Primula Care Limited

Primrose Lodge Weymouth

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 23 February and 2 March 2016.

Primrose Lodge is registered to provide care for up to 38 people in a residential area of Weymouth. At the time of our inspection there were 36 older people with residential care needs living in the home. Some of the people living in the home had dementia or other mental health needs.

There was a registered manager who had led the home for seven years. 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.

People, relatives, professionals and staff all held Primrose Lodge in high esteem. People and relatives spoke of a sense of community and the commitment of a kind and thoughtful staff team in ensuring people were supported in ways that reflected their personal needs and preferences.

Staff were confident and consistent in their knowledge of people's care needs and the things that were important to them. They understood how the law provided a framework for the care they provided and actively encouraged people to make decisions about their lives. People told us this enabled them to carry on with their lives the way they wanted to.

People were protected from harm because staff understood the risks they faced and how to reduce these risks. People's views were sought and they were supported to take part in decisions about how they kept safe. They also knew how to identify and report potential abuse. Care and support was delivered in a way that met people's individual needs and preferences and staff kept clear records about the care they provided.

People had access to health care professionals and were supported to maintain their health by staff. Healthcare professionals were confident that staff made sensible decisions about seeking advice and that guidance was followed. People received their medicines as they were prescribed.

People rights were being protected because appropriate legislation was understood and was being used to ensure people who couldn't make choices for themselves were supported appropriately.

People enjoyed a range of daily activities that reflected individual needs and preferences, including individual and group activities in the home and wider community. People who were at risk of social isolation were helped to take part in activities.

People and visitors described the food as good and there were systems in place to ensure people had enough food to eat and enough to drink.

People and their relatives were positive about the care they received from the home and told us the staff were compassionate and kind. Staff were cheerful and treated people, relatives and other staff with respect and kindness. Staff felt supported and had the training they needed to do their jobs.

The registered manager took responsibility for quality assurance in the home and shared this role with other senior staff. People and relatives were actively involved in quality assurance and service development.

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 enough staff to meet people's needs.

People felt safe and their relatives shared this feeling. People were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's rights were being protected because appropriate legislation was understood and was being used to provide a framework for decisions made about people's care.

People were cared for by staff who understood the needs of people in the home and felt supported by their management.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence. .

People had the food and drink they needed. They told us the food was good.

Is the service caring?

Good

The service was caring. People received compassionate and kind care from staff who had established supportive relationships with them. Staff communicated with people in a friendly and warm manner and treated people with dignity and respect.

People were well cared for by staff who had sufficient time to provide dignified and compassionate care.

The service provided consistent, high quality end of life care

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs. Care plans were accurate and included detailed personalised information. These records contained sufficient information to enable staff to meet their identified care needs.

People were actively encouraged and supported to engage with their community and there was a wide range of varied activities available within the service.

People and their relatives felt listened to and were confident in expressing any concerns they had.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management team and were actively encouraged to contribute to the development of the home.

The management team were strong role models and provided a motivated staff team with appropriate leadership and support.

Staff were able to share their views and these were acted on when appropriate.

There were systems in place to monitor and improve quality these were effective in identifying where improvements were necessary. These systems were implemented by a management team who were committed to ensuring continuous improvement led by people's needs and aspirations.

Primrose Lodge Weymouth

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 inspection took place on the 23 February and 2 March 2016 and was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had completed a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 14 people living in the home, two relatives and a regular visitor to the home. We also received further feedback from the relatives of five people living in Primrose Lodge. We spoke with seven members of staff, the registered manager and the regional manager. This included staff with a variety of roles in the home such as preparing food, administering medicines, writing care plans, providing care and support and activities. We observed care practices and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at three people's care records, and reviewed records relating to the running of the service. This included three staff records, minutes of meetings, quality monitoring audits, training plans and accident and incident forms.

We also spoke with two healthcare professionals, and two social care professionals who had knowledge of the home or had visited people living at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I feel safe… definitely." Some of the people living in the home did not always use words to communicate effectively due to how their dementia affected them. They were relaxed with staff; smiling and interacting when staff were with them. The relatives we spoke with and who we received feedback from were sure that their loved one was safe. One relative told us, "I feel (relation) is safe." Staff were confident they would be aware of indications of abuse and knew where they would need to report any concerns they had. Information about raising concerns was available in the entrance hall of the home and was easily accessible by staff, people living in the home and visitors alike.

Staff described confidently and consistently the measures they took to keep people safe. They described how they reduced risks relating to people's mobility, their skin integrity whilst promoting people's independence and right to make choices. This approach was also described by people and professionals. One person described how staff encouraged them with their mobility and stayed close to hand with equipment they may need. They discussed with a staff member how far they wanted to walk on that day. The discussion covered the risks involved and the person's achievement was celebrated and their decision respected. A professional told us that people's views were taken into account in risk assessments and an approach was taken that promoted independence and allowed for people to have varying ability. This was reflected in risk assessments and care plans and we saw that these reflected the care and support people received from staff. One person was assessed as being at risk of forgetting where they were when out. They had been involved in planning how to manage this risk and carried a card when out with the contact details of people who could help should they need assistance when out.

Accidents and incidents were individually reviewed and actions taken to enhance people's safety. For example we saw that when people had fallen a range of actions had taken place including talking with the person about what they felt had happened, seeking input from health professionals and reviewing all relevant care plans. These records were also compared in order to find themes or trends. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. People told us they usually did not have to wait for long if they needed staff support. One person told us: "You only have to ring a bell and they are there." Care staff were able to talk with people as they provided care and support and did not appear rushed in any of their interactions. Staffing levels were set following assessment of people's dependency across the day and night. Personal emergency plans and feedback from people and staff also formed part of reviews of staffing levels.

Staff were recruited in a way that reduced the risks of people being cared for by staff who are not suitable to work with vulnerable people. We reviewed staff recruitment documentation and saw that appropriate checks had been made on staff employed to work in the home.

People received their medicines as they were prescribed. Medicines were stored safely and records reflected a robust system of checks. There was clear guidance regarding when medicines should be taken and any

risks that were associated with them. People told us their medicines were managed effectively. One person said: "They help me with my medicines which takes a weight off my mind." People were asked if they wanted medicines that they were prescribed if needed and had all their medicines explained to them. Some people living in the home took medicines that were covered by the Misuse of Medicines Act 1971. This meant they had to be kept with additional security. These medicines were recorded accurately and stored safely.

Good

Is the service effective?

Our findings

People received care that was designed to meet their needs and staff encouraged people to make choices about their day to day care throughout our inspection. People described how they made choices about how they spent their time. One person had liaised with a health professional to ensure that their visit did not impact on other plans they had made for the day. Care plans provided clear information about people's ability to make decisions about their care and where they could not do so these decisions were made according to the principles of the Mental Capacity Act 2005 (MCA). Staff were able to describe how they promoted people's ability to make choices and what they would do if they were not certain about anyone's capacity to make a decision.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised appropriately. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. One person had an authorised DoLS in place. Staff understood what this meant and also described what they would do if they thought a person's needs had changed in such a way that they may need a DoLs to be reviewed or assessed as a priority.

Staff told us they felt supported to do their jobs. One member of staff told us; "I feel 100% supported. I could not be more supported." They described how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs and that feeling supported also meant they were confident that their practice would be challenged appropriately whenever necessary. Staff spoke competently about the care and support needs of people living in the home and told us that their training was appropriate for their roles. The registered manager described how training reflected national changes such as the introduction of the Care Certificate and also to reflect the needs of the staff team. Training covered the knowledge, values and skills that had been identified as necessary such as manual handling, safeguarding, dementia and person centred care. There was a robust system in place for ensuring that staff training was kept up to date and that they were provided with appropriate support and supervision. Staff received supervision regularly and this covered their practice and training and development needs. They told us that this supervision was

effective in providing an opportunity to reflect on their professional development.

People, relatives and staff all told us that the food was very good. One person told us: "The food is very good – my compliments to the chef." Other people told us that they enjoyed the food and that is was homely. Lunchtime was a calm and social event for those that wanted to eat together. People were supported to sit with others at tables set with cloths, condiments and flower arrangements whilst background music played. The music and table decoration provided a talking point for people and staff. People who chose or needed to eat in their rooms were supported to do so.

A record was kept of any comments or suggestions people made about food in the home and these, along with people's known preferences, were incorporated into the menu. At the time of our inspection no one needed to be supported in line with guidance from a Speech and Language Therapist to ensure they were able to eat and drink safely. Where people preferred a softer diet this was known and they received appropriate meals. Checks were made on people's weight and there were measures in place to ensure that any change in weight or other indicators of inadequate nutrition were responded to appropriately. For example one person had lost weight and they were being encouraged to snack. A plan was in place to make a referral for medical input if this approach proved unsuccessful within a short time frame.

People were supported to maintain their health. Care plans detailed the support they needed to maintain their well-being. Routine health matters such as medicine reviews and ongoing support for chronic illness were managed safely and effectively. The people living in the home were covered by a GP project supporting older people in Weymouth. This meant a GP visited weekly to respond to non-urgent health issues. The staff valued this input and described it as having a positive impact on people's well-being. We spoke with the GP who told us they had confidence in the health decisions made by the staff in the home. They also told us that staff followed their guidance in supporting people with their health. People and relatives described how the support people received with their health needs and liaison with health professionals had led to positive outcomes. One relative told us: "They have coordinated with the doctors, nurses and physio to ensure that all (person's) medical needs have been met."

Good

Is the service caring?

Our findings

Primrose Lodge was welcoming and friendly throughout our inspection. Visitors, relatives and professionals all commented on the approachability and friendliness of the staff. One relative described how whenever they arrived they would be greeted by a staff member who knew how their relative was and where they were at that particular moment. Staff, relatives and residents described the home as a "community" and "a special place" where they felt a sense of belonging. One relative referred to a recent meeting in the home where they had been part of discussions with staff, relatives and people living in the home about important decisions relating to how the home was run and events that would be held. They cited this as being an: "outstanding example of how a residential home can be a real community" another relative explained that "they had felt right from the beginning that "there was a friendly and supportive atmosphere… and that nothing was too much trouble".

Everyone spoke about their lives now they lived in Primrose Lodge in positive terms emphasizing how the things that mattered to them continued to be a part of their lives. For one person this was frequent and regular continued involvement with the wider community which they maintained with staff support, another person described how they contributed to household tasks which made them feel useful and kept them busy, and other people described how they were supported to maintain their hobbies. One person described how this support made them feel saying: "It makes your world."

People's descriptions of how they felt supported and cared for reflected the ethos of the home. The registered manager described how they sought to celebrate uniqueness and evolve personalised support around people. This approach was designed to ensure Primrose Lodge was a place people continued to choose how they lived their lives and did not have to fit in to the home's routines. To ensure this happened they promoted these values in the staff team through formal training and through day to day conversations about practice. The staff also reflected these principles when they described how they understood people's needs and how they supported them. They described the support people needed in ways that promoted their dignity by reflecting the detail of their preferences. For example a member of staff referred to importance of a person's friendships and where they liked to sit in communal areas when describing how they were supported by staff to eat and drink enough.

People and relatives all described all the staff as caring. One person told us, "They are very kind and caring and they think ahead." Another person referred to the staff as "going the extra mile" when they described how they had arranged particular activities for them. Relatives told us that their relative was always treated with kindness and compassion. One relative described how this created "a supportive and caring environment". Another relative gave an example of how this kindness was shown: "(Person) has spells of agitation and distress and it is not unusual to see entries in the care sheets that one of the staff has sat with (person), sometimes for some time, and held their hand and helped to calm them down." Another relative described how the approach of the staff had enabled their relative to be: "calm, contented and at ease with themselves for the first time in years."

Staff took time to build relationships with people in an individual way. They were attentive to people and

were both familiar and respectful in their conversations. We heard people and staff laughing and joking together throughout our inspection, another person was feeling anxious and they were reassured by staff who went back to them regularly. We spoke with one person who was struggling to feel at ease and build relationships with staff in the home due to the impact of their dementia. They told us about a friend who came to see them who they liked. Discussions with the registered manager and staff identified this friend as a member of the staff team. This relationship was important to the person and had enabled them to leave their room and enjoy joining others in an activity which they had previously refused to do. The registered manager also knew everyone well and spent time with people throughout the day. One person described how the registered manager had been concerned that they may be bored and had sought out a voluntary role in the local town centre similar to one the person had previously done as an option for them. The person told us they were not bored and hadn't wanted to do so at this time, but appreciated the consideration and respect inherent in this action. they told us: "It was so kind and thoughtful... that's what makes the difference."

There was information about people's communication skills and needs in their care plans in relation to all the support staff provided. This included information guiding staff about subjects that people may not communicate to ensure that staff would make appropriate checks and be proactive in offering support. For example one person's care plan said they were hesitant about making requests for drinks and highlighted that staff should offer these regularly. We observed that people were enabled to direct their support and care, whenever they were able to, and choose what they did throughout the day because staff paid attention to their communication and encouraged them to retain this control. .

People made choices throughout the inspection and the support they received reflected this. People chose how they spent their time for example whether or not they wanted to join organised activities and whether or not to get dressed before breakfast. They were also supported to make more complex decisions such as how they would like to be cared for at the end of their lives. Records captured these choices covering a wide variety of considerations such as spiritual needs, people who might visit, belongings that people would like to have with them, how the room should be lit and music that should be played. Staff were aware of people's expressed choices and understood the importance of them. Relatives of people who had died at Primrose Lodge had written letters of gratitude which valued the kindness, respect for privacy and compassion shown by all the staff. A GP who visited the home regularly told us they were confident in the end of life care at Primrose Lodge.

People told us their visitors were always welcome. Staff understood people's social histories and the relationships that mattered to them. One person told us they were able to stay in touch with a relative by using the home's iPad. We spoke with a member of staff who described how they liaised with the relative to ensure that these regular SKYPE calls could happen. All staff spoke respectfully to people living in the home, visiting relatives, and each other. This promoted a relaxed and friendly atmosphere which was maintained during our inspection throughout the day including the times when there were greater demands on the staff's time.

Good

Is the service responsive?

Our findings

People and relatives were involved in developing the care and support provided at Primrose Lodge. Meetings for people living in the home happened regularly and people told us they found these useful. Discussions covered a wide range of topics including: activities and special events the décor of the home, menus. Where issues required a response a letter to staff was written requesting action to be taken and this was signed "the residents of Primrose Lodge". This showed the status afforded to these meetings and we heard from people that actions in all the areas discussed followed these meetings. For example a shop had been built in the lounge area, trips out had been planned and enjoyed, work had been undertaken in the gardens and changes had been made to how people were cared for at night. The Friends of Primrose Lodge, a group made up of relatives of people who lived or had lived at Primrose Lodge also held regular meetings and discussed similar topics feeding their ideas back to the registered manager.

People enjoyed a wide range of meaningful activities individually and with other people living in the home. There was a strong sense of community and people enjoyed helping each other when they could. One person told us how they spent time doing the crossword with another person living in the home. This new friendship was very important to them and staff recognised this and had supported this relationship to develop by supporting them to spend undisturbed time together and reinforcing choices they could make about how they spent their time both inside and outside of the home. Another person described how they liked to help out in the home contributing to household tasks whenever possible. They told us if they offered staff always supported them to do so. Another person had an idea to organise a church service in the home and, encouraged by staff, had taken the initial steps to achieve this. A small shop had been built in one part of a lounge and this was cleaned and stocked by one of the people living in the home with staff support. People told us they felt valued and appreciated because they were able to do things for others as well as continuing activities they enjoyed and starting up new hobbies.

Activities were planned for groups and individuals and delivered by activities coordinators, volunteers and care staff. During our inspection people were involved with and described a wide range of activities including regular and individual and group trips out, chatting one to one with staff or in groups, arm chair exercise, storytelling, musical entertainment and preparing for an upcoming Easter parade that would be judged by local dignitaries. People described trips with enthusiasm; one person told us they were supported to go out for walks and trips regularly. Another person described a recent trip to Portland Bill with a few friends from the home. They said "The weather changed whilst we were there – it was lovely." Another person commented on a visit to a local café they had recently made with a member of staff. They had wondered if it might be cancelled as the weather was bad but they were asked if they still wanted to go and chose to brave the weather. People all spoke highly of the activities coordinators enjoying the group activities provided in the afternoons and the more spontaneous activities provided. Photos were taken of activities within the home and trips out and we saw these used to promote discussion and aid planning with people. This meant that people took part in activities that reflected their experience and preferences.

People and relatives were encouraged to celebrate significant events together as part of this community. At Christmas time this had included a meal at a local restaurant for just less than 50 people made up of people living in the home, their friends and relatives and staff. Everyone living in the home who had wanted to go had been able to. At the time of our inspection Easter plans were well underway.

People who stayed in their rooms were a priority for one of the activities coordinators who spent time with all of these people and ensured they had an opportunity to take part in home events in their own way. For example by tasting foods as part of a day themed on another country. We saw photos of visits made to the home by local groups who bring animals into homes. People who stayed in their rooms had been included in these visits when possible and had all had the chance to be visited by owls on a couple of occasions in the previous year. A Pets as therapy dog had also been a regular visitor. One person who mostly stayed in their room had a love of birds and told us they used to have an aviary. This was no longer possible for them but they appreciated staff ensuring there was food on a bird table placed just outside their window.

People's care was delivered in a way that met their personal needs and preferences. Staff listened to people and responded sensitively. For example a person was anxious at lunch time and staff spoke with them reassuringly. The person was visibly calmed by this. People told us they felt well cared for and this was a view shared by relatives. One person told us: "They go out of their way to look after you." Another person described how they were encouraged just enough by staff and as a result their mobility and confidence had improved. Relatives all told us that their relative was well cared for identifying how well they were supported to settle in, how quickly they had regained confidence and health and how contented their relatives are as evidence of this care.

Some people living in the home were not able to tell us about their experience of the care they received and did not always use words effectively to communicate. We observed that staff knew people well and were able to interpret their gestures and behaviour as communication of their needs.

People's care plans were detailed and described their needs and how those needs should be met in ways that reflected their individuality and preferences. This included detail about how they liked to be supported with the tasks they needed support with such as any toiletries they particularly liked and how important relationships impacted on their care. Records showed that people's needs were reviewed monthly or more frequently if there were changes. Any assessed changes led to changes in their care plan and these were discussed with the person or a relative when appropriate. For example one person's care plan had been altered to reflect their need for more sleep due to the advancement of their dementia alongside reference to one to one input from staff that they were enjoying. This had been discussed with their relative. Another person's care plan had been updated to reflect bereavement, and another person's care plan altered to ensure that they received a new skin care regime following medical input. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met and included observations staff should make for people did not always communicate effectively with words.

Care records were used effectively to ensure people received good care. The care staff kept accurate and detailed records which included: the care people had received; what activities they were involved in; what they ate and drank; and physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The detail and accuracy of the records meant that changes in people's well-being were picked up quickly and this was reflected in the updated care plans. One person had lost weight and this was being monitored with a plan of action devised within their records. Relatives of people who could not describe their experiences to them had access to their care records in their relative's best interests. They described how this meant they were kept informed about the detail of their relatives lives. During our inspection the

staff were trialling an electronic recording system. They were involving people living in the home in this trial enabling them to contribute to both contemporaneous records and care planning at the moment when it suited them.

There had not been any complaints received about Primrose Lodge in the year prior to our inspection. Informal concerns and issues raised by people and families were addressed openly and inclusively to ensure improvement in the quality of care people received. For example people raised concerns about the laundry through a satisfaction survey and this was discussed at the next Friends of Primrose Lodge meeting which included people living in the home who wished to join. The issues and possible solutions were discussed and plans were then put in place. Everyone told us they would be comfortable to talk to staff or management about any concerns they had. One person emphasized how staff were open to people's views and concerns stating: "They listen to all. I am sure I would be able to say if I was not happy."

Good

Is the service well-led?

Our findings

Primrose Lodge was held in high esteem by people, relatives, staff and professionals. We were consistently told what a nice place it was. One relative told us that after an "exhaustive" search they were confident we would not find a "better care home". A relative told us: "It is such a lovely home we are going to put our names down for future care." Another told us that they recommend the level of care at Primrose Lodge. And another described it as having a "happy purposeful feel". The registered manager had been in post for a number of years and was identified by everyone as an important element of their confidence in the home in combination with the senior staff and wider staff team. One relative said: "As with all organisations and institutions the quality of leadership is always a key factor in success. Primrose Lodge is so very fortunate to have such a very special person in (name of registered Manager)."Another relative said: "(Name of manager and deputy) are a wonderful management team and have a great team around them." One relative went to explain further that they "welcome the openness of all the Management team. They genuinely welcome suggestions and constructive criticism."

The registered manager was visible in the communal areas of the home during our inspection and understood the challenges facing people and the staff. This informed their oversight of the home ensuring that quality assurance was effective in improving care provision. This was particularly evident in their focus on the development of person centred approaches as they had a clear understanding of the experience of people living in the home. For example people experienced support with finding meaningful activity based on their experience and preferences because the registered manager promoted a person centred approach to the organisation of activities. .

There was a relaxed, positive atmosphere and staff were cheerful as they went about the home and their work. Staff had a shared understanding of the ethos of the home and understood their responsibilities. They described the importance of people living their lives the way they chose to and meeting needs in a way that reflected personal experience and preference. They also reflected on the high standards that they expected of themselves and their colleagues to achieve this. One member of staff told us: "It is like a family – I feel supported and expect to be told if I can do something better." Staff meeting minutes and supervision records reflected open discussion and a staff team who sought to improve the experience of people living in the home. This learning and developing culture was reflected throughout discussions with the registered manager who described seeking new ideas and promoting staff involvement. They were keen to embed person centred approaches to the support and professional development afforded to staff. They were developing this and had started to consider how to involve the staff team in this work. Input from staff was evident in changes that were being made and plans for the future. For example one member of staff was taking an active role in trialling a new recording system, exploring ways this could further involve people in their own care plans and recording. They were feeding back to management and helping to shape the introduction of the system.

There was a well-structured management hierarchy within the home with regular support visits from the regional manager who attended on both days of our inspection. The support for the management team also included opportunities to share good practice with other managers from within the provider organisation.

There were robust systems and structures in place to ensure that the quality of service people received was monitored and improved. The audits that were undertaken by the registered manager and senior staff always involved staff and people living in the home in providing feedback and evidence to assess quality. These audits were effective in ensuring change. An audit of infection control had led to the provision of protective equipment in people's rooms. This had made it quicker for staff to respond to people and so promoted their dignity whilst ensuring their safety.

Incident and accident forms had been completed by staff and reviewed by the manager. Appropriate actions had been taken to reduce the risk of reoccurrence. These included introducing technology that would alert staff when people moved so that they could be supported safely. Records also indicated that where possible the person had been asked what their view was as to what had happened and any ways they believed risks could be reduced.

People and their relative's views were also gathered formally through satisfaction surveys and regular meetings with all relevant information shared openly and discussed in order to achieve the best outcome. For example the outcomes from surveys were shared in a way the protected people's confidentiality but ensured transparency and action. For example, surveys were discussed at the Friends of Primrose Lodge meetings and actions agreed to address any identified areas for improvement. This contributed to a feeling of mutual respect between the management team, staff, people and relatives and a shared commitment to providing working together to make Primrose Lodge as good as it could possibly be.

Records kept by staff were concise and clear in respect of all elements of support provided. This enabled senior staff and the registered manager to review care effectively. Relatives also appreciated this detail. One relative who had access to the records of their relatives in their best interests said this enabled them to see how their relative had been and what they had done as they could no longer tell them. This enabled them to advocate better for their relative and discuss their care with the staff.