Care Quality Commission

Mr Mohammed Iftikhar Ali

Holly Lodge

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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an announced inspection which took place on 14 October 2015. Holly Lodge provides accommodation with personal care for 23 older people. At the time of this inspection 20 people were living at the home. At our last inspection in October 2013 the provider was compliant with the regulations we assessed.

There was a registered manager at the home. 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.

We received a high level of praise in relation to this home. People and their relatives were positive and enthusiastic about the quality of the care they received. The registered manager and staff were motivated and committed to providing a high standard of care for people.

Summary of findings

People felt safe and risks to their safety had been identified. People and their relatives had no concerns about their family member's day-to-day safety. Staff knew how to support people safely and had training in how to recognise and report abuse.

Staff were recruited in a safe way. We found there were enough trained and experienced staff to support people and meet their needs in a personalised manner. Staff had good access to training, development opportunities and supervisions to enhance their skills in providing people with high quality care.

People had their medicines when they needed them and the arrangements for the management of people's medicines was safe.

Care was focused on people's individual needs and wishes and took into account the impact of medical conditions which affected people's ability to express themselves.

Staff were aware of how to support people's rights, seek their consent, respect their choices and promote their independence.

People told us they enjoyed the meals and we saw that risks to their dietary intake were known and staff supported them to eat and drink enough. People's health was supported by access to appropriate healthcare professionals.

People and their relatives were exceptionally positive about the care provided. Our observations confirmed that staff were attentive, caring and showed compassion when supporting people. The staff were committed to a strong person centred culture which put people first. We saw that people had positive relationships with staff and were treated with respect. People and their relatives felt staff went that extra mile to provide compassionate and enabling care.

People knew how to make a complaint and were confident this would be listened to and acted upon.

People described the management of the home as very friendly and approachable. Staff felt supported by the provider who had used their audits and quality monitoring to develop the service and maintain high standards. The registered manager displayed a commitment to developing the staff team to ensure they could meet people's needs in a proactive and caring manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficiently trained and experienced staff available to meet people's care needs.

Risks to people's health and safety had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed safely by trained staff. Competency checks ensured staff practiced in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were well trained, highly motivated and positively supported.

Staff knew how to support people's rights and respect their choices and decisions.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good

Is the service caring?
The service was very caring.

People and their families were enthusiastic about the home and described the care as excellent and that staff made efforts beyond their expectations.

Staff demonstrated a strong person centred approach towards people showing kindness and compassion.

Outstanding

Is the service responsive?
The service was responsive.

People's lives had been improved as a result of the care and support they received from staff.

People were involved in planning the support they wanted.

People's views were actively sought and complaints procedures were in place for people and relatives to voice their concerns.

Good

Is the service well-led?
The service was well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, their relatives and staff.

Quality assurance systems in place were used to monitor the quality of care provided and drive improvements.

Good

Holly Lodge

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 14 October 2015 and was carried out by one inspector.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We 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. In addition we observed staff administering people's medicines and supporting people during their breakfast and lunchtime meal.

We spoke with 12 people who used the service, three visitors, the registered care manager, deputy manager, two staff, the cook and a member of the night staff. We looked in detail at the care records for four people, and the medicine records for five people, accident and incident records, two staff files, complaints and compliments records, staff rotas, training records and the quality monitoring systems.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure in the home and in the company of staff. One person said, "This is the safest I have ever felt; the staff are like family they go out of their way to help me and are genuinely committed to all of us here". Everyone we spoke with was equally positive in their comments about staff supporting people in a safe way.

Staff had a thorough awareness of the different types of abuse and their role in protecting people. They knew how to report their concerns to the registered manager and/or external agencies such as the local authority or the Care Quality Commission. They had received training in safeguarding and whistle-blowing to support their understanding. This was confirmed from the training records we reviewed. We saw the provider had been innovative in developing creative ways of involving people and promoting people's understanding about their personal safety. For example they were updating their surveys to capture people's views about how safe they felt within the home. A staff member told us, "We know how to protect people but we can't speculate what it is that makes people feel safe, so finding out directly from them will help us continually improve".

Risks to people's welfare had been assessed. Plans to reduce risks had been discussed and agreed with people. One person told us, "I was most impressed with the assessment; they have followed through by ensuring my windows are open so I can breath and I'm comfortable with the sensor alarm on my door to alert staff when I'm at risk". We saw the actions needed to reduce risks to people's safety had been detailed in plans which included recommendations from health professionals to guide staff on what they needed to do to support people. For example we saw staff supported people in line with their care plan to reduce the risk of dehydration. We also saw staff supported people with the appropriate equipment to reduce the risk of falling or developing pressure sores. Staff we spoke with were able to fully describe the risks for each person, one staff said, "We are always informed of changes at handover and we discuss them and read the care plans and risk assessments". We saw that plans were in place to manage emergency situations. In the event of fire, evacuation plans for each person detailed whether people needed any equipment or staff support to mobilise.

We observed that there were enough staff to ensure people received care and support when they needed it. One person told us, "Staff are always available day and night, never had to wait for help". A relative told us that their family member's health had improved considerably as a direct result of staff being able to provide continuous support to them. The registered manager told us people's needs were assessed to determine staffing levels. Staff told us if people's needs changed staffing was increased. The staff team were well established and told us they did not use agency staff but were happy to work extra hours to provide consistency for people.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. A staff member told us, "References and a police check were carried out before I was able to start work". We reviewed staff recruitment files and saw the provider's recruitment processes contained the relevant checks before staff worked with people.

People were asked whether they wished to manage their own medicines. One person told us they had chosen to do this. The person confirmed an assessment had been carried out to ensure that they were able to do this safely. However their care plan did not contain sufficient safeguards to guide staff should their medical condition deteriorate. The registered manager told us they would ensure the care records and risk assessments reflected the otherwise positive and enabling care practice.

We observed staff administer people's medicines and saw that they checked medicine, administered it and signed records to show it was given. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that some people required their medicines to be given in a specific way. Staff we spoke with were alert to the circumstances which indicated a person required their medicine. However this was not reflected in detail in the person's care plan. For example one person required medicine for 'acute distress' but the symptoms of this were not recorded although staff we asked described when this may be given which reflected a consistent approach.

We checked the storage and administration of controlled drugs [CD's]. We saw that effective systems were in place to monitor and account for CD's. We found the CD register matched with the balance of medicines in the CD cupboard. We saw that where people required pain

Good

Is the service safe?

relieving patches alternate sites were used and recorded to reduce discomfort. The arrangements in place ensured that people received medicines when they needed them and in a safe manner.

Good

Is the service effective?

Our findings

People and their relatives consistently told us that their experiences were very positive. One person told us, “The staff are very capable and know my needs and I have got progressively better and more confident”. A relative told us, “I have every confidence in the staff this is a lovely home; first class staff”.

Staff told us they had an induction when they started work which included getting to know people’s needs and shadowing established staff. There was documentary evidence that an induction process had taken place. A staff member told us, “When I first started work I had a full induction shadowing other staff and I felt confident I knew people’s support needs before I worked with them”.

All staff we spoke with felt that they had very positive support and training in order to understand and meet people’s needs. A staff member said, “We know how to support people because we’ve had training in a range of areas to meet people’s needs”. A person newly admitted to the home told us, “I’ve had an excellent experience; they involved me in my assessment and asked my views about my needs. I was very poorly and they have helped with my mobility and my health, I think they are well trained and very professional”. We saw the training programme and supervision system aimed to support staff in developing the competences to deliver effective care. Training in key areas as well as more specialist training specific to meeting people’s diverse needs was evident. For example we saw training in nutrition and hydration had been undertaken as well as dementia awareness. Staff had also completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people’s current and changing needs.

Staff had regular supervisions in which to reflect on their care practices and enable them to care and support people effectively. One staff member said, “I am really happy with the support I get”. We observed that staff had regular staff meetings and one member of staff told us, “The manager is great we can talk about anything and she will support us or get additional training, this is the best place I have worked”. We saw staff used their skills and awareness in terms of meeting the needs of people. For example we observed a staff member support a person to use their inhaler by providing appropriate visual prompts to support their memory loss. We saw staff were alert to the need to provide pressure relief to people to support their fragile skin. Links with other organisations to learn about and implement current best practice through training were evident. Staff told us this information was shared with them in staff meetings and supervision sessions to promote their understanding and skills. We found there was a proactive approach to staff members’ learning and development; new initiatives such as introducing a staff survey to compliment staff supervision and further development of the staff appraisal system showed the registered manager had planned ahead to ensure staff had the skills and support they needed to meet people’s needs.

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 interest 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 an dhopsitals 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.

Staff incorporated the principles of MCA by seeking people’s consent. We observed and heard staff seeking people’s consent before they assisted them with their care needs. A person told us, “The staff always give people a choice; they ask if I’m happy to do something before they do it”. We saw staff had explained to people what their choices were.We saw people responded to this approach and made their own decisions about where they sat, if they wanted to go out for a walk, what time they got up or went to bed and what they ate. We spoke with relatives who confirmed they had been consulted regarding decisions where their family member lacked capacity. Where people lacked capacity the registered manager had ensured that decisions made on people’s behalf included full consultation with them and their family and were taken in their best interest. We saw where people had made arrangements to protect their choices such as Power of

Good

Is the service effective?

Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). No one in the home had their liberty restricted. We saw the registered manager understood how to make applications to the supervisory body where they might consider restrictions on people's liberty were necessary to keep them safe. Staff we spoke with demonstrated a good working knowledge of issues in respect of people's ability and right to enjoy their liberty. We saw that staff practiced in a manner that promoted people's liberty; for example one member of staff told us, "We make sure people have access to their walking aids so that they can move around freely". We saw people's walking aids were always placed within their reach. Staff we spoke with confirmed they had training in this area and training records reflected this.

People were extremely complimentary about the meals. One person said, "Always lovely, lots of choice, nice and hot". We observed people had choices at lunch time and that drinks were regularly offered to people. Staff had a good understanding of the importance of good nutrition and hydration as well as specific dietary needs. Where needed people had been referred to the dietician and Speech And Language Therapist (SALT) for advice. One person's care plan highlighted that they were diabetic and we saw that they had been provided with alternatives to the breakfast they had refused. There was a system in place to monitor people at risk of not eating or drinking enough and referrals to the doctor or dietician had been made to ensure people had prescribed supplements to enhance their nutrition. Weight checks were regularly undertaken to ensure any deterioration was identified. The cook told us she had up to date information related to people's dietary needs and any risks or special dietary requirements such as vegetarian or diabetic.

We saw that there was a full assessment of people's health needs and people had input from the district nurse, doctor, dentist, optician or speech and language therapist. Care plans contained information related to people's medical conditions which helped staff understand the condition and the impact it may have on the person. We saw the registered manager had increased the lighting for a person with impaired vision. This person told us, "It's lovely now I can read".

Outstanding ☆

Is the service caring?

Our findings

Everybody we spoke with was very positive about the caring nature of the registered manager and her staff team. A relative told us, "The staff are outstanding; my mom would not be alive if it were not for their dedication and care".

A person told us, "When I first arrived here they were expecting me and made me so welcome. A staff member helped me to unpack my bags. She was friendly, took the time to talk to me and explained about living here. I was very assured with her kindness".

Another person in the company of their relative explained what they described as 'exceptional care'. The person had been seriously ill and their son explained how staff had been with the person both day and night to look after them. The person told us, "I was dying, I couldn't eat, walk or get out of bed, they nursed me back to health, did everything for me, they are just beautiful people". Their relativetold us, "The staff are exceptionally caring I would have lost mom but for them".

People told us that staff made them feel that they mattered. One person on a short tem placement at the home said, "I've only been here a few days and they have already invited me back for Christmas Day; they didn't have to but that shows how caring and considerate they all are". We saw staff consistently demonstrated affection towards people and responded to their affection. For example we saw that whenever staff came into contact with people they greeted them and people responded with hugs and kisses. One person on their way out for the day kissed the staff member and said to us, "They are like my family and I love them".

We saw examples of where staff had explored ways of reducing the risk to people of avoidable anxiety, disorientation or distress. We saw that consideration of people's needs had taken place during the refurbishment. For example because people's chairs had been moved to other lounge areas the registered manager had tried to reduce disorientation or distress by identifying each chair for the person to recognise where they sat. We saw people looking for their name and chair and this worked well in enabling people to independently find their way around. One person who lived at the home told us, "I think it was very thoughtful; having their names by their chair has helped some people who would forget and get very upset; mind you it helps me too!" Staff told us this temporary measure helped reduce people's agitation.

We saw staff recognised and responded to people's emotional wellbeing. For example we saw a person rubbing their hand across their side table in a repeated fashion and picking up their zimmer frame and placing it down. We heard a staff member approach them and say, "I can see you're cleaning the table, would you like a cloth?". We saw the person smile and look to the staff member for approval whilst they proceeded to clean the table. The staff member complimented them on their work which resulted in the person smiling at them, we concluded this praise and recognition provided the person with pleasure.

We saw similar caring interventions where staff demonstrated their understanding of a person-centred approach to communicating and engaging with individuals living with dementia. We saw during the day that staff actively spent time with people and did not focus solely on care tasks but engaged in meaningful and enjoyable spontaneous activity with people. For example we saw a person dancing in the hall; a staff member approaching them mirrored their movements and the person became more animated and smiled. We heard the staff member compliment the person on their ability and they smiled and clapped their hands at the praise. The person had dementia and limited verbal vocabulary. Staff we spoke with demonstrated a thorough knowledge of the person's communication methods and the dancing activity they enjoyed. We saw this information was recorded in their care plan so that it was individualised and contained personal details relevant to them.

We also saw that there was no reliance on the use of the television in the lounge areas; people were independently moving around the house and we observed no periods of inactivity because staff were regularly engaging people. We saw staff used their time well to both interact and communicate with people in a manner they understood. Relatives told us that the level of care provided exceeded their expectations. One relative told us, "It has been heart-warming to see how caring and compassionate staff are here; it's difficult to put into words without getting emotional". Another relative told us, "Nothing is too much trouble, I leave here with peace of mind that my mom is loved and cared for".

Outstanding ☆

Is the service caring?

People were involved in the planning of their own care. One person told us their assessment was, "All about me", and that they felt staff had, "Asked the right questions and listened to what I wanted". This had included people's decisions in relation to their funeral arrangements, losing capacity or whether they wished to be resuscitated. This demonstrated people had been given options and had made decisions about their care and independence. People said they did speak with staff about their care or any changes they wanted. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them. We saw people and their relatives were able to express their views at meetings and they told us they would be listened to.

We observed that the TV was not on and asked people about this. They told us it was their choice as they disliked the 'background noise'. One person said, "Oh yes we have the TV control but we only like the soaps so tend to keep it off during the day". We saw two people had been supported to use the lift independent of staff. Their decisions had been respected and promoted. We saw information about accessing advocacy services was available within the home. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. No one currently required the use of an advocate.

Staff respected people's dignity and privacy and there was an individualised approach to meeting people's personal care needs. We saw staff support people to attend to their personal care on an individual basis and when they wanted or needed this. One person said, "They are discrete when assisting me". Staff were alert and responsive to people's needs but not intrusive. For example at mealtimes we saw staff served people and respected their wish to eat their meals unobserved. One person told us, "Staff don't need to be in the dining room all the time". It's nice we can have a chat, socialise and if we need them we ask". We saw that where other people needed assistance with their meals arrangements were in place to ensure they had this by eating at a place of their choosing with staff present to support them. This showed that all of the staff worked within the home's policy to ensure that people's dignity and privacy was promoted and we saw this was monitored and reviewed at staff supervision to ensure it was upheld. This also demonstrated that when people expressed their views at residents meetings or in one to one situations, their opinions were acted upon. Our observation of their practice showed that staff were highly motivated, caring and compassionate towards people.

The registered manager had arranged specialist training in end of life/palliative care. This was being provided by the First Response Team which showed their recognition of and commitment to providing people with high standards of care at the later stage of their life. A member of night staff told us, "When people are terminally ill they are never left alone. We stay with them during the night, sit with them during the day and take care of their family". We heard that family members were provided with comfort and refreshment during this period. The registered manager said, "We always make sure there's additional staffing during this time". We saw the registered manager was also utilising external training and guidance to further develop their end of life care plan. She told us people were involved in this process and the plan was reviewed as changes occurred so that it was centred on their wishes.

Good

Is the service responsive?

Our findings

People told us that they had the opportunity to visit the home prior to moving in and had been fully involved in identifying the support they needed. We heard from people that their care plan was centred on their needs, they felt their wishes and preferences had been listened to and respected. One person told us, "I like that they asked what I could do or wanted to do for myself; for me my independence was addressed". We saw that this person retained responsibility and autonomy over most aspects of their care including managing their medicines, with appropriate secure storage to keep these safe.

A relative told us, "There were lots of questions about the support my mom needed, staff were able to assure me they could meet her needs in a way she wanted and that has been the case". People and their relatives told us that they had been involved in meetings and reviews on a regular basis to make sure they had the support they needed. A relative told us, "I've been to reviews and to meetings to discuss the care plan but more importantly I can ask anytime and feel really assured mom is well cared for". The care plans that we looked at captured people's needs and preferences as well as providing guidance to staff to support people with a variety of age related health conditions.

The provider was responsive to people's needs; they had created a better environment for people to live in and people told us they had been involved in the changes. We saw on the day that people were very excited to view the new lounge area, one person said, "It's lovely, we picked everything you know".

We observed that staff were attentive to the changing needs of people. For example we saw a person with their arm elevated and cushioned to reduce the risk to their fragile skin. Staff told us about the person's condition which affected their ability to sit upright and placed them at risk of developing pressure sores. We saw the person's care plan contained the guidance to staff to make sure that the person received care that was centred on them as an individual. Daily records were maintained and described the care and support people had been offered and received which enabled staff to monitor people's health and welfare and make changes.

Care was focussed on people's individual needs with the prime objective to provide people with care, comfort and companionship. We saw a high level of staff engaging with people and using creative ways of reducing people's agitation. For example we saw staff supporting a person who was getting anxious and confused with their inhaler. We saw they responded with smiles and giggles when staff demonstrated what they needed to do and that staff were patient and calm and took their time to explain to the person. We found that staff had a good insight into people's needs and characters and used this well to engage with them in a meaningful way.

People could be supported to attend religious services if they wanted to. We saw that staff had actively supported one person to continue to practice and share their religious experiences with others. The person told us, "The staff have facilitated my religious worship and took the time to look at my contemplation books, it's pretty unique here". We found staff were respectful of the person's life skills and had recognised how these could be utilised to respond to other people's needs. For example, we heard from another person, "Yes it is nice to talk about bereavement and to listen to the stories behind the books". Staff told us they got to know people's life history, likes and dislikes; their hobbies and interests which enabled them to provide care in a personal way. A staff member said, "People really are like our own family and we are encouraged to work in that way".

People told us that they pursued their own interests and hobbies. We saw people reading newspapers which had been provided by the home. Planned activities with external entertainers had been enjoyed on a regular basis. Some people enjoyed walks or visits out. We saw people were relaxed and pursuing their own interests. We saw staff recognised the importance of social contact and they engaged with people frequently.

All of the people and the relative's we spoke with only had complimentary things to say about the staff and the care they received. One person said, "This is a wonderful home, nothing is too much trouble". A relative told us, "The care here is brilliant; the staff are led by the people; I can't fault it". No one we spoke with had any complaints but confirmed they had been provided with information about the complaint procedures. There had been no complaints made about the service but there was a system for recording, investigating and responding to complaints.

Good

Is the service responsive?

Feedback from people, families, friends and advocates from the provider surveys described the home as consistently providing a high quality service. A relative told us, “Here, people come first and I see staff go to great lengths to make sure people are well cared for”.

Good

Is the service well-led?

Our findings

People had confidence in both the owner and the registered manager and told us they were very happy with the way the home was run. One person who lived at the home told us, "They are so hands on, we see the manager every day who is absolutely lovely and the owner comes in and chats to us to find out how we are". A relative said, "It's a well-run home; they are kind, professional, reliable and make sure everyone is cared for".

The staff were enthusiastic about their support and training. We saw they were well motivated and heard from them that they appreciated the registered manager and provider's efforts to provide good quality care to people. We saw that the registered manager and her team members were visible and always had time to chat with people. A relative told us, "I am so impressed by the care, the positive attitude and the friendliness".

Staff described a participative and open culture within the home. We saw that regular staff meetings enabled them to voice their ideas towards the development of the home. We saw for example this had led to new initiatives in terms of links with specialist training. This enabled staff to develop the skills needed in providing care for people at the end of their life.

Staff told us they felt valued and appreciated and loved working at the home, one member of staff said, "We are very close, work well as a team and support each other". We saw the turnover of staff was extremely low with the majority of staff having worked together a number of years. Staff told us this provided continuity and consistency.

People had been actively involved in meetings to discuss improvements within the home. A relative said, "I have filled in surveys and this is a great home". We saw surveys had been used on a regular basis to capture people's feedback. We saw people had responded with positive comments which confirmed that people and their relatives were very happy with the home. Relatives told us the registered manager and her team positively engaged with them and provided an inclusive and supportive atmosphere.

We saw the registered manager had standards she expected of the staff and they clearly understood these. We saw they had been supported and trained to understand and work to the values of the home. One staff member told us, "The whole team work together to listen to people and involve them in their care, our aim is to make it their home and promote the quality of their life". A person told us, "I'd rather live here than at home that's how good it is". We saw that standards and care practices were regularly observed to ensure staff worked to the required standard and this was monitored through regular supervision. We heard from staff they understood how to report any concerns using the whistle blower procedures so that improvement or actions could be taken.

We saw the provider had a system for the continuous quality monitoring of the home. Audits were carried out on the safety and quality of the service. We saw audits had informed the service improvement plan. For example the refurbishment of the lounge. We saw the provider and registered manager had a vision for the future of the home. This centred upon ensuring staff had the skills and expertise to meet the changing needs of people. In order to achieve this they had plans to introduce the new Care Certificate to enhance their induction processes. They were also implementing staff surveys to drive improvements. We saw from this that areas for development had been identified and plans were in place to address this. We saw that the proprietor and manager attended external courses and seminars provided by West Midlands Care Association and the local authority. This enabled them to keep up to date with current guidance as well as maintaining links with other stakeholders.