

Buckland Care Limited

Willow Bank House Residential Home

Inspection report

Willow Bank House
Tilesford Park, Throckmorton
Pershore
Worcestershire
WR10 2LA

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Tel: 01386556844

Website: www.bucklandcare.co.uk

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 24 May 2016 and was unannounced. Willow Bank House Residential Home provides accommodation for up to 63 people. People living at the home may be older people or have physical or dementia related care needs. There were 60 people living at the home at the time of our inspection.

People had their own rooms and the use of a number of communal areas including a choice of lounges, dining rooms, an internal café and accessible garden areas.

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.

Risks to people's safety were understood by staff and staff took action to support people in ways which helped them to stay safe. Staff understood what actions to take if they had any concerns for people's safety or wellbeing. There was enough staff available to support people so their care and safety needs would be met. People were supported to take their medicines so they would remain well.

Staff used their knowledge and skills when caring for people so they would get the support they needed in the way they preferred. Staff worked with other organisations so people's freedom and rights were protected. People were supported by staff to enjoy a range of food and drinks. Where people needed extra support to have enough to eat and drink staff cared for them in the ways people chose. Staff worked with health organisations so people would receive the care they needed as their needs changed.

Caring relationships had been built with staff and the registered manager and people were given reassurance when they needed it. Staff supported people so they were able to make their own choices about what daily care they wanted. People's need for dignity was understood and acted upon by staff.

Staff understood people's individual care and support needs and their preferences and responded to these. People benefited from living in a home where staff took action when people's needs changed. Complaints about the service were treated as opportunities to develop people's care further and processes were in place so lessons would be learnt.

People, relatives and staff felt listened to when they made suggestions for developing the home further. Staff understood what was expected of them and were supported through training and discussions with their managers. People benefited from living in a home where links had been developed with the community and other organisations. Regular checks were undertaken on the quality of the care by the provider and registered manager and actions were taken to develop the home further.

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.

People's individual risks were taken into account by staff in way they cared for them. Staff understood how to raise any concerns they had for people's wellbeing and safety. Checks were in place to ensure people received the correct medicines. There was enough staff to meet people's care and safety needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to care for them. Where people needed support to make decisions this was done in ways which promoted people's rights. People were supported by staff to see health professionals so their health was promoted. People were supported to have enough to eat and drink so they remained well.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff, and were provided with support in the ways they preferred. People made their own choices about their daily care with support from staff where this was needed. People were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged to make suggestions about the care planned. People were supported to do things they enjoyed doing and keep in touch with people who were important to them. Processes were in place so lessons would be learnt if people or their relatives raised any concerns or complaints about the care received.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were encouraged by the registered manager to make suggestions for improving the care offered. People benefited from links which had been made with other organisations and the community. Checks were made on the quality of care. Where action had been identified this was undertaken so people would enjoy care which developed further.

Willow Bank House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 May 2016 and was carried out by one inspector, an expert by experience and a specialist advisor who is a dementia specialist. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider and the service including statutory notifications which had been sent to us. Statutory notifications include information about important events which the provider is required to send us by law. We also checked information which had been sent to us by other agencies. We requested information about the service 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 the inspection we spent time with people in the communal areas of the home. 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. We also spoke with nine people living at the home, six relatives and one visiting friend. We spoke with the registered manager, a member of domestic staff, one senior care worker, nine care staff and a visiting health professional.

We looked at a range of documents and written records including four people's care records, records about the administration of medicines, and how staff cared for people so they stayed well. We checked records about how people were supported to stay safe and records of complaints. We spoke with staff about their training and saw staff training records. We looked at minutes of staff meetings and three staff member's recruitment files. We also looked at information about how the provider and registered manager checked the quality of the care provided and the actions they took to develop the service further.

Is the service safe?

Our findings

People told us they felt safe because of the actions staff took. One person told us how staff supported them when they moved and said staff always made sure they had enough time. The person told us, "Staff have patience." Relatives we spoke with told us staff spoke with them about their family member's safety and let them know if there were any concerns. One relative we spoke with told us they often visited the home unannounced, and had been reassured to see how well their family member was supported by staff when they were anxious.

We saw staff took action to promote people's safety. This included making sure people had the support they needed so their physical safety needs were met. For example, we saw staff made sure people had the support and equipment they needed when moving round the home. We saw staff worked in ways which resulted in people experiencing less anxiety. People were relaxed and comfortable in staff's company.

Staff knew the types of abuse people were at risk of and told us how they would support people if they thought they were at risk of harm or abuse. Staff gave us examples of the actions they would take if they had any concerns for people's well-being or safety. All the staff we spoke with were confident if they raised any concerns plans would be put in place to promote people's safety. Staff gave us examples of where they had worked with other organisations so people were supported to stay safe. This included working with organisations who had responsibilities for helping people to stay safe.

Staff knew the risks each person had to their safety and well-being, such as risks because people were sometimes anxious, or risks to their health. One relative told us about the care staff had provided when their family member had been ill. The relative said because of this, "[Person's name] feels totally safe." One staff member told us some people benefited from a greater sense of well-being if they were able to spend some of their time in quiet areas of the home. We saw staff supported people in ways which encouraged them to make their own decisions about where they wanted to be and what they wanted to do, so their anxieties were reduced. Another staff member told us how they supported people so their risks when they ate and drank were reduced. A further staff member explained how they supported one person with reduced vision, so their safety would be promoted. Two staff members highlighted how important it was to support people to use their equipment in the right way, so they would remain safe.

Relatives told us they were able to contact senior staff or the registered manager if they had any concerns for their family member's safety or well-being. One relative told us they knew staff checked their family member's safety as they always let them know if they had any concerns for their family member. The relative told us they had seen the records staff used to monitor their family member's physical health and discussed the best way to keep their family member safe. Staff we spoke with told us they discussed plans for keeping people safe at daily information sharing meetings and at regular staff meetings. We saw staff shared information about people's well-being and safety needs regularly, so staff knew how to care for people as their needs changed. There were clear plans in place and people's safety needs were taken into account in the way staff cared for them.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people living at the home. We saw the registered manager had also obtained checks from overseas authorities so they could be confident staff were suitable to work at the home.

People told us there was enough staff to support them. One person told us, "There's plenty of staff, you can ask them to get stuff for you." Another person we spoke with told us their buzzer was answered quickly if they needed any help from staff. One of the relatives we spoke with told us, "There's always plenty of staff." Staff told us they felt there were enough staff to support people in the way they preferred. One staff member told us, "You get time to talk to people." Another member of staff told us, "There's enough staff to care for people and to do fun things, too."

The registered manager told us the staffing levels were based on the needs of people living at the home. The registered manager explained they arranged for more staff to be available than people's needs indicated. The registered manager told us they did this so, "So we can give people extra time, and do things like walking football." The registered manager told us the increased staffing levels had a positive effect on the safety of people living at the home. The registered manager explained, "We analyse accidents and look for trends. Accidents have decreased as staffing has increased. There are fewer risks missed." We saw there was enough staff to provide care to people. This included staff providing one-to-one care to people when this was required to meet their safety and care needs.

People told us they were supported by staff to have the medicines they needed to stay well. One person told us, "I can ask for tablets if I am in any pain." Staff told us, and we saw, they regularly shared information about changes to people's medicines, so the possibility of errors were reduced. Staff told us they were not allowed to administer medicines until they had been trained and their skills had been checked. Staff told us about the regular checks on medicines made by senior staff and the registered manager, so they could be sure people were receiving their medicines in the right way. We saw staff supported people to have their medicines in the ways they preferred. Staff took time to explain to people what their medicines were for. We saw staff kept clear records of the medicines administered to people and people's medicines were securely stored.

Is the service effective?

Our findings

People and their relatives told us staff had the skills and knowledge so people's needs were met. One person we spoke with told us they knew staff had the right training because, "They know what help I need." One relative told us their family member was supported by staff who applied their training and said, "I can't fault it, they understand dementia here."

Staff we spoke with told us they were encouraged to develop their skills and attend training so they would be able to care for people so they remained well and enjoyed life. Staff told us about some of the specialist training they had done. This included training so they could support people to remain healthy, and to care for people with dementia. One member of staff told us, "It's not enough for your heart to be in it. You need the right skills." The staff member explained, "If people know you are trained, they will ask you to help them and others." Another member of staff told us, "I have had the right training for the people living here." The visiting health professional told us staff had the skills needed to care for people, and told us about plans made with the registered manager to develop staff's skills further.

Staff told us they regularly discussed their training needs during their one-to-one meetings with their managers and at staff meetings. Staff told us action was taken if any requests for training were made, so staff would have the skills they needed to care for people. One staff member told us they had requested additional training so they could be sure they had the skills to care for a person living at the home. The staff member told us they had attended the training so they could support the person in the way they needed.

Another staff member told us how the training they done helped them to communicate with people living at the home. We saw staff used the skills they had gained so people were supported to communicate their own decisions. We also saw staff used the skills they gained to prevent people from becoming anxious. We saw the registered manager had planned training for staff, so they could be assured the skills of the staff matched the needs of the people living at the home.

We spoke with four staff members about the training and support they received when they first came to work at the home. Staff told us they had undertaken initial training which included finding out the best ways to help people with dementia. All the staff we spoke with told us they received good levels of support from their managers and the registered manager, so they were able to provide people with the care and support they needed.

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

Staff had received support to understand their responsibilities under MCA and knew how MCA affected the way they supported people. Staff knew which people were able to make some or all of their own decisions

about things which were important to them. We saw staff supported people to make their own decisions where needed. This included showing people choices available and supporting people by making sure they had enough time to make their own decisions. Staff had developed a good understanding of people's preferred ways of communicating, so they understood the choices people were making.

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'. Fifty applications had been approved by the supervisory body. The registered manager was awaiting decisions on 43 applications at the time of our inspection. Processes to review DoLS in the event of people's needs changing were in place.

Staff we spoke with knew which people they had specific responsibilities for had a DoL approved. Staff also understood how these affected how they cared for people. We saw the registered manager and senior staff had identified where people's relatives or professionals had legal authority to make some decision on people's behalf. The registered manager was in the process of confirming what areas of authority were held, so they could make sure they were following the correct legal process and protecting people's rights.

People and their relatives told us they were encouraged to decide what they wanted to eat and drink and where they ate their meals. One person said, "The food is very good and there's always plenty of it. One relative told us, "The meals are spot on, [person's name] always gets cake in the afternoon and coffee and biscuits in the morning." Another relative told us they had seen how staff encouraged their family member to eat on an occasion when they initially declined their lunch. The relative said they arrived after the lunch time period, but staff, "Quietly brought a mat and another meal out whilst I was with [person's name] and he ate it all."

Staff understood which people needed specialist support so they would have enough to eat and drink and remain well. One staff member told us they had worked with people's health professionals to make sure people were getting the right things to eat and drink. We saw staff knew people's food and drink preferences. People and relatives told us staff took action so people were able to eat and drink things they enjoyed and would promote their health. We saw staff provided people with assistance to eat and drink where this was needed so people would remain well.

People told us staff supported them to enjoy good health. One person we spoke with told us, "If I'm ill the come when I want them, which is nice." Relatives told us staff acted quickly when their family members were ill, or had a fall. One relative told us, "Mum was ill a few weeks ago and she was really comforted that someone was popping their head round the door every couple of hours." Another relative told us the way staff worked with other organisations helped their relative to stay well. The relative said, "There's a wonderful connection with the nurse practitioner." The visiting health professional told us staff always followed through the advice they were given, so people would enjoy good health.

Relatives told us, and we saw, staff had supported people to see a wide range of health specialists. These included GPs, mental health specialists, dentists and speech and language therapists, so people's health was promoted.

Is the service caring?

Our findings

People told us they got on with all of the staff and management team. One person told us this was because, "Staff are very friendly here." Another person told us, "One of the carers comes on shift and gives me a hug, they really care." People described staff as being patient and supportive. Relatives told us staff were warm and kind. One relative told us, "The minute I walked in I felt it was a warm, caring, loving place." Another relative said of staff, "They are really caring. Mum will say, 'They really like me'." The visiting health professional told us staff were very kind and they were delighted by the way staff cared and interacted with for people.

One staff member told us, "I love the residents. They know me and I know them. The respect is two way." We saw staff took time to communicate with people so they felt included and valued. We saw people enjoyed sing with staff and the visiting hairdresser. People and were happy to be supported by staff and were relaxed.

Staff told us they got to know people by chatting with them, checking their care plans and by talking with their relatives, or staff who knew them well. One staff member told us, "You get to know people by having a cup of tea and a chat. You develop rapport." Another member of staff told us, "You find out about people, make sure they are comfortable, and you see them come out of themselves." A member of the domestic staff we spoke with told us, "You find out about people and say hello to them."

Staff spoke warmly about the people they cared for and we saw staff used people's preferred names. Staff knew which people enjoyed touch as a form of reassurance, and which people preferred staff to reassure them in different ways. We saw throughout our inspection staff took action to reassure people in the way they preferred, so they were less anxious.

People were involved in day-to-day decisions about their care. These included decisions about what they wanted to do and where they wanted to be. One person told us, "I make my own decisions." The person explained staff always offered to involve them in interesting things to do. The person told us, "They always include you in stuff, but don't make you do anything. They don't push you." One relative told us, "[Person's name] makes their own decisions. She let's staff know what she wants."

We saw where people needed support from staff to do the things they wanted to this was given to people. For example, we saw one person was supported to choose the colour of nail polish they wanted, with help from staff.

One staff member we spoke with told us how they supported people to make their own decisions by using pictures or objects for people to choose from. Another staff member explained how people were encouraged to decide what care they wanted. The staff member told us if people initially declined care from staff they would try other ways to encourage them to decide to have the care they needed. People were also encouraged to make their own food and drink choices. Arrangements had been made by the registered manager so people would be empowered to decide what areas of the home they spent their time in. We saw

people were able to choose from a wide range of areas to spend their time in safely.

People and relatives told us staff took people's need for dignity into account in the ways they cared for them. One person explained how important it was for them to have a key to their own room. The person told us staff had understood their need for privacy and security and they had their own key. One relative told us, "Staff are never condescending and they know how to speak to the residents properly." One staff member told us, "It's about being discreet, making sure people are well dressed and they have privacy." We saw staff supported people in this way. Another staff member we spoke with explained how people's need for dignity and independence was considered as part of the way their support to eat had been planned. □

Relatives and the visiting friend we spoke with told us staff were always welcoming when they visited. People and relatives told us they were always able to see their family members where their family members preferred, so their privacy was assured.

Is the service responsive?

Our findings

People told us they had talked with staff about the care they wanted and their views were listened to. One person told us staff provided them with the support they wanted and said, "If I want something I just tell staff." One relative told us their family member was getting the care they need and said, "Coming here has been the making of [person's name]. She is now socialising and she just blossomed after settling in. She (now) has a group of friends and she has gone from being nervous and losing all her socialising skills to having everything back."

People and relatives told us they were encouraged to make suggestions when their family member's care was first planned and at regular reviews. Relatives gave us examples of where they had approached staff as soon as they had suggestions. Relatives told us these suggestions were acted upon. One relative we spoke with told us how plans for their family member's personal care had been adjusted, so this would be done in the way their family member preferred. We saw people's care had been planned in ways which reflected their individual needs and preferences. People and their relatives told us staff took action so people's preferences were acted on. This included if people had any particular preference for the gender of staff member to support them with particular areas of their care.

Staff explained how they encouraged relatives to attend their family member's health meetings at the home. Staff told us they found these to be a good opportunity to get relatives views on how their family member's care was planned and how they were being supported. Staff also contacted some people's relatives by telephone or email to discuss plans for their care, if relatives were not able to attend their family member's reviews.

One person we spoke with told us how staff had supported them when their needs had changed because of family bereavements. The person told us, "Staff really helped me through some awful times." We saw staff regularly shared information with each other as people's needs changed. This included information about people's physical health, medicines and well-being. Staff told us this helped them to know any changes to the care people needed, quickly. Staff were then able to make any adjustments so people would continue to get the care they required as their needs changed. One member of staff we spoke with explained how staff also took into account people's need to do things they enjoyed as their health changed. Staff had recognised some people enjoyed a day at the seaside, but were no longer able to travel long distances. The staff member told us they had been supported to make arrangements to have a "seaside" day at the home, for everyone to enjoy.

Staff told us the dementia training and advice they had received had helped them to put plans in place so the individual needs of people living at the home would be met. We saw staff had defined areas of the home in ways which promoted people's well-being and reduced their anxieties. This included areas which were equipped with interesting things for people to do which were linked to their former employment. For example, there was an area where a number of telephones had been made available for people to enjoy using. We saw several people asked staff to support them to spend time in a secure car. Staff told us this was very popular with people who had formerly enjoyed driving or worked with cars.

We saw people enjoyed using the 'bus stop café', an area where people could sit and chat to relatives and friends and other people living in the home. People also had the chance to find fulfilment in the communal areas of the home. These had been equipped with a number of items for people to spend time enjoying. This included rummage boxes and interesting things for people to enjoy taking off the walls to use, such as hats. We saw people enjoyed using these items.

Staff recognised some people were less anxious in quieter environments. We saw staff also took this into account when supporting some people to have enough to eat. We saw people enjoying spending time in a number of calm areas so their well-being was promoted. The registered manager told us how staff supported people to have access to a wide range of indoor and outside areas, safely. The registered manager told us this was important because they recognised dementia was a restriction most people in the home lived with.

Relatives told us their family members had lots of opportunities to do things they enjoyed, such as quizzes and gentle exercises. One relative said, "[Staff member's name] will try anything, and is very good at distributing prizes." Relatives and staff told us people were also encouraged to spend time in the community, at local cafes and enjoying local walks with support from staff. One relative told us about the music sessions which their family member really enjoyed. Two staff members we spoke with told us how popular visits were from local schools. One staff member explained the schools had also invited people for afternoon tea, which they really enjoyed.

We saw people's care plans and risk assessments gave staff clear guidance on the best way to care for people living at the home. This included the care people needed to remain well and how to support people if they were anxious. People's preferences for how their care was to be given were recorded in people's life histories and care plans. Plans were also in place to support people to do things they enjoyed.

We saw staff were given information on possible risks to people's well-being and guidance on the best way to support people. Advice from external professionals, such as health professionals and social workers was taken into account, so people received the care they needed in the best way for them. People's risk assessments and care plans had been regularly reviewed.

People and relatives told us staff understood the importance of supporting people to keep in touch with people they cared about. One relative we spoke with told us a group of relatives and friends quite often visited their family member together, and they were always welcomed by staff and encouraged to be comfortable. Staff we spoke with recognised how chances to see their relatives improved people's sense of well-being.

People we spoke with had not needed to make any complaints about the care they received. One person said they had not needed to make a complaint and said, "Everything I need is here, it's very good." Relatives we spoke with told us they had not needed to make any complaints about the care their family member received. One relative explained this was because they were able to contact senior staff to sort out any concerns, who sorted these out promptly. Another relative told us, "There are no major issues, but if there were I'd speak to [names of senior staff]."

Staff knew what action to take to support people to make a complaint, if this was required. We saw information on how people and their relatives could make a complaint was displayed in the reception area of the home. We saw the registered manager had systems in place to investigate complaints. We saw two complaints had been made recently and action had been taken to investigate these, so any lessons would be learnt.

Is the service well-led?

Our findings

People and their relatives told us they thought the home was managed well and the registered manager and senior staff were approachable. One relative told us, "It's easy to go to [Registered manager's name] office, and say what you think." Another relative told us they thought the way new staff were chosen was managed well, as staff were very caring. A further relative told us, "One thing here is you can see where they spend their money. It's on the activities." One person's friend described the care provided as "Excellent."

We saw the registered manager and senior staff spent time with people and their relatives, so they could be assured people were receiving the care they needed. The registered manager knew the people living at the home and sought feedback from people and their relatives about their experience of living at the home. We also saw the registered manager and senior staff provided guidance to staff, so people would receive the individualised support they wanted. The registered manager told us, "It's about supporting staff by showing and doing."

The visiting health professional told us the registered manager was open to the suggestions they made for improving people's care. The health professional said the registered manager and senior staff responded to the advice given to them.

All the staff we spoke with told us communication with the registered manager was good, and they would not hesitate to raise concerns they had with the registered manager or senior staff.

Staff told us they felt supported by the registered manager and were able to make suggestions about the care people received and the way the home was run. One staff member said the culture in the home was open, and suggestions for improving the home were regularly invited. The staff member told us, "Everyone can have a say and we always get support." Another staff member told us, "The manager listens to staff and encourage ideas". The staff member explained they had made suggestions to increase people's choices to do interesting things and reduce their anxiety. The staff member told us their suggestions had been acted on.

The registered manager told us relatives were encouraged to make suggestions for developing the home. A relative we spoke with explained how relatives were encouraged to attend special events at the home, such as spring fairs, so they could spend time with their family members and chat to staff about life at the home. One relative told us, "We recently had a form from Buckland asking for feedback. I always say how good it is." We saw the views of people who used the services, their relatives and other organisations were also obtained through questionnaires. We saw feedback had been positive and plans had been developed as a result of the suggestions made. This included plan for refurbishing some area of the home and replacing flooring.

The registered manger said, "We want to provide a good service for people with dementia. If you love caring for people with dementia and to excel, this is a good place to be." Staff told us they were provided with clear expectations about the way they were to work with people. One staff member told us they had regular staff

meetings, so knew what was expected of them. Another staff member told us the way the home was run meant staff were empowered to provide good care. The staff member told us, "[Registered manager's name] put the residents first. We treat people as individuals all of the time. It's well managed." Staff told us senior staff recognised when worked in ways which enhanced people's sense of well-being, and this was recognised through employee of the month awards.

Relatives told us how well the registered manager had worked with external organisations so their family members would receive the best care possible. One relative told us staff had developed excellent links with health professionals and this reassured them their family member was getting the care they needed. Staff told us the links the senior staff had developed with external professionals, such as dementia specialists and speech and language specialists had a positive experience on people's well-being.

Two members of staff told us about the links which had been made with the local community. One member of staff explained how links developed with local schools had benefited people living at the home. The registered manager explained the positive impact on people's well-being which had resulted from working with local dementia friends. Other links which had been developed with the local community had led to trips out to dementia friendly shops and cafes. The registered manager told us, "We want to do things they enjoy and for them to come back animated."

The registered manager told us they were supported to understand their role and develop the service further by the provider. This included chances to share best practice with other local registered managers. The registered manager told us they had also been supported by the provider to secure resources so the care people received would be further developed.

Checks to make sure people were receiving the care they needed were undertaken by the registered manager and senior staff. These included checks on the medicines people received and the safety of the environment people lived in. The provider's representative also regularly assured themselves people were receiving the care they needed. We saw where any actions had been identified action was taken to further develop the care people received.

The registered manager told us about some of the plans they had to develop people's care further. These included turning 'the bus stop café' into a pub for people to enjoy using in the evenings, and changes to enhance people's safety in relation to their medicines. The health professional told us they were about to start working with staff so plans to support people at the end of their life were developed further.