

Safeharbour West Midlands Limited

Safeharbour (Droitwich)

Inspection report

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Date of inspection visit:
06 April 2016
13 April 2016

Date of publication:
11 May 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection took place on 6 April 2016 and was unannounced. Safeharbour (Droitwich) offers accommodation for up to six people with learning disabilities or autistic spectrum disorder care needs. There were five people living at the home at the time of our inspection.

People had their own rooms and the use of a number of comfortable communal areas, including a kitchen and dining area, a lounge, a sensory room, an area for crafts and games, and garden areas.

We had the opportunity to meet with five people who lived at the home on the day of the inspection. Some people were not able to communicate with us directly, so we contacted their relatives after the inspections to find out what they thought about the care their family members received.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff team had developed ways of working with people so their individual preferences and interests were met and their safety needs taken into account. Risks to people's safety were recognised and staff took action so people were able to do things they enjoyed and go to places they liked in ways which promoted their safety as their needs changed. There were enough staff available to support people so their care needs would be met in ways which promoted people's safety. Staff understood what actions to take if they had any concerns for people's safety or wellbeing. The registered manager provided advice to staff if they required any guidance on the best way to care for people so people's safety and care needs would be met. People were supported to take their medicines so they would remain well.

Staff had used their skills and knowledge when caring for people so people would enjoy a good quality of life. Staff worked with other organisations and relatives so people's right to make decisions and their freedom was protected. People were supported by staff to enjoy a range of food and drinks so they would remain well. People had regular access to health appointments. Staff followed the advice of specialist health services so people would receive the care they required.

We saw caring relationships had been built with the staff and people were given encouragement and reassurance when they needed it. Staff supported people so they were able to make choices about their daily care. People's need for privacy and independence was taken into account by staff.

People benefited from living in a home where staff understood people's care and support needs and their individual preferences. Staff took action when people's needs changed and adapted how they cared for them so their needs were met.

Relatives were confident staff would take action if complaints were raised and knew how to do this.

Relatives had not needed to raise any complaints about the service.

Staff understood what was expected of them and were supported through training and discussions with their managers. There was open communication between the provider, registered manager, relatives and staff. Relatives and staff were comfortable to make suggestions for improving people's individual care and were listened to. 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 known by staff and staff took these into account in the way they cared for people. Staff knew how to raise any concerns they had for people's wellbeing and safety. There was enough staff to meet people's care and safety needs. Checks were in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to look after them. People were received care they had agreed to. Where people needed support to make decisions this was done in people's best interests and people's rights were respected. People were supported to have enough to drink and eat so they remained well. People were supported by staff to access to health services so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People enjoyed being with staff and had built caring relationships with them. Staff provided people with reassurance when they needed it, in the ways they preferred. People were encouraged to make choices about their daily care. Staff treated people with respect and people's dignity was promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were understood and responded to by staff who knew people well. People's relatives and external professionals were encouraged to develop and review their care plans with staff so they received care they required as their needs changed. Staff supported people to maintain links with their families and to do things they enjoyed doing. Relatives were

confident action would be taken if they raised any concerns or complaints about the care their family members 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. Checks were made on the quality of care by the registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people would enjoy care which developed further.

Safeharbour (Droitwich)

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 6 April 2016 and was carried out by one inspector. The inspection was unannounced.

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

During our inspection we spent time with people in the communal areas of the home. We met with five people who lived at the home. No relatives were visiting the home on the day of our inspection so we spoke with three relatives by telephone. We spoke with the registered manager, three senior staff members, three care staff and a member of the domestic staff. We also had the opportunity to meet with a visiting health professional on the day of our inspection.

We looked at a range of documents and written records including two people's care records, records about the administration of medicines, and how staff supported people to stay well. We looked at three staff member's recruitment files. We talked to staff about induction and saw staff training records. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

People received care which took into account their needs for physical safety and wellbeing. We saw people were relaxed and comfortable when staff were supporting them. All the relatives we spoke with told us they were confident their family members' safety needs were met. One relative told us they knew this was the case, as their family member always looked well, and were always happy in the company of staff.

Staff understood the types of abuse people were at risk from and explained what actions they would take if they thought anyone was at risk of abuse or harm. Staff gave us examples of what actions they would take if someone had unexplained bruising or if a person was anxious or quieter than usual. This included raising their concerns with the registered manager, senior staff, or contacting external organisations if this was needed, so plans would be put in place to keep people safe. All the staff we spoke with told us they were confident if they raised any concerns for people's safety the registered manager and senior would take action to keep people safe.

Staff told us about some of the risks individual people at the home had to their safety. These included risks around people preparing their own hot drinks, risk of falls because of people's health conditions and risks if people became anxious. One staff member we spoke with explained how they supported one person when they were out in the community, by making sure they were safe when crossing the road. By doing this, the person was able to go out and do things they enjoyed in ways which promoted their safety. Another staff member we spoke with gave us an example of how they supported one person when they were becoming anxious. The staff member told us they knew how to support the person in the best way for them, as they checked the person's care plan. We saw the person's care plan provided guidance for staff to follow so the person's anxieties would be reduced. We also saw staff followed the person's care plan when the person became anxious and reassured them.

Staff took into account risks to people's safety in the way they cared for them. For example, by gently reminding one person to take their time when they moved around the house, so risks to themselves and other people were reduced. We saw staff shared information on known risks to people's safety at the end of each shift. For example, where people would require additional support around household equipment to stay safe doing things they enjoyed.

Checks were undertaken by the registered manager before new staff started working at the home. We saw the registered manager had checked with the Disclosure and Barring Service, (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. The registered manager had also obtained references for potential staff, and these were checked carefully, so the registered manager was potential staff were suitable to work with people.

The relatives we spoke to and staff told us there was enough staff to meet people's care needs in a safe way and were able to do the things which they enjoyed. All the staff we spoke with told us there was enough staff available so people would receive the care they needed. Staff told us the right numbers of staff were always available so people would receive their care in the way it was planned. For example, when people required

more than one staff member to support them staff were available to do this. One staff member told us, "Yes, it's right in this place. Staff know everyone and what they need to stay safe." The registered manager explained staffing levels would be varied at times. This included if people's needs change, or to allow time for new staff members to find out what people's care and safety needs were. A newer staff member we spoke with told us they had the opportunity to work with more experienced staff when they first came to work at the home. This had enabled them to get to know people's safety and care needs before they directly cared for people.

Some people living at the home needed support from staff to take their medicines in a safe way. Some people were able to manage their medicines without support from staff. A relative we spoke with told us staff always made sure their family member had the medicines they needed when their family member visited them at their home. The relative told us staff were particular to check if any emergency or other medicines had been issued during their family member's visits home.

Staff told us some people asked directly for pain relief when they needed it. Staff told us how they checked people's known signs of pain if people were not able to directly ask for pain relief medicines. Staff confirmed they were not allowed to administer medicines until they had received the right training, and their skills had been checked. Two staff members we spoke with told us about the training they had received so they would be able to issue emergency medicines to some people living at the home, so they would be able to recover quickly when they became ill.

Staff understood what actions needed to be taken in the event of an error being made with a person's medicines, so they would receive the right care immediately. Staff told us about the regular checks which were made by the registered manager, so the registered manager could be sure people had been given their medicines in the right way. We saw two staff members gave people their medicines, and checks were being made by both staff so the chance of errors with medicines was reduced. Staff kept clear records of the medicines they administered and medicines were kept securely.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to care for them. The relatives told us staff had the right skills to care for their family member, and said the registered manager and provider made sure new staff coming to work at the home had the training they needed so people would receive the care they needed, enjoy life and remain well. Staff told us they had received the specialist training they needed so they were able to care for people in the best way for them. This included autism training. One staff member we spoke with told us this had helped them to understand how one person reacted to noise. The staff member told us understanding this had helped them to care for the person in ways which reduced the person's anxiety. Another staff member told us, "You get lots of training." This staff member explained how the training they received helped them to understand the best way to communicate with people and said, "You show people, so they can understand." This staff member also told us about training they had done which helped them to make sure one person living at the home was able to remain safe, if they became anxious in a small space. We saw the registered manager and provider made checks to make sure staff had received the training they needed to care for people so their care needs were met, and their well-being was promoted.

We spoke with one member of staff who had recently begun to work at the home. The staff member told us they had received a thorough induction, which included key areas of training, such as keeping people safe and how to assist people to move. The staff member explained they had received support from colleagues so they could find out about the type of care individual people at the home needed. The staff member told us this had prepared them well and meant they were able to care for people in the best way for them.

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

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

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received support to understand their responsibilities. Staff used their knowledge of people's preferred communication methods to check people were consenting to the care offered, so people's right were respected. Where needed, best interest decisions were made, taking into account advice given by people's families and external organisations, so staff would be sure the right decisions were being taken in individual people's best interests. One staff member we spoke with gave us an example of how a best interest decision was being

made so one person's physical health would be maintained. The staff member explained this had involved working with the person's GP and individual mental capacity advocate. We saw best interest decision had been made so people would receive the care they needed and their rights respected. Another staff member explained how a best interest decision had been taken for one person in relation to making sure the person enjoyed a balanced diet.

People's food and drink preferences and needs were understood by staff. People developed their own weekly menu with assistance from staff, who used individualised pictorial menu boards so people had the reassurance of knowing they would be able to have the types of healthy meals, snacks and treats they liked. Three staff member we spoke with told us some people living in the home liked to be involved in preparing their evening meals. Two staff members we spoke with told us how they supported some people living at the home so they could still enjoy their favourite foods with ingredients which they were not allergic to. A staff member explained how they supported one person who needed prompting and assistance when eating, so risks of them choking were reduced. Another staff member we spoke with explained how they took into account people's response to eating. The staff member told us they understood the person's needed to have privacy when they ate, and this was arranged so the person would have enough to eat to maintain their health. All the staff we spoke with knew which people were able to make their own hot and cold drinks. We saw staff frequently checked if people wanted anything to drink so they would remain hydrated.

Staff told us about some of the work they did to support people to maintain and improve their health. This included supporting people to see health professionals when they needed, including GPs, practice nurses, podiatrists, and options. Three members of staff we spoke with told us how they had worked with health professionals so they could be sure one person living at the home had the care they needed in emergency situations when they became ill. We saw one person required emergency support during our inspection and staff immediately provided the care the person needed so they would regain their health as quickly as possible.

We had the opportunity to talk to one visiting health professional on the day of our inspection. The health professional was positive about the way staff supported people to stay well, and said staff knew people's health needs well. The visiting health professional told us staff always followed the advice they were given so people's health needs would be met.

We saw people had health action plans. These explained people's health and support needs and provided information on what care and treatment people had received. The health action plans showed us people had been supported to see learning disabilities health workers and psychiatrists so their well-being would be maintained. We also saw people had regular reviews of their health and well-being, so their needs would be met.

Is the service caring?

Our findings

All of the relatives we spoke with told us their family members got on well with the staff who supported them. One relative we spoke with told us they knew their family member had developed caring relationships with the staff who supported them as they were, "Always pleased to see staff when they come to collect [person's name] after visiting us." Another relative we spoke with told us, "Staff are so kind and loving but professional." We saw people enjoyed being with the staff who cared for them, and were relaxed in staffs' company. Staff treated people with kindness when they wanted reassurance and all staff took time to stop and chat to people when they were passing them. Staff spoke warmly and respectfully about the people they cared for. The visiting health professional we spoke with told us they were a regular visitor to the home. The health professional told us staff were fond of the people living at the home, cared about them and knew them well. Staff we spoke with knew how people liked to be reassured. Two staff members we spoke with told us some people living at the home enjoyed physical reassurance from staff. The staff recognised some people did not like to be reassured in this way. We saw staff reassured people in the way they preferred.

Staff told us they got to know about people by checking their care plans and life histories and by working directly with the people living at the home. In this way, staff could find out about people's individual preferences and how people liked their support to be given. One staff member we spoke with told us how much one person liked to chat to staff, and said, "We all know it's important to them." We met with the person when they returned from a trip into town. The person told us they had enjoyed their day and was keen to show the staff and the registered manager the things they had purchased. Staff and the registered manager took time to chat to the person about what they had bought. We saw the person smile as staff listened to and chatted with them. Another staff member we spoke with told us a large proportion of the staff team had worked with people for a long time, and this meant people were less anxious as, "Staff know them well." The staff member explained staff got to know about the things which were important to people and said, "You talk to people about things that interest them." Staff members we spoke with showed us they knew about people's interests and who was important in their lives. We saw people were excited when staff came to work with them.

People were encouraged by staff to make their own decisions where possible about their day to day care. One person we spoke with told us they got to decide how they wanted to spend their day. We saw this was respected by staff. One staff member told us people made choices about what they wanted to wear, eat and what fun things they wanted to do. One staff member we spoke with explained how people chose their weekly menus, but said people were able to make alternative choices on the day, if they preferred. We saw there were pictorial menu guides which people living at the home changed with support from staff.

Staff told us people sometimes needed help to make day to day decisions. Three staff members we spoke with explained how they had supported people to decide how they wanted their rooms to be decorated, by using colour charts and pictures. We saw people's rooms reflected their interests and individual personalities. The two people we spoke with told us they liked the choices they had made about how their rooms were decorated. One staff member we spoke with told us how they used one person's preferred way

of communicating, so they could be sure the person was able to make choices without becoming anxious. We saw where people were not able to directly tell staff some of their preferences, staff offered people choices. For example, in relation to where and how they wanted their medication given.

Staff explained how they took into account people's needs for dignity. One staff member we spoke with told us it was important they made sure they had the right equipment with them when people went out to do things they enjoyed doing. The staff member explained by doing this, they could be sure people's dignity needs were met if they became ill when they were out of the home. All the staff we spoke with understood people's need for privacy and independence. Staff explained what actions they took so people's dignity and privacy needs were taken into account when they had personal care. This included making sure this was done in an appropriate environment. One staff member told us, "It's about the little things, like recognising some people can put their own creams on, and making sure you support them by having this to hand."

Is the service responsive?

Our findings

People and their relatives were encouraged by staff to let them know what care people wanted and how they wanted their care to be given. All the relatives we spoke to told us they were invited to make any suggestions for their family member's care at regular care review meetings, or by contacting senior staff, the registered manager or provider as needed. One relative explained they had not needed to make any suggestions about improving their family member's care as, "Staff are proactive in finding things [person's name] likes to do, and always take action if anything needs doing for [person's name]." The relative told us staff understood their family member's needs and responded to these. This included if their family member required any additional help to say well or when they were anxious. The relative told us staff supported their family member in the best way for them and said, "Because of this, [person's name] now sees Safeharbour as their home."

Staff we spoke with gave us examples of how relatives were encouraged to make suggestions about their family member's care. One staff member told us how one person's family had suggested a summer house was purchased for the garden at the home. The person's relatives knew the person liked to spend time on their own in the family's garden area. Staff told us they had worked with the person's family, and purchased a summer house identical to the one their relatives had. In this way, the person would have the comfort of a familiar environment if they wanted to spend time in the garden at Safeharbour. We saw the summer house was available for the person to use.

Staff explained how people were supported to decide on the care they wanted, so it was individualised to them. One staff member we spoke with told us how important it was for one person to continue to develop their skills for living independently. A key had been arranged for this person, so they could be more independent. By doing this in this way, the person was able to be as independent as possible and other people's safety needs were promoted. We saw the person enjoyed having their own key. The person also liked to help to prepare food, and enjoyed baking. Staff told us the person was regularly supported to enjoy this, and we saw this was recorded on the person's plans for the week of our inspection.

Two staff members we spoke with told us how staff recognised the cultural needs of one person living at the home. The person was supported to shop away from the local area for food which reflected their culture. We saw the person's weekly menu planner showed the person was supported to keep in touch with their culture and have the food they enjoyed. Staff told us there were planned opportunities for the person to begin to help prepare their food with the catering staff over the coming weeks, so their independence and confidence would continue to grow. Three staff members we spoke with told us how they used different methods of communication with people, such as Makaton, so people would be able to make some decisions they wanted to make about their care. Makaton is a language programme using signs and symbols to help people to communicate. We saw staff kept their skills in communicating with people up to date, and talked about people's preferred communication methods as part of the information they regularly shared with each other.

We saw people's care plans and risk assessments gave staff clear instructions to follow, so people's

individual care needs would be met in the way they preferred. This included which gender of staff a particular person liked to work with. We also saw people's preferred ways of being addressed and their preferences in relation to where they enjoyed eating and spending their time was recorded in their care plans. We saw staff followed the guidance given when supporting people.

Staff told us it was not always possible for people to decide what care they needed without support from other agencies. We saw where people required this support it was arranged. Staff also said there were processes in place so relatives and other professionals who were not able to attend people's care plan review meetings were kept up to date with plans for their care. As part of this process relatives and professionals could comment or make suggestions for how people's care was being planned. We saw people's care plans had been updated when staff received guidance from professionals. This included where people's health needs had changed.

Relatives we spoke with told us staff responded to their family member's needs as these changed. One relative told us how staff had changed the way they cared for their family member as their medication needs changed. Another relative told us, "Staff are always looking for different ways to engage him in activities." Staff we spoke with gave us examples of how they introduced new ways of doing things people enjoyed, as their needs changed. For example, tricycles had been made available for some people who enjoyed cycling. In this way, people were able to continue to enjoy this as their mobility needs changed. Staff understood how important it was for people's well-being for people to have access to a wide range of fun and interesting things to do. We saw staff supported people to do things they as individuals enjoyed doing, such as walking, visiting local attractions and enjoying meals out. Relatives told us they were encouraged to visit their family members whenever they wanted to. One relative told us staff also supported their family member to return to their family home, regularly, so links with other family members could be maintained and the person's well-being promoted.

There was an easy read version of the complaints process for people to use. All the relatives we spoke with told us they had not needed to raise any complaints about the care their family members received. All of the relatives and staff we spoke with said they were confident if any concerns or complaints were raised these would be dealt with in a positive way. Staff knew how to support people if they wanted to make a complaint. This included alerting the registered manager or provider if anyone had raised any concerns or complaints. We saw there had not been any complaints raised about the care people received for a number of years. We also saw registered manager had responded in an open and constructive way when a concern had been received from the community and action had been taken and lessons learnt.

Is the service well-led?

Our findings

Throughout our inspection we saw the registered manager took time to talk to people and to provide support to staff, so people would receive the care they needed in the best way for them. We saw people enjoyed the company of the registered manager and staff were comfortable seeking advice from the registered manager and senior staff. Relatives told us the home was managed well. One relative told us, "[Person's name], could not be in a better place." The relative told us the way the home was managed meant, "The care is second to none, they're an absolutely fantastic team." Another relative we spoke with said because of the way the home was organised, "I count me and [person's name] lucky there is a place as good as they have." The third relative we spoke with told us the home was managed well, and said, "They do everything right."

Relatives we spoke with told us the registered manager and provider were approachable, and they would be comfortable to make suggestions about how the home was run. Relatives told us they had not needed to make any suggestions about how the home was run. One relative told us this was because the registered manager and senior staff, "Pre-empt things and are on the ball." One relative we spoke with told us they had made suggestions to the registered manager about the care their family member received. This included the types of holidays their family member would enjoy, and discussions about major purchases planned, so the quality of their life would be improved for their family member. The relative told us they had felt listened to, and action had been taken by the registered manager as a result of their discussions, and said, "Staff work together for [person's name] benefit."

All the staff we spoke with told us they felt supported by the registered manager and were encouraged to raise any concerns or suggestions about how the home was run and the care people received. Three staff members we spoke with told us they had made suggestions and these had been acted upon. Staff told us these included suggestions about interesting things people may like to do, and suggestions about the best way to care for people as their needs changed.

Staff told us the registered manager set out clear expectations about the quality of care they were to provide through regular staff meetings and one to one meetings they had with their managers. We saw the registered manager used staff meetings to invite suggestions from the staff team and to provide guidance so people would receive the support they needed. The member of domestic staff we spoke with told us it was clear from the staff meetings they regularly attended, "Clients are the priority." A member of care staff we spoke with told us, "Seniors and the registered manager will challenge staff if they need to."

Staff told us the communication with the registered manager and provider was good. One staff member told us because of this and the way the home was run, staff were able to give people the care they needed. The staff member explained this was as a result of the systems the registered manager had put in place, which meant staff had the information they needed to care for people in best way for them. This included guidance in people's care plans and through advice given by the registered manager and external professionals. Another staff member told us the culture created by the registered manager and provider meant, "We can take pride people are treated as individuals and have good support and a good life."

People had been supported by staff to complete questionnaires so their views on living at the home could be established. Two relatives told us they had also completed questionnaires so their views on the way the home was managed and the service their family member received would be checked. One relative we spoke with told us they, "Always give them the highest rating, as I can see [person's name] is so happy there." We saw the feedback from people using the service and their relatives was positive.

The registered manager told us about some of the checks they made so they could be sure people were receiving the right care in a safe way. These included checks on people's health, what opportunities people had to do fun and interesting things and the medicines people received. We saw where any action was necessary this was taken by the registered manager. The registered manager also regularly checked staff had the right training so they could provide people with the care they needed. One relative told us, "The registered manager is very hot on checking people have the right training, especially the new ones." The registered manager also checked any incidents, such as accidents and occasions when people had been anxious, so they could consider if any action was required to develop the care people received.

The registered manager told us they felt supported by the provider, who made sure people and staff had the resources they needed to provide the care people required. The registered manager told us in addition to the regular one to one meetings they had with the provider they were also able to obtain support from other local registered managers. We met one of the provider's representatives on the day of the inspection. The provider's representative was undertaking one of their regular visits to check people were receiving the care they needed. We saw the provider's representative checked a wide range of areas, including staffing levels, the maintenance of the home, and people's opportunities to make choices. We saw where actions to develop the home further had been identified action plans were put in place and followed up by the registered manager and provider, so people would continue to benefit from living in a home where their care was further developed.