensure key information was shared between staff; staff spoken with had a very good understanding of people's needs.

People considered they received medical attention when they needed and were well supported with their healthcare needs. People's care records included information about their medical history and health needs and showed that appropriate referrals had been made to a range of healthcare professionals. The nurse practitioner and district nursing team regularly visited the service to monitor the care and treatment of people living in the home. Feedback from visiting professionals was positive about the relationships between the home and them. Staff used remote clinical consultations to access prompt professional advice when needed; this meant hospital visits and admissions could be avoided. Detailed information was shared when people moved between services such as transfer to other services, admission to hospital or

attendance at health appointments. In this way, people's needs were known and considered, and care was provided consistently when moving between services.

People told us they enjoyed the meals and they had been given a choice. They said, "The meals are not bad", "I love a bacon sandwich in the morning and that's what I get" and "The meals are very good." Most people sat at the dining tables whilst others chose to remain in their armchairs or in their bedroom. The dining tables were set with napkins and condiments. Adapted cutlery and crockery and protective clothing was provided to maintain people's dignity and independence.

People were offered meal choices. The meals served were nicely presented and looked and smelled appetising. We overheard friendly conversations and banter during the lunchtime period and we observed staff patiently supporting and encouraging people with their meals. Drinks were offered during the meal. We observed cold and hot drinks, fresh fruit and snacks available between meals. People told us they were offered a supper. A new menu had been developed with advice and support from healthcare professionals (dieticians); people had been involved with this. Meals were prepared using fresh ingredients which had a positive impact on people. For example, people were eating a healthier diet, their appetites had improved and this had resulted in an increase in their weights.

Information about people's dietary preferences and any risks associated with their nutritional needs was maintained in their care plans and monitored by staff. Food and fluid intake charts had been implemented for people who were deemed at risk, to identify any deficits in their intake. People's weight was checked at regular intervals and appropriate and prompt professional advice and support had been sought when needed.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject. We were told two authorisations had been granted by the relevant local authority; other applications had been submitted for consideration and were kept under review.

People's overall capacity had been assessed and their capacity and consent to make decisions about care and support was referred to in the care plans. Staff understood the importance of gaining consent and promoting the rights and choices of people who lived in the home. During the inspection, we observed staff offering people the opportunity to make decisions about their daily life.

The home was comfortable, homely and warm and was suited to people's needs; further development work was underway. People were happy with their bedrooms; some had en-suite facilities. Suitably equipped bathrooms and toilets were within easy access of bedrooms. The gardens were safe with seating provided.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were treated with care and kindness and their privacy and dignity was respected. They said, "They know me and know what I want." People made positive comments about the staff. They described staff as 'good', 'very good', 'kind', 'caring'. However, people also made less favourable comments about staff attitude and one person commented staff were 'nearly all good'. We noted the management team had already identified this as an area for improvement and appropriate action was being taken.

We looked at the results from the recent customer survey. People had commented, "All staff are loving and caring", "Staff love her to bits" and, "I've seen lots of staff spend time with residents, giving hugs and kisses." People commented, "Staff do lots of little things; they know me well" and, "They listen to me and know where I'm coming from."

During the inspection, we saw staff were attentive to people's needs and we observed caring and respectful interactions towards people. We overheard people and staff singing and laughing whilst treatments were being administered behind closed doors. We observed staff stopping to talk to people, holding hands with them and offering reassurance. We were told staff often gave up their own time to shop for people or to take them out shopping or for a meal; this showed they cared about the people they supported.

Staff were knowledgeable about people's individual needs and personalities and about their aspirations and dreams for the future. We noted people's wishes were displayed on a 'wishing tree'; wishes included going bowling, watching Mama Mia 2 and attending an ice skating show. We saw one person's wishes had been fulfilled. Staff had arranged a themed day with an entertainer and fancy dress. The activity coordinator and deputy manager told us plans were in place and being progressed to help other people realise their wishes.

People were encouraged to maintain relationships with family and friends. All friends and relatives that we spoke with confirmed there were no restrictions placed on visiting and we saw they were made welcome.

People told us they were treated with dignity and respect and could make choices in their daily lives. A code of conduct had been developed in consultation with staff and was displayed on posters around the home. One of the values was 'It's all about choice'; a catchy song had been developed to help staff remember the message. One member of staff said, "Our culture is all about choice."

Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Records showed care and support was delivered in a non-discriminatory way and people's rights were respected. A mix of male and female staff were being recruited, which would enable people to have a choice of being supported by a staff member they felt comfortable with. People were dressed comfortably and appropriately in clothing of their choice. People's wishes and choices with regards to spiritual or religious needs was recorded. We observed staff supporting and encouraging people to maintain and build their independence.

People told us staff respected their privacy, they were supported to be comfortable in their surroundings and could spend time alone if they wished. Personal care interventions were carried out behind closed doors in the person's bedroom or bathroom. Some people chose to spend time in their bedrooms; they told us staff respected their choice. All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure.

People were encouraged to express their views by means of daily conversations with staff and where possible were involved in decisions about their daily care. We were told resident and relative's meetings were not held as they had been poorly attended in the past. A dedicated social media page helped to keep some people informed of proposed events although not everyone would be able to access this. The registered manager and director told us other methods such as a newsletter and other social media accounts were being considered to ensure everyone had the opportunity to be consulted, be kept up to date and make shared decisions.

People were provided with an information pack on initial visit and admission to the home, which provided an overview of the services and facilities available in the home. People were also provided with useful tips on what to look for when visiting a care home.

Good

Is the service responsive?

Our findings

People were happy with the personal care and support they received and told us it was provided in a way that suited them. They made positive comments about the staff and about their willingness to help them. People said, "Things have been fairly good all along and are still good" and, "Activities have improved 100%." A visitor said, "If I speak to any of the staff about any little problem, they act on it straight away."

People knew how to raise their complaints and concerns and a procedure was available to support them with this. However, we noted the procedure did not include the contact information for the local ombudsman or the local authority; the registered manager agreed to review this. The information in the provider information record showed there had been seven complaints made directly to the service and responded to in the last 12-months.

People told us they had not had cause to complain. One visitor said they had raised minor concerns with staff which had been acted on. Another visitor told us they were awaiting an outcome about their concerns. We discussed with the registered manager the importance of recording people's concerns in line with the complaints and concerns process; this would help to determine whether appropriate action had been taken and to establish whether there were any trends or patterns to be addressed. From our discussions and from looking at records, we found concerns had been raised about the conduct of staff; we found appropriate action had been taken and actions noted in the plan for improvement.

Management and staff had the skills and knowledge to support people at the end of their lives. Where possible, people's choices and wishes for end of life care were recorded, kept under review and communicated to staff, GP and ambulance services. People's care plans reflected their decisions and preferences in relation to resuscitation; records had been signed appropriately by relevant health professionals and regular reviews had been completed. This ensured people nearing the end of their life received support and care that met their needs and respected their choices. People's lives were celebrated. Families were supported following the death of a family member and staff always paid their respects at funerals; staff were provided with appropriate support as needed. We were given examples of where entertainers and afternoon teas had been arranged following people's funerals; this enabled everyone to pay their last respects and to celebrate people's lives.

People were happy with the range of activities and entertainments available to them and said they enjoyed taking part. They told us the provision of activities had improved since the current activities coordinator had been in post. The activities coordinator had developed links with others to share good practice and ideas. Ideas had been put into practice such as the 'wishing tree' where people could express and fulfil their dreams and 'These Hands' where people could discuss photographs of their hands and the jobs they used to do. The activities coordinator was taking time to find out about and record people's interests and aspirations; this would help engage more people in one to one activities.

During our visit, we observed people chatting to each other and to visitors and staff, watching TV, reading newspapers and some people participating in a craft session. From our discussions and from the records

maintained we saw activities had included, visits to local shops and cafes, crafts, games, pet the dog and movie sessions. We saw games, books and craft items available around the home. Where possible, people were supported to maintain local community links and visited local shops, pubs and cafes either with staff or their visitors. Staff also gave up their own time to take people out or to help them with their shopping. The home had access to a minibus and people had visited the seaside, a stately home and local restaurants; we were told volunteers were being recruited to help improve people's access to activities and excursions. People had been involved in fund raising for the Alzheimer's Society, helping to raise money for support and research.

The service used technology and equipment to enhance the delivery of effective care and support. Internet access enhanced communication and provided access to relevant updates and information for staff and people's relatives. E-learning formed part of the staff training and development programme. Equipment was used to support people at risk and keep them safe. One person used an electronic pad/tablet to maintain contact with their family. The registered manager used email to contact one person's relative living abroad to ensure they were kept up to date. The registered manager had also helped one person to use a computer; the person was then able to independently manage their own finances.

Each person had an individual care plan, which was underpinned by a series of risk assessments. People's needs had been assessed before they started living at the home, to ensure that the staff were able to meet people's needs. Since our last inspection, an electronic records system for all people who used the service, had been introduced. The care plans were person-centred, detailed and organised and included valuable information about people's likes, dislikes, preferences and routines; this ensured they received personalised care and support in a way they both wanted and needed. Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. Visitors told us they were kept up to date and informed about any changes to their family member's needs; some people told us they had been involved in the care plan whilst others had not. We noted the involvement of people in care plan reviews had been identified as an area for improvement. Staff were aware of this and told us they planned to invite people, or their relatives, to attend the next planned review.

Daily records of how each person had spent their day and of any care and support given were written in a respectful way. There were systems to ensure staff could respond to people's changing needs; staff told us the electronic care system was easy to use and they could quickly update on any changes if they had been on leave.

Management and staff were supported to meet the accessible information standard, ensuring people with a disability or sensory loss were given information in a way they could understand. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

Good

Is the service well-led?

Our findings

People, relatives and staff told us they were satisfied and happy with the service provided at The Grove Care Home and with the way it was managed. Everyone spoken with said the registered manager and staff were approachable and the home was well managed. People said, "This is one of the best nursing homes", "This home has had its ups and downs over the years", "This home was worth the wait" and, "I'd recommend this home to anyone." People described the atmosphere of the home as homely, friendly and calm.

The registered manager was 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 registered manager had responsibility for the day to day operation of the service and was visible and active within the service. The registered manager was observed to interact warmly and professionally with people and staff. Staff made positive comments about the registered manager and the way the home was managed. They described the registered manager as approachable, firm, kind and fair. A healthcare professional said, "Communication is excellent; [registered manager] always knows what is going on."

The provider had oversight of the service. The registered manager was supported by the directors who regularly visited the service to monitor the quality of the home, the effectiveness of her practice and to speak with people about their experiences. The registered manager was in regular contact with them and provided a weekly analysis of staffing levels; we discussed how this could be developed to include additional information about the management of the home.
From our discussions with one of the directors, it was clear they wanted excellent care for people and this was reflected in the plans for improvement.

Examples of this included, providing an electronic care recording system that could be updated easily to give an accurate reflection of people's care and support needs. The management team saw the development, recruitment and retention of a consistent staff team was of vital importance in ensuring safe and excellent outcomes for people; the introduction of monitoring systems had improved staff attendance and improved how staff were deployed. In addition, the management team realised the importance of making staff feel valued and rewarded them for the care and comfort they provided to people.

The management team and staff were committed to the continuous improvement of the service and to improving people's care. They could describe their achievements over the last 12-months and planned improvements for the year ahead. Planned improvements included the introduction of a newsletter and other methods to keep people up to date, re-establishing resident and relative meetings, introducing an electronic medicines management system, development of one to one activities for people, development of additional en-suite bedrooms and the recruitment of volunteers to improve people's access to activities and excursions. The management team had participated in a 'back to the floor' day where they worked with care staff to see the home from their point of view. We were told this had been very effective in identifying areas for improvement and further sessions were planned.

The registered manager was committed to improving outcomes for people. For example, the registered manager had worked in collaboration with visiting healthcare professionals to help improve communication and outcomes for people. The registered manager had successfully challenged other healthcare professionals' decisions to ensure people's needs and choices were met in relation to end of life care. The menu had been changed following comments from people in the home; they had been involved in taster sessions to improve the meals served and to provide a healthier option. People's choices and health and well-being had improved as a result of this. The cook worked with the dieticians to develop healthy menus and the deputy manager attended the local authority leadership and support program for managers; this was helping to develop good practice in the home and to develop the deputy manager's skills.

There was a clear and effective system to monitor the quality of the service. A dedicated quality assurance manager monitored all aspects of the quality of the service over a 12-month period such as facilities management, staffing, data security, and medications management. The audits were measured against CQC key lines of enquiry; it was clear from the inspection findings and from the development plan that the service had achieved some elements of outstanding practice and were committed to developing the service further. The registered manager had recently introduced a medicines audit tool and undertook audits on areas such as staffing numbers, accidents and incidents, care planning, infection control and the environment. We noted shortfalls had been identified, timescales for action had been set and actions were monitored.

During this inspection, we found shortfalls in the recruitment records and the recording of people's concerns, we also discussed the importance of monitoring cleaning schedules and witnessing medicines for disposal; the registered manager addressed these shortfalls following the inspection. Action to be taken and lessons learned from incidents were discussed with staff to ensure they were aware of the improvements needed and the findings had resulted in changes and investments in the home to improve safety. The registered manager also completed quarterly reports and audits for the health commissioners. She was available to discuss any concerns with staff, visitors and people living in the home, had weekly meetings with the deputy manager and attended handovers; this provided her with a good oversight of the service.

People and their visitors were encouraged to share their views and opinions about the service. Surveys were sent to people using the service and their families and to staff and visiting professionals. The results from the recent surveys showed a high satisfaction with the service; the results were to be shared with people so they knew what action was being taken to respond to their comments. There was good evidence that people had been listened to following previous surveys. Resident and relative meetings were not held; the management team were looking at reintroducing the meetings and at other methods to improve the way they communicated with people. A suggestion box was in the entrance for people to post their views and ideas.

The management team worked in partnership with other services and agencies and with health and social care professionals to keep up with current guidance and to share best practice. For example, the registered manager worked in collaboration with other registered managers to share good practice. She had attended local meetings with hospital and community healthcare professionals to improve the consistency and management of people's care. This showed the management team were open, transparent and committed to improving care for people.

Good links had been developed with local commissioners of services. Staff accessed appropriate guidance and training and attended local infection, prevention and control meetings, dignity meetings and safeguarding meetings; some staff had been encouraged to become designated 'champions' in these areas which increased staff awareness and improved standards and practice.

Staff told us they enjoyed working at The Grove Care Home. They said they worked well as a team and felt supported to carry out their roles. They felt they could raise any concerns or discuss people's care with the registered manager. There was a clear management structure and staff were aware of their role and responsibilities, the lines of accountability and the values of the organisation. Regular staff meetings had taken place and a range of issues had been discussed.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. The registered manager had submitted notifications to CQC and other agencies.