

Noble Care Limited

Gloucester House - Learning Disability & Autism

Inspection report

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Ratings

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|---------------------------------|---------------|
| 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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The inspection took place on 16 February 2016 and was unannounced. Gloucester House offers accommodation for up to eight people with learning disabilities or autistic spectrum disorders, mental health, sensory impairment and physical health care needs. There were five people living at the home at the time of our inspection. People had their own rooms and bathrooms. People had the use of a number of comfortable communal areas, including a kitchen and dining area, a lounge, a sensory and room and garden areas.

We had the opportunity to talk with three people who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. 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 registered manager and senior staff team supported care staff to provide safe and compassionate care. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed in a safe way. There were enough staff available to support people in the ways they wanted. Staff knew what actions to take, if they had any concerns for people's safety or well-being and were able to obtain advice from the manager, provider or external organisations if required. People were supported to take their medicines so they would remain well.

Staff had the skills required to support people so they would enjoy a good quality of life. People's right to make decisions and their freedom was protected and staff worked with other organisations to make this happen. Staff supported people to enjoy a range of food and drinks so they would remain well. Some people enjoyed preparing their own meals. Access to health services was arranged so people would benefit from specialist advice to remain physically and mentally well.

People enjoyed being with the staff who cared for them and were given encouragement and reassurance by staff when people when they wanted this. We saw people got on well with the registered manager and caring relationships had been built with the staff. Staff knew how to support people so they were able to make choices about what daily care they wanted. People's need for independence was taken into account by staff.

People benefited from living in a home where staff understood their individual preferences, diversities and unique needs. The whole staff team were committed to making sure people received the right care for them as individuals. Staff recognised when people's needs changed and took action so people continued to enjoy life and receive care in the best way for them. People wishes were embedded into the way their care

was planned and reviewed and people felt listened to. People and relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

There was clear and open communication between the registered manager and staff, so staff knew what was expected of them. Checks were undertaken on the quality of the care by the registered manager and provider and actions were taken where developments had been highlighted. The registered manager and provider made sure there was a focus on continuous development of 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 was enough staff to keep people safe and meet their care and safety needs. People's individual risks were understood by staff and staff knew how to raise any concerns they had for people's well-being. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People received care they had agreed to and staff encouraged people to make their own choices. People were supported by staff who knew people's individual preferences and how to look after them. People were supported to have the right amount to drink and eat. Staff made sure people had access to health services and took action when advice was given by health professionals so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People enjoyed being with staff who had built caring relationships with people. People's preferences about how care was given were listened to and followed. Staff took time to reassure people and treated people with respect. People's dignity was promoted by staff.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's unique lifestyle choices and care and support needs were recognised and responded to by staff who knew them well. People were actively encouraged to develop and review their care plans with staff so they received care which met their individual needs. People were supported to do things which were important to them in the community and to maintain links with their families, so they experienced an enhanced sense of

well- being. People were confident action would be taken if they raised any concerns or complaints about the care they received and their views on their care were listen to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People benefited from living in a home where the registered manager was committed to develop the home further. Checks were made on the quality of care by the registered manager and provider. Action was taken to develop the home further so people benefited from living in a well-led service.

Gloucester House - Learning Disability & Autism

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 took place on 16 February 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people who lived at the home. No relatives were visiting the home on the day of our inspection so we spoke with two relatives by telephone. We talked with the provider's representative, the registered manager, one senior staff member and three care staff. We looked at a range of documents and written records including three people's care records, records about the administration of medicines, incident report forms and three staff recruitment files. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

People told us they enjoyed living at the home and they felt safe. One person we spoke with told us staff always made sure they wore aprons when they cooked, so they felt sure staff were protecting them from becoming ill. The atmosphere in the home was relaxed on the day of our inspection. All the relatives told us staff supported their family members in ways which helped them to stay safe. For example, one relative told us their family member and staff had agreed the times for them to return to the home and staff took action if there was any delay in them returning. We saw there were processes in place for staff to follow if the person did not return at the agreed time.

All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, provider or external organisations, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns with the registered manager action would be taken to protect people. Staff described how they regularly shared information about people's well-being and safety as part of staff handover discussions. One staff member we spoke with told us staff were encouraged to reflect of people's safety needs and how they supported them at regular staff meetings and during their one-to-one meetings with senior staff. All the staff we spoke with told us they were able to raise concerns immediately with manager, either in person or via the on-call system, when required. We saw staff worked with other organisations and professionals, such as behavioural nurse specialists, The Ministry of Justice and safeguarding teams so people were protected from avoidable harm. For example, staff followed advice given for one person so the risk of the person accidentally hurting themselves when they were unwell was reduced.

Staff had a very good understanding of people's risks and took time to make sure people were supported in ways which reduced their risks. This included staff being aware of people's well-being and levels of anxiety. We saw staff frequently checked for things which made individual people anxious and took action to reduce risks by offering people reassurance when they needed it. Two members of staff we spoke with told us how they shared information on things which helped people to feel less anxious, so all the staff team were able to take action to support people to remain safe in a consistent way. Staff told us about some of the risks arising from people's lifestyle choices. We saw staff had obtained specialist advice from agencies and mental health professionals so people would receive the support they needed. By following the advice given, staff supported people to feel less anxious. One staff member we spoke with gave us examples of how some people's safety was at risk when they crossed the road and told us what action they took so risk to people would be reduced. We saw records which showed people's individual risks were taken into account when plans for caring for them were put in place. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

Checks were undertaken by the registered manager and provider before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

People, relatives and staff told us there was enough staff to support people when they needed. One person

told us if there was ever any problem, such as a member of staff not being able to work at short notice, the registered manager always made sure another staff member would come in to help. Senior staff told us the staffing at the home was based on the needs of people using the service, and this was kept under review as people's needs changed. One senior staff member told us the amount of staff was adjusted if new people came to live at the home.

One person we spoke with told us they did not have regular medicines, but if they needed a short course of medicines they preferred to take these independently, and staff respected this. Other people we spoke with told us staff assisted them with their medicines. All the people we spoke with told us staff supported them to have their regular medicines and "as needed" pain relief when they requested it. We saw there were processes in place so staff were able to do this in a safe way and that people's GPs had been involved in deciding this was safe. One staff member we spoke with told us where possible staff supported people to manage any underlying health needs through diet rather than through medicines. The staff member told us they supported one person with diabetes in this way, so their need for medicines was reduced.

Staff we spoke to confirmed they were not allowed to administer medicines until they had received the right training, and their skills had been checked. All the staff we spoke with were able to tell us what actions needed to be taken in the event of an error being made with a person's medicines, or if a person refused their medicines a number of times, so people would receive the right assistance if this happened. Staff told us about the regular checks which were made by senior staff and the registered manager on the medicines, so senior staff and the registered manager could be sure these had been given to people in the right way. We saw medicines were kept securely and staff kept clear records of the medicines they administered.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to care for them. Staff told us they had undertaken a wide range of training so they could provide the support and care people living at the home needed. This included training to help people manage their anxieties and physical health. One member of staff we spoke with told us they had regular training and this meant they could support people better, especially when people were first becoming anxious. The staff member told us the training had shown them how to work with a person as soon as any signs of anxiety were shown, so the person would regain their well-being as soon as possible. Another staff member told us they had access to training which helped them communicate with people, so people's isolation would be reduced. Two members of staff told us about specific training they had undertaken so individual people's support could be given in the best way for them. This included training in respect of understanding people's health needs and the effect of genetic disorders. A programme of development was also in place for senior staff, so they would develop their skills further. Staff told us they were encouraged to discuss their training needs during their regular one-to-one meetings with their managers, and during staff meetings. Staff told us they were confident additional training would be made available as people's needs changed.

We spoke with staff about their induction training. Staff told us they received training before they were allowed to work alongside more experienced staff. Staff told us their initial training and the use of a buddy system after they completed their induction made them feel supported and confident people were getting the right care. The staff training records we saw showed that staff had received the types of training which matched the needs of people living at the home.

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.

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted applications to a 'Supervisory Body'. Five applications had been sent to the supervisory body. The registered manager was awaiting decisions on four applications at the time of our inspection and was in the process of developing systems to review these over time.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff told us how specific decisions sometimes had to be made in people's best interests, and these were discussed with all staff at regular staff meetings. We saw that best interest decisions were often made taking into account advice given by external organisations, so staff would be sure the right decisions were being taken in individual people's best interests.

People told us they enjoyed the food and drinks available at the home. One person we spoke with told us they thought the food was fantastic, as they were able to have things to eat they enjoyed, and said how much they enjoyed helping to prepare some of the food themselves. People told us they were able to choose what they ate and drank. Other people told us they enjoyed going out for meals with other people living at the home and staff. One relative we spoke with told us their family member enjoyed the food at the home very much, and was never hungry when they visited them. The staff we spoke with told us how they supported people to make sure they were eating and drinking in a healthy way, so people remained well. This included making sure they knew if people had any specific dietary needs. Staff knew if certain foods presented risks to people's health. We saw information was available for staff to follow so people were supported to enjoy foods they preferred and that were safe for them. We saw that where staff had concerns people's weight they took action to monitor this and seek advice from external professionals where needed, so that people would remain well.

People told us staff helped them to arrange health appointments, such as with their GPs, so they would remain in good health. Relatives told us their family members were supported by staff to see health professionals when their family members were unwell. Staff knew about the health backgrounds of people living at the home, and the risks to people's health. Staff explained how they supported people to see health professionals so they would remain in good physical and mental health. This included support from staff to see dentists, psychiatrists, opticians, chiropodists and to have regular comprehensive health checks, so people would enjoy good health. We had the opportunity to meet with an NHS behavioural nurse specialist on the day of the inspection. The nurse told us staff listened to the advice they were given and took action so people would enjoy a sense of well-being.

Staff told us how they monitored some people's health when they were unwell, as this helped to build a picture of their health care needs. This included keeping records about one person's physical health. Staff explained this meant they could see if a person's health needs were changing over time, and if further guidance was needed from the person's GP. We saw people's access to medical appointments and well-being checks were recorded in their health action plans. People's health appointments were monitored, so the registered manager could be sure people were receiving the care they needed to remain well.

Is the service caring?

Our findings

People told us they enjoyed the company of staff and that staff were kind to them. One person told us they loved the home as staff looked after them in the way they wanted. Another person told us the staff were brilliant in the way they cared for them. Every person we asked told us they got on well with the staff. One relative we spoke to said they knew the staff were kind, as their family member was always happy. We saw people enjoyed being around staff. Staff were kind and patient when they cared for people and took time to explain things to people in ways they understood, so people would experience a sense of well-being. Staff knew when people were beginning to get anxious, and provided reassurance to people so they felt more at ease. We saw people were smiling and relaxed in staff's company and enjoyed chatting and joking with staff.

Staff told us they got to know people by chatting with them and checking information they gathered before people came to live at the home. One member of staff told us it was important to find out about what people liked, and what common ground they had with people, so they could care for them in the best way for them. This staff member told us they recognised it was the people's home, so they encouraged them to be involved in decisions about their daily care. We saw people were encouraged to make decisions about their daily care. We saw staff gave people time to make their own decisions, with support where necessary and people's decisions were acted upon. This included decisions about what they wanted to eat, if they wanted support to attend GP appointments and choices about what they wanted to do so they would enjoy their day.

All the people we spoke with told us staff listened to them, and took into account their views in the way their daily care was planned. One person told us how staff were supported them by making suggestions about how they might like to spend their day. This person told us staff involved them in daily life in the home, such as choices about shopping, choosing menus and decisions about what time they wanted to get up. Two people we spoke with told us they were involved in deciding how their room were decorated. Both people took great pleasure in how their room appeared, and explained how they had been encouraged by staff to decide what colours they wanted their rooms painted. One person we spoke to told us staff had also encouraged them to decide how communal areas of the home looked, and this had been discussed at regular residents' meetings. One relative we spoke to told us how much pleasure their family member took in being involved in decisions such as these, and how their family member had shown them photographs of the home. This was because their family member really enjoyed living at the home, as they felt people's suggestions were listened to and acted on by staff.

All the people in the home at the time of our inspection were able to tell staff directly about the choices they wanted to make. Staff we spoke with told us if people needed support to make bigger decisions they would break down the choices into smaller areas. Staff told us they had sometimes used pictures so people were able to make informed choices about what support they wanted on a daily basis, so people would get the care they wanted.

People told us they were treated with dignity and respect and their need for time on their own to do things

independently was taken into account in the way staff cared for them. Staff also told us how they made sure people's differing levels of independence was recognised, such as people's ability to travel safely and in some instances people managing their own medicines. One person we spoke with told us they liked to visit their family on their own and staff respected this. Two staff members described how they made sure they knocked people's doors and checked they were happy for staff to come into their rooms, before entering. People we spoke with confirmed this happened. One staff member we spoke with told us how they encouraged people to maintain their own dignity. This included people making sure their curtains were closed when needed. We also saw staff were discreet when talking to one person about a medical appointment they had been invited to attend. We saw staff provided reassurance to the person, and gave them time to ask any questions they wanted to ask.

Is the service responsive?

Our findings

People were enthusiastic about life at the home and the ways they were supported to make their own decisions about what they wanted to achieve. All the people we spoke with told us they were involved in deciding what care and support they received and said they were encouraged to decide how their care was given. One person we spoke with told us how they wanted to become more independent and work. The person told us staff supported them to do this. This person's relative told us their family member had developed a lot of skills since moving to the home, and now had their own car and job. The relative told us staff understood their family member's need for independence and took this into account in the way they supported their family member. This included how staff worked with other organisations so their family member's goals around independence were recognised more widely. This had led to the person enjoying more time to do things in an independent way. Staff had worked with person, health professionals and employers so the person would benefit from a sense of connection with the community and be able to achieve their employment goals. We saw where the person needed help and support to achieve their ambitions this was given to them by the registered manager and staff in the best way for the person.

Staff understood people's goals and worked with them so these would be achieved. One staff member we spoke with told us finding out about and understanding people's life histories helped them to support people to identify what they wanted to do and plan their care. The staff member told us before people came to live at the home they took part in meetings with people, their relatives and other agencies who knew the people well. By doing this, staff could find out about people's care needs and check staff would be able to give them the support they needed in the right way for them. Another staff member told us how staff worked with people, their relatives, social workers and other organisation so they could get to know what made a good day for a person. The staff member gave us an example of how they used this knowledge so they could be sure people were getting the right care and enjoying life at the home.

We saw people were cared for and supported in ways which recognised their individual needs and unique qualities. This included staff assisting people so they would be able to do things they enjoyed and express themselves and their diversities in ways which recognised their right to take risks, but promoted their safety and quality of life. One person we spoke with told us staff never judged them, but took time to explain what options they had so they could make their own decisions. Another staff member explained how they worked with one person and external agencies, including the person's appointee and local retailers, so plans were put in place to help the person manage their finances and lifestyle choices. The staff member told us by supporting the person in this way the person now had enough money to spend to do other things they enjoyed more often. This had led to a greater sense of control and well-being for the person.

We had the opportunity to talk to a behavioural nurse specialist, who was visiting the home on the day of the inspection. The behavioural nurse specialist told us, staff were creative in the ways they supported people and staff were proactive in making suggestions so people received the right care. The behavioural nurse specialist said staff worked with them so different ways of caring for people were developed which suited people's individual needs. We saw examples of this during our inspection. For example, because of people's individual care needs it was not always appropriate for staff to offer physical reassurance through

hugging people. Staff and people had developed a specific way of shaking hands when people wanted physical assurance from staff. We saw staff used this, and people smiled and felt valued and reassured when this happened.

People told us they had lots of opportunities to talk to staff about the care they wanted. Staff explained people decided what goals went in their care plans, and staff completed the steps which people and staff needed to take so people's goals would be realised. One person we spoke with told us they completed their own daily records and talked to registered manager and staff about how their week had gone. This person told us they discussed their care needs with staff regularly, and made suggestions about plans for their care at their care reviews. Relatives we spoke with told us where their family member agreed, they were invited to care plan reviews. Relatives told us they felt their suggestions were listened to and where possible acted upon. We saw people identified what care they wanted in their care plans. People's care plans and risk assessments were unique to each individual and demonstrated a positive approach to enabling people to enjoy their lives, be themselves and encourage them to make informed decisions. Care plans and risk assessments were regularly reviewed.

Staff recognised when people's immediate needs and long term goals changed and responded to this. One relative we spoke with told us how staff had responded to a specific request so their family member would be able to enjoy attending a special family celebration. The registered manager explained how staff had worked with other organisations so the person was supported to attend the event. This had increased the person's sense of well-being as they were supported to maintain links with their family which were important to them. A staff member we spoke with also told us how they had supported one person when they had begun to live at the home. Initially, the person had preferred to eat away from the main area of the home, and a dedicated area which allowed them to feel both private and included was created for them to use. Over time, the person had become much more comfortable interacting with other people living at the home, and had chosen to use the main dining area of the home when they felt more comfortable. We saw staff used the systems in place for sharing information about people's wellbeing and care needs, and staff took action where needed so people received the care they wanted in the best way for them.

People told us staff made sure they had opportunities to do things they liked to do. One person we spoke with told us how much they enjoyed going walking with staff and into town to have a cup of coffee. Other people we spoke with told us they enjoyed going out for regular meals and preparing their own food in the home and going to the gym. Staff encouraged people to take part in community life and to maintain links with people who were important to them. Relatives we spoke with told us they were able to visit their family members whenever they wanted. One relative we spoke with told us how staff supported their family member to contact them by telephone when they wanted to chat to them. Staff took into account the need for people to enjoy themselves, in ways which kept them and other people safe. As a result of this, people were less anxious and enjoyed greater well-being.

People we spoke with told us they knew how to raise any complaints or concerns but had not needed to as they were getting their care in the way they wanted. Relatives we spoke with also told us they had not needed to raise any complaints about the care their family members received. One staff member we spoke with told us they talked to people about how to make a complaint when they first came to live at Gloucester House, and during residents' meetings and care plan reviews. Staff we spoke with knew what action to take to support people if they wanted to make a complaint. This included alerting the registered manager or provider, as appropriate, if anyone had raised any concerns or complaints. All of the people, relatives and staff we spoke with said they were confident if any concerns or complaints were raised these would be dealt with in a positive way. The registered manager confirmed they had not received any complaints about the quality of care people received for a number of years. We saw the registered manager had systems in place

to promote and manage complaints. These included "easy read" versions of the complaints process being prominently displayed in the home. There were also systems in place so complaints were reported to the provider so any actions needed would be monitored and lessons would be learnt.

Is the service well-led?

Our findings

People told us they got on well with the registered manager and thought the home was well run, as they got to do things which were important to them. One person we spoke with told us the registered manager and staff were open to the suggestions they made for developing the care people living at Gloucester House received. The person gave us examples of how they had been encouraged to make suggestions at residents' meetings. These included suggesting improvements to the communication board and suggestions about the types of things people enjoyed doing. The person told us staff listened to them and had acted upon their suggestions. Relatives we spoke with were positive about the way the home was managed and the care their family members received. Relatives told us communication with the registered manager and staff was good, and they would have no hesitation in approaching the registered manager and staff if they had any suggestions for developing the home further. One relative we spoke with told us the manager was open and honest whenever they talked to them.

The registered manager explained to us their aim was for people to enjoy a settled and happy life and to be encouraged and supported to develop their skills, confidence and well-being. The registered manager recognised the progress people living at the home had made, with consistent support from the staff team. The registered manager told us in order to achieve this it was important to have a culture where staff were supportive, but open and honest with people living at the home. Staff told us the registered manager set clear expectations about how they were to support people. We saw minutes of staff meetings which confirmed this was done. Staff told us the way the home was managed encouraged them to be open and to reflect on the care and support they provided to people. One staff member we spoke with told us they had opportunities to pause and consider if people were getting the right care for them as individuals at staff team meetings and during their one-to-one meetings with their manager. Staff told us they were encouraged to do this so senior staff and the registered manager would know people were receiving the right care. Another member of staff told us the culture in the home was for everyone to work together for the benefit of people living at the home.

Staff recognised the support and advice they received from the registered manager, who told us staff had nominated them for a learning disability manager of year award. Staff gave us examples of how suggestions they had made for developing the home further had been actioned. These included the development of a sensory room and changes to people's risk assessments as their needs changed. The behaviour nurse specialist we spoke with told us the registered manager managed the home in ways which meant the needs of the people living at the home were at the heart of the service. We saw people and staff got on well with the registered manager, who took time to chat to people and staff throughout our inspection.

All the staff we spoke to told us they felt valued by the registered manager and provider. One staff member we spoke with told us the provider recognised when staff gave exceptional support to people through a nomination and bonus scheme. Staff also gave us examples of where the work the registered manager and senior staff had done with external agencies had made a positive difference to people's quality of life. This included working with Government departments, to make sure the needs of people living at the home were recognised. The behavioural nurse specialist we spoke to told us the registered manager made sure the

home was well managed and worked in collaborative ways so people would get the correct care.

The registered manager told us they felt supported by the provider who had supported their request for additional resources when needed. For example, the provider had made resources available for the kitchen at the home to be refurbished recently, with input from people and staff. The registered manager explained the provider had also supported them to attend a number of national and local autism conferences and workshops, so people would benefit from living in a home where best practice was embedded. The registered manager explained as a result of attending the conferences they were exploring different ways to communicate with people living at the home and had already introduced some changes to the activities board so it was more accessible for people living at the home. The registered manager told us they also had opportunities to share best practice with other local managers and were further developing other information for people in this way. The registered manager said as part of the provider's drive for improvement they were planning to focus on the themes of mental health and well-being this year. This would also include people and staff working together on specific projects, such as gardening projects, infection control and fire management, so people's skills and confidence was developed. The registered manager told us these projects would be developed with the people living at the home, rather than for them, so they would be leading the projects. We spoke to one person about this and they smiled and told us they were really looking forward to developing a vegetable patch, which they had suggested.

We saw both the registered manager and the provider had systems in place to check the quality of the care given by staff. These included spot checks undertaken by the registered manager, so they could be sure people were receiving the right care. For example, we saw the registered manager had checked to see if there was anything which contributed to people being anxious, so actions could be taken to make sure people were supported in ways which were right for them. Checks were also made regularly on the administration of medicines, staff training and supervision and to make sure people were enjoying good health were safe, and their care plans and risk assessments were up to date. We also saw people and relatives had been encouraged to complete quality questionnaires. The feedback from people and relatives was positive. We saw an easy read summary was available for people to see. Where any queries or actions had been raised we saw the register manager had developed an action plan and actions had been taken to further improve the service.