Miss Andrea Quirk

# Drayton House Residential Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Drayton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during the inspection. Drayton House provides personal care and accommodation for up to 19 older people, including people with dementia-related conditions. At the time of our inspection there were 13 people using the service. People had a variety of care and support needs related to their physical and mental health.

The inspection took place on 4 December 2017 and was unannounced. This meant staff did not know we were visiting.

At our last inspection in May 2016 we identified a breach of regulation. This breach was in respect of good governance in regards care records were not accurate putting people at risk of receiving inappropriate care. At this inspection we checked to see if the provider had made the improvements necessary to meet the requirements of the regulation. We found that improvements had been made.

We last inspected Drayton House on 20 May 2016 and rated the service as Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe and well led to a rating of good. We found that during this inspection the action plan had been followed and improvements had been made

The service had a registered manager who was on duty during the course of our visit. 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.

Staff were consistent in their knowledge of people's care needs and spoke with confidence about the individualised support people received to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. Measures to reduce risk reflected the person's preferences.

People told us they received the care and support they needed. They also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related

to on going healthcare and health emergencies were met and recorded.

People received their medicines as they were prescribed. Medicines were managed safely, securely stored, correctly recorded and only administered by staff who had been trained and assessed as competent to give medicines.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives. One relative wrote, "Thank you for looking after my mum so kindly and being so caring."

People described the food as good and there were systems in place to ensure people had enough to eat and drink. Where people changed their mind about what they wanted to eat they were offered alternatives.

People had support, care and time, when they needed it, from staff who had been safely recruited.

People were engaged with activities that reflected their preferences, including individual and group activities both in the home and the local area.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

People and staff felt that the service was well led.  The registered manager and senior team encouraged an open working environment.

## 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 felt safe and there were enough staff to meet their needs.

People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks.

People received their medicines as prescribed by staff who were trained to administer them

### Is the service effective?

Good

The service was effective.

People who were able to consent to their care had done so and told us they directed the care they received.

Staff provided care in people's best interests when they could not consent. Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately.

People's needs had been assessed and they were cared for by staff who understood these needs.

People had the food and drink they needed and saw a range of health professionals when they needed.

### Is the service caring?

Good

The service was caring.

People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. They treated people with dignity and respect.

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

## Is the service responsive?

Good

The service was responsive.

People told us they were supported to live their life the way they chose to.

People and relatives were confident they were listened to and knew how to complain if they felt it necessary.

People were cared for with compassion at the end of their lives

## Is the service well-led?

Good

The service was well led.

People, relatives and staff had confidence in the management and spoke highly of the support they received.

There were systems in place to monitor and improve quality including seeking the views of people and relatives.

Staff were committed to the ethos of the home and were able to share their views and contribute to developments.

# Drayton House Residential Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 4 December 2017 and was unannounced. The inspection team was made up of two inspectors.

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. We had not requested a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

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 observed care practices, spoke with nine people living in the home, four visiting relatives, five members of staff, and the registered manager and chef. We also looked at five people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits and accident and incident forms.

Good

# Is the service safe?

## Our findings

At our last comprehensive inspection of the service in May 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk as the process of recording medication into the home was not safe and governance of the service needed to be improved. At this inspection we found improvements had been made and records showed people were receiving their medicines safely.

People received their medicines in a safe way. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Senior staff completed monthly audits. People told us they received their medicines on time, one person said, "The meds come on time, and I have never known them to be wrong". Staff wore 'Do not disturb' tabards when administering medicines. One senior worker told us, "We are all aware of what medicines people are taking and why. It is important we observe when people are on pain relief medicines that the medicines are helping. We have very good working relationships with the GPs and if we are worried we ring for a visit or advice".

Medicines that required cold storage were stored at the correct temperature in a medicine refrigerator and the temperature was monitored. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Refused medicines were kept securely and returned to the pharmacy. Medicine Administration Records (MAR) were completed and audited appropriately. When we inspected no one was administering their own medicines.

People described what made them feel safe and were confident they could tell someone if this changed. One person said, "I feel very safe and would make sure if I didn't I would speak with staff". People were confident staff would listen to them if they required additional support. There was a satisfactory safeguarding policy in place and staff were aware of their duties in regards keeping people safe.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. This approach was supported by the provider's risk management policy. They described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. These assessments reflected individual need such as to prevent poor nutrition and hydration, to protect skin from damage or reduce the risk of falls.

Staff described the individualised responses to these risks, explaining how to approach and speak with people, what distractions worked best and how people's previous experiences impacted on how they took risks. One relative told us, "The staff are excellent in calming my relative when anxious".

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids were suitably maintained. Effective systems were in place to ensure equipment was regularly serviced and repaired as necessary.

There were enough staff on duty to meet people's needs. People told us, and we observed, this was the case and that staff had time to sit and chat with them. We spoke with the registered manager who explained that they had a "Stable" staff team but were currently trying to recruit more staff in particular night staff. The registered manager informed us they used a dependency tool to establish the levels of staff matched people's individual needs. They said, "We do use agency staff and for consistency try to have the agency staff the residents know and trust".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. However the registered manager informed us they relied on the employment agency to complete checks on all agency staff used in the home. We advised the registered manager to complete their own checks on all agency staff used in the home and to keep records of these checks in their staffing files.

Staff received effective training in safety systems, processes and practices such as moving and handling, fire safety and infection control. Staff were clear on their responsibilities in regards infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were ample hand washing facilities throughout the building and staff had access to personal protective equipment such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

People's rooms and communal areas were cleaned throughout our inspection. People had access to communal rooms. There had been recent refurbishments to the main lounge area. People told us they thought the room looked "Nice". The registered manager informed us there were plans in place to complete additional updates to the home.

People were supported to access their GP's, mental health nurses and other consultants who prescribed and reviewed their medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

Good

# Is the service effective?

## Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff were reminded of the five principles which underpin the Act on the main office wall.

Staff had received training in MCA and DoLS and demonstrated an understanding of the principles of the legislation. People were asked for their consent before care was delivered. Staff informed people of what they were doing and asked permission before giving personal care. Daily notes showed that, when people refused personal care, this was respected. Staff supported people to make as many decisions as possible by considering when and how they were asked to make them.

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). DoLs applications had been made where appropriate including emergency applications. The registered manager informed us some Dols were still awaiting authorisation by the local authority, who supervise this process.

There were systems in place to check if people living at Drayton House had a Lasting Power of Attorney arrangement for health and welfare. This means they would have appointed people to help them make decisions or make decisions on their behalf. One relative informed us they had power of attorney over their relatives finance but not their care. They informed us they knew they had to respect their relative's right to make their own decision in regards their care and support. They told us, "The staff fully respect the decision my [relative title] makes, even if they know that may upset the family".

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. During the induction process staff were required to familiarise themselves with the home's ethos. The statement of purpose of the home reinforced the principles of respect and dignity that underpinned this ethos. Staff reflected this anti-discriminatory approach in their discussions with us. We observed new staff who were on their induction being supported and guided by more experienced staff.

New employees completed a comprehensive induction programme, which included mandatory training such as, safeguarding, MCA, food hygiene, infection control and moving and handling. The training consisted of a mix of training specific to individual needs and shadowing as well as an introduction to organisational policies and procedures. One member of staff described this process saying, "Even though I have done care roles before, I still had to shadow more senior staff so I could be assessed, it was good." Staff told us their induction was effective. A member of staff commented, "My induction was good It was linked to the Care Certificate". The Care certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector.

Following induction staff received on going training and development. Records showed staff had access to a rolling training programme through on line training. The registered manager told us, "We have 22 staff members 17 have or are currently completing qualifications in care". There was a system in place for staff to take part in regular supervision and appraisal sessions. This gave them an opportunity to discuss concerns, highlight any training needs and discuss their career.

Staff knew people well and could identify what mattered to them and what they wanted to achieve. Before moving into the service people had their needs assessed across a wide range of areas. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. The registered manager informed us they completed all pre assessments on people requesting to move to the service. People were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. The assessment policy made it clear that no one would be discriminated against at admission and staff described how each person would be treated with respect. Admission assessments on people's files identified basic needs. These assessments were used to develop a care plan for the person so care was delivered in line with current legislation, standards and good practice guidance.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence, was being used. The registered manager was working with consultants to ensure the home's policies and procedures remained up to date. There was a call bell system that people could use to alert staff in emergency or if people required assistance. One person told us, "If I want some help I press the bell, there is always someone who comes to help me".

We found that the kitchen had been awarded their five star food standards rating. The chef had received food hygiene training along with other members of staff. They were aware of people's individual dietary needs and took pride in providing nutritious and appetising meals for people to enjoy.

People were involved in decisions about what they ate and drank. People were asked about what they liked to eat as part of their assessment process and this included any cultural or religious dietary needs. If people changed their mind about their choice of food they were offered alternatives. Choices were offered verbally or small menus were on small tables in the dining room. People fed back about the food frequently and were asked whether they enjoyed the food. One person told us, "If I don't like the food I can always ask for something else". Another person told us, "The food always looks nice and tastes nice. We get offered cakes in the afternoon".

People were supported to have a balanced diet that supported their health and well-being. Some people had been identified as being at risk because they did not want to eat or drink enough. Food and fluid charts were in place and information shared at the daily handover if people needed more encouragement to eat or drink that day. People's intakes were monitored and their weight was regularly checked. Care plans contained guidance for staff on how to support people to eat enough and information about people's preferences. Staff explained how one person who preferred not to eat was encouraged to eat high calorie foods whenever possible.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. People were supported by care staff to attend outpatient appointments at local hospitals. Information was shared with the person and staff member prior to these appointments. One health professional informed us they had no concerns in regards people being able to access outside professionals. The registered manager informed us there were good working relationships with other health professionals including the local authority.

People were able to move around the home freely and request staff support as and when required. There was a garden area which people had access to including sensory areas. People could either socialise or see visitors in two lounges or a dining area. Signage around the home was clear and guided people to know where exits were or what day it was or what events were happening in the home.

Good

# Is the service caring?

## Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included: "I don't have family, but I do have a keyworker who helps me to get the extra things I want". Another person said, "I like living here the staff are all lovely". A relative told us, "My [relative] care here has been exceptional".

Staff told us they enjoyed their work and liked spending time with people. They all expressed their motivation for their work which included supporting people to receive emotional support when needed. For example one person was seen to have periods of anxieties throughout the day of the inspection. Staff were seen to give the person additional support and were aware of their whereabouts throughout the day, giving positive comments and prompts to relax the person.

There was a happy and relaxed atmosphere and people had formed friendships with other people who lived at the home. People were heard to share stories and show kindness and concern for each other. Staff were overheard complimenting people whilst supporting them to get dressed on their choice of outfit, one member of staff was overheard telling a person "You look beautiful today".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People appeared well cared for and staff supported them with their personal appearance. People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People told us about friendships formed with other people living in the home, we observed genuine friendships where people enjoyed each other's company and planned future events with staff. The lounge area had recently been refurbished, and people told us it was a nice environment to relax in. Pets were welcome in the home and there were two resident budgies, which people seemed to enjoy interacting with. Information was shared around the home such as the day of the week, who was working and what activities would be taking place.

We observed staff interacting with people in a caring and compassionate manner. For example, staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle. One person was anxious and they were offered physical reassurance and then assurances that action would be taken to help. People were supported to maintain their independent skills. One person explained how much they valued this: "I am very independent but if I want help they are there".

Staff took time throughout the day to sit and talk with people and were observed visiting people in their rooms. Conversations were light hearted and familiar and this demonstrated that staff knew the people they were supporting and their personal histories and backgrounds.

People were treated with dignity and respect. Staff knocked on people's doors before entering and did not share personal information about people inappropriately. Bedrooms were personalised with people's

belongings, such as furniture, photographs and ornaments to help people to feel at home. One person told us, "I like my room I have things just where I want them to be. I don't like staff touching my stuff, they respect my wishes".

Where people had received end of life care at Drayton House feedback from relatives was consistent in its acknowledgement of the kindness and compassion of the staff team in ensuring people's wishes and needs were met. One relative wrote, "Thank you for looking after my mum so kindly and being so caring."

People's cultural and spiritual needs were respected. Some people had fortnightly visitors from a local church and others expressed their spirituality in a way that suited them. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

The relatives we spoke with said they could visit the service at any time and always felt welcome. Nobody mentioned any restrictions on visiting times. Families told us they felt comfortable in the home and confident in the caring nature of the staff team when they were away. One relative explained "We come as we wish there are never any restrictions, I am always offered a drink".

The support people received to stay in touch with people who mattered to them was specific to each individual. For some people this meant that relatives were contacted to help the person make decisions about their care. When staff felt they needed guidance about how to support people they sought the input of those who knew them well.

Good

# Is the service responsive?

## Our findings

An activity coordinator had been appointed. They worked to support group activities and one to one activities. People told us that staff spent time chatting with them and they enjoyed this. We also heard about musical entertainment provided. The home had a number of Christmas events planned including a staff pantomime. On the day of the inspection people were busy making individual Christmas cards for their family and friends. One person told us, "There is always something going on".

People were supported to follow interests and take part in activities including outings into the wider community. The activity coordinator told us, "We have lots of trips out. We have been on a ghost tour, seen baby swans being born or we just stay home and do activities such as quizzes or bingo. I make sure every day I go room to room to see everyone. I might just sit and chat or read a paper to someone who does not wish to join in the group activities".

People's care plans included information about how they enjoyed spending their time and this information was being developed. Events were also organised to celebrate important events in people's lives, and the lives of those they cared about, and photographs of past events were seen around the home. Technology used within the home included call bell systems, sensor mats and low level beds.

People were supported to live their lives the way they chose and staff respected these choices. One person had a fixed routine and chose which visitors they wished to see and those they did not. Staff were clear to visitors that they would have to respect this as it was necessary for the person's wellbeing. However the person's relative informed us they still visited, but respected the person may not wish to see them. They informed us the staff kept them informed of the person's wellbeing.

People and the representatives told us they had contributed to care plans and were asked their opinions about changes. Staff described people's needs without judgement and emphasised people's individuality in all their discussions with us. Care plans were current and covered a range of areas including mobility, communication and nutrition and hydration. They were individualised with some information about people's likes and dislikes and future wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people safely. Reviews of care plans had been recorded with follow up review dates identified.

Staff helped people to stay in touch with friends and family to promote their emotional well-being. People were able to have family support throughout the day. Any communication needs were identified at assessment before people moved into the service. These were recorded in the care plan so staff had information about people's needs. The care plans were updated to reflect changes and new information.

Where appropriate people had a care plan which outlined their wishes and choices for the end of their life. When appropriate the service consulted with the person and their representatives about the development and review of this care plan. One relative confirmed the staff had helped them prepare for end of life support. They told us, "Drayton House has filled the gap for me and my family in regards [relative] care. We

have had end of life decisions and [relative] was very involved and made their wishes clear."

The home had received compliments from relatives of people who had died. These compliments highlighted the kindness and compassion of staff.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. They told us they did not have any complaints. Where concerns had been raised, these had been investigated promptly and used to raise standards and drive improvements. The registered manager told us, "If a resident raised a concern or complaint to me, I would respect the confidentiality of the complaint, and complete a full investigation. Depending on the nature of the complaint, I would involve the relevant parties such as police or safeguarding team if this was necessary".

Good

# Is the service well-led?

## Our findings

Our previous inspection in May 2016 found concerns relating to governance. The systems in place to audit medicines were not robust and care records had not been audited to provide an overview of the support people received to ensure the care provided was as stated. The provider had sent us an action plan detailing how improvements would take place. During this inspection we found that these improvements had taken place.

The registered manager was also the provider. They spent time within the service on a daily basis so they were aware of day to day issues and knew all the people living there well. People reacted with warmth to them and this was reciprocated. The registered manager spoke highly of the whole staff team and explained they were all motivated to do the best for people. They told us this was what motivated them also, stating: "They are like our family."

People received care which was kind and respected them as individuals. The registered manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. One person said, "The registered manager] is always around. If I want to chat I can".

Staff spoke with pride about their own work and that of their colleagues in securing good outcomes for people. One member of staff described how all staff felt able to challenge each other supportively to make sure everything was done to the best standard. Another member of staff focussed on how the whole team had a positive attitude that was shared. All the staff emphasised the role of management in their confidence in the team. One member of staff said "The registered manager is always here, we can ask her anything". Another member of staff said that they felt supported by the registered manager and senior team. There was a culture of openness evident. Staff and relatives described this and records indicated that information was shared with significant others after incidents. Staff told us they would be confident to whistle blow if this was necessary.

The service had a clear management structure. The registered manager worked in the home on a daily basis, they were supported by a deputy manager and two heads of care. Senior staff were on duty each day and made day to day management decisions. The senior team were seen to support the registered manager throughout the inspection. They all reinforced that they could make contact whenever it was necessary and were confident in the registered manager's skill and knowledge. The registered manager told us they were on call any time of day.

The registered manager had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed on their website and in the entrance hall in the home. The registered manager said issues relating to previous inspections had been communicated to staff and staff meeting minutes reflected open discussion about areas where improvement could be made. The registered manager believed staff had a clear understanding of their roles and responsibilities and this was evident to us throughout the inspection. Policies provided a framework for staff development and support and all the

staff commented that the supervision process was supportive and gave them an opportunity to develop their skills in line with their own aspirations.

Records were stored securely. There were systems in place to ensure data security breaches were minimised. Staff completed daily logs which where legible and easy to follow any changes in people's behaviour or wellbeing. During handovers staff discussed when changes had happened what action had been taken and who had been informed. For example one person was not drinking or eating as their guidance stated the senior informed staff a GP had been requested to call in to visit that afternoon.

On a monthly basis the registered manager undertook audits and these were effective in identifying where improvements were necessary to ensure quality in all areas of the service. These systems were developing and the registered manager had taken guidance from other professionals to improve their systems. Their oversight had been effective in securing quality. For example the registered manager told us they met with other providers in the area to stay abreast of legislative changes, and employed outside consultants to support the updates of all their policy and procedures. They were in regular contact with the provider of the system to ensure it met the needs of the home.

The approach to quality assurance also included completion of an annual survey. The results of the most recent survey had been positive. Relatives and people told us they were able to comment on all aspects of the service with confidence. We looked at recent survey results one comment from a relative stated "Great consideration was given to [relative] views" and "I think the home has a very warm, friendly environment. Another comment stated "My [relative title] was very happy and the staff were wonderful".

The registered manager said they thought relationships with other agencies were positive. Where appropriate the registered manager said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.

Records showed that staff had recorded accidents and incidents. Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, the injuries and the actions or treatment that had been delivered. However there were no forms for near misses. The registered manager informed us, these were verbally shared with the staff team.

The provider had an equality and diversity policy in place. The recruitment process was open and equal to all. The registered manager told us that they would make adaptations for staff in relation to cultural beliefs. For example, uniforms, flexible shifts to allow for prayer times, food and holidays. Other adaptations may include staff who are pregnant or have a disability. Drayton House encouraged an open culture and we were told by the management and staff that there was open lines of communication which enabled all who lived and worked at Drayton House to speak out.

The registered manager had a clear vision for the home which was to maintain a homely environment where people received good quality personalised care. They achieved this by on-going monitoring and liaising with other professionals to ensure people had access to all available resources and advice to meet their needs. The vision and values were communicated to staff through meetings, supervision sessions and training. Comments from people, relatives and visitors showed the vision for the home was put into practice.