

Embrace (Pirton) Limited

Pirton Grange Specialist Services

Inspection report

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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

Pirton Grange Specialist Services is registered to provide accommodation, nursing care and rehabilitation services for up to 58 people who may have support needs owing to mental health, learning disabilities or autistic spectrum disorders and dementia. Services are also provided for older people, people detained under The Mental Health Act, people with physical disabilities, sensory impairment and younger adults. There were 31 people living at the home at the time of our inspection.

This inspection took place on 16 February 2017 and was unannounced.

A registered manager was not 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. However, the provider had appointed a manager who was in the process of applying to become a registered manager with the Care Quality Commission.

At the last comprehensive inspection on 28 November 2014, we asked the provider to take action to put in place suitable arrangements for obtaining and acting in accordance with the consent of services users in relation to the care and treatment provided for them.

We completed a focused inspection on 4 November 2015 to make sure the improvements required had been made. We found the effectiveness of the service had been improved and action had been taken to meet the legal requirements in respect of obtaining and acting in accordance with people's consent in relation to the care and treatment provided for them. We could not improve the rating as a result of the inspection on 4 November 2015, as we needed to make sure the improvements made were sustained.

At this inspection we found the improvements required had been sustained.

People told us the staff who cared for them understood their safety needs. Staff cared for people in ways which promoted their safety, based on people's individual risks. Staff knew what action to take to protect people from the risk of potential abuse. There were enough staff employed to care for people so they received care promptly and their safety and well-being needs were met. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People benefited from receiving support from staff with the knowledge and skills to care for them and staff recognised people's rights. People enjoyed their mealtime experiences, and had enough to eat and drink to remain well. Staff took action to support people if they required medical assistance, and advice provided by health professionals was followed. As a result, people were supported to maintain their physical and mental health.

Caring relationships had been built between people and staff. People and their relatives were positive about the staff that supported them. Staff worked in ways which made people feel valued and included and recognised them as individuals. Staff took time to chat to people and show interest in how they spent their time. People were encouraged to make their own day to day decisions about their care. Where people needed support to do this this was given by staff. People were offered reassurance from staff in the ways they preferred when they were anxious. People's right to privacy was taken into account in the way staff cared for them and they were encouraged to further develop their independence.

People were involved in deciding how their care should be planned and risks to their well-being responded to. Where people were not able to make all of their own decisions their representatives and relatives were consulted. People were confident they would receive the care they needed from staff as their needs changed. People and their relatives understood how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

Positive comments were received about the way the home was managed and people and staff were encouraged to make suggestions for developing care further. Staff knew how they were expected to care for people. The manager and provider checked the quality of the care provided and people and their relatives were encouraged to give feedback on the care they received, so improvements would be driven through and people would continue to enjoy living at the home.

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 received the support they needed to manage their individual risks. Staff understood how to raise any concerns they had for people's safety so these would be responded to. There was enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff that had developed the skills to do this.

Is the service effective?

Good ●

The service was effective.

Improvements made to the way people's rights were promoted had been sustained and staff consulted people and their representatives in decisions about people's care. People were supported by staff that had the skills and knowledge to care for them. People were supported to have enough to eat and drink. Where people needed care from health professionals this was arranged so people would remain well.

Is the service caring?

Good ●

The service was caring.

People had developed caring relationships with staff who knew their histories and preferences. Staff supported people to realise their day to day choices, where this was needed. People's rights to dignity and privacy and need for independence was understood and promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned in ways which took their individual needs, life histories preferences into account. Staff listened to people's and their representatives' views when planning people's care. People's spiritual and well-being needs were recognised and people had opportunities to do things they enjoyed doing. People knew what action to take if they had any complaints or

concerns about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People were positive about the way the home was managed and had opportunities to make suggestions about their care. Checks on the quality of people's experience of living at the home were made by the manager and provider. The manager and provider had identified plans for improving the service further.

Pirton Grange Specialist Services

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 done to check that improvements to meet legal requirements planned by the registered manager after our focused inspection on 28 April 2016 had been made. This inspection was also done 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 16 February 2017 and was unannounced. The inspection was carried out by one inspector, a specialist advisor in psychiatry nursing care and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked at information we held about the provider and the services at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send to us by law.

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.

During our inspection we spent time with people in the different communal areas of the home. We spoke with eleven people who lived at the home and four relatives who were visiting the home on the day of our inspection.

We talked with the provider, the manager, two senior staff members and two care staff. We also spoke with two members of the catering staff.

We looked at a range of documents and written records including four people's care records, records about the administration of medicines, incident report forms and two staff recruitment files. In addition, we sampled minutes of residents' and staff meetings. We also looked at information about how the provider and manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included clinical audits and quality questionnaires completed by people living at the home and their relatives.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at the home. One person we spoke with said, "I feel safe as staff take good care of me." Another person told us they felt their safety needs had been met by staff during the 18 years they had lived at the home. People we spoke with highlighted how confident they were that items which were important to them were secure.

People were supported by staff that understood how to recognise if people were at risk of abuse and knew what actions to take if they had any concerns for people's safety. Staff gave us examples of the actions they had taken so people received the support they needed. All the staff we spoke with were confident senior staff would work with other professionals with responsibilities for helping to keep people safe, so plans would be put in place, if any concerns were identified.

People said staff knew risks to their safety and well-being. Staff told us they found out about people's safety needs by checking people's risk assessments and care plans, so they could be sure they were providing the care required to help people to stay as safe as possible. One staff member told us about the risks to some people when they ate. We saw staff had been given clear guidance on how to support this person so they would remain safe and well. Another staff member told us about the equipment a person used and care staff provided to one person, so they could move around the home safely.

One person told us, "Staff will spend time to have a chat, if I'm feeling concerned about anything." Staff members told us some people became anxious. One staff member explained how staff provided reassurance to people in the ways they preferred when this happened, so people's anxiety was reduced.

Senior staff told us how they had supported two people living at the home to regain as much independence as possible. Senior staff explained how they reviewed these people's safety needs as they took steps to fully regain their independence. A senior staff member explained how this had involved working with the people and other health and social care professionals so this could be done in ways which took both people's safety needs into account.

We saw during our inspection staff provided reassurance to people, for example, if they were concerned about a medical appointment, so that people's well-being needs were met. We also saw staff took into account people's individual risks when supporting them to have enough to eat and drink, so people's safety was promoted.

The manager and provider had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the manager had obtained references for staff, so they were assured new staff were suitable to work with people.

People told us there was enough staff to care for them and meet their safety needs. One person said if they needed assistance, "Staff are very fast [to respond]." Another person told us, "You're never kept waiting long

for anything critical." Staff told us staffing levels had recently been increased, and this meant they were able to spend more time talking to people, so they did not become isolated. One staff member said, "There's certainly enough time to keep people safe and to do some inclusion [chatting to people]. Things get done."

People told us they received regular support from staff to have the medicines they needed. One person we spoke with said staff supported them to have additional medicines, if they needed this. The person told us, "There's no problem with getting pain relief quickly. You don't have to wait."

Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked. One staff member told us additional checks were undertaken on people's well-being when their medicines were changed, so that staff could be confident people were well.

We saw people's medicines were checked each shift and that people's medicines were within date and securely stored.

Is the service effective?

Our findings

At the last comprehensive inspection on 28 November 2014, we asked the provider to take action to put in place suitable arrangements for obtaining and acting in accordance with the consent of services users in relation to the care and treatment provided for them.

We completed a focused inspection on 4 November 2015 to make sure the improvements required had been made. We found the effectiveness of the service had been improved and action had been taken to meet the legal requirements in respect of obtaining and acting in accordance with people's consent. We could not improve the rating as a result of the inspection on 4 November 2015, as we needed to make sure the improvements made were sustained.

At this inspection we found the improvements required had been sustained. People told us staff checked they were happy to receive care. We saw staff checked to see if people wanted to receive support. Staff took time so people had the opportunity to make their own decisions. We saw staff offered people alternative choices, and checked people's body language, where this was needed, so staff could be sure they were agreeing to the care offered. One person explained staff always encouraged them to do interesting and fun things which staff in the home put on, but respected their decisions not to participate. One staff member said, "It's up to them [people]. You offer them choices and respect refusals."

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

People gave us examples of how they were encouraged to make their own day to day decisions where this was possible. People told us this included decisions about how they wanted to spend their time, or what they wanted to wear or eat. One person explained they had decided they wanted their own internet connection in their room. The person told us staff had been supportive of this decision.

We found staff knew about the requirements of the Mental Capacity Act and had been supported to understand their responsibilities. We saw staff had considered if people needed support to make some decisions. One staff member gave us an example of how one person living at the home was supported to make some key decisions about their life with the help of a staff member from outside organisation. The manager, the provider and senior staff gave us examples of when some decisions had been made in people's best interests with input from other health and social care professionals, so people's health and their well-being needs would be met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA. The manager was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the manager was acting upon the decisions made by the supervisory body.

Staff knew where to check if a DoL had been authorised, and gave us examples of how they would support people so their rights would be respected and they would receive the care they needed. Staff told us they were also able to obtain advice from senior staff where they needed to, so they could be sure they were caring for people in ways which promoted their rights. Staff had received training to help them to understand how MCA affected the way they needed to care for people. The manager told us further training was planned, so new staff would have the opportunity to increase their knowledge and skills in this area.

People told us staff had the skills and knowledge needed to care for them. One person said they felt staff had the knowledge to help them move safely around the home. Another person told us about the support they received from staff when they were anxious. The person said, "Staff know how to deal with my mood swings." Two relatives told us they were confident staff had the skills to care for their family member who had recently moved to the home, as they were progressing well.

Staff said they had access to regular training, so they could develop the skills they needed to care for people. One staff member said, "Attending the Huntington's disease training really made a difference, as you understand what it's like for them [people], and knowing that helps you to get to know them better and give better care." Another staff member told us, "We have enough training, and if we ask for training it will get sorted." Two staff members indicated they would welcome more face to face training, as this would give them more opportunity to reflect on the needs of the people they cared for. The manager told us they would take these comments into account when they looked at methods of staff training.

One staff member told us about the training they had received when they first came to work at the home. The staff member said, "I had induction and shadowed more experienced staff, so I felt confident and was happy then to care for the residents [people]. If I am at ease, they [people] are at ease." All the staff we spoke with told us they had access to regular supervision and were able to obtain advice from senior staff so they knew the best way to care for people.

People told us they were encouraged to choose what they wanted to eat and drink and described the food and drinks as enjoyable. One person we spoke with said, "The food quality is very good. The chef got an award." Another person told us, "I didn't fancy the lunch choice, so I asked for a sandwich instead, and I know I will get this." A further person said staff were aware of their diabetes and encourage healthy eating because to this.

We found staff knew if people had any dietary requirements and provided snacks and meals throughout the day which reflected people's needs so they would remain well. Catering staff said they attended residents' meetings and communicated information with staff so they could find out about people's nutritional needs and preferences. Staff we spoke with understood the links between people's nutrition and health and where they had concerns action was taken to care for people. We saw a person tell the cook how much they had enjoyed their lunch. We also saw people were assisted by staff at mealtimes where they needed this, and people's meal times were not rushed. We saw people had access to a range of drinks throughout the day.

People told us they were supported to see health professionals when they needed to. One person told us their health needs were regularly discussed with them. The person said, "They [staff] carry out physical checks every two weeks." Another person explained staff supported them more frequently, as their health needs were greater.

Staff told us people had regular access to GPs, chiropodists, physiotherapists and mental health specialists, so they would remain well. We found staff knew about risks to people's health and had been given information on how people's health needs may affect them. One staff member we spoke with explained how they regularly checked areas of people's health so they could be sure people were receiving the care they needed to remain well. The staff member said, "We work with residents in understanding changes in their needs, for example, through blood pressure checks." Another staff member highlighted the joint work they did with mental health specialists, so people's well-being would be enhanced. We saw the manager undertook checks so they could be sure people's health needs were met.

Is the service caring?

Our findings

People were positive about the staff who cared for them and told us they felt staff were interested in their well-being and considerate towards them. One person told us, "I like the staff, and they always make my family feel welcomed and offer them a meal and drinks." Another person said, "Staff are caring, and go out of their way to help." One relative said, "The staff are very friendly and as a result [person's name] likes it here. We know this because [person's name] smiles when we see him."

People said they had built strong relationships with the staff team who spent time finding out what was important to them. One person said they felt valued as, "Staff come and talk to me about many things." Another person told us they could rely on staff to be kind when they needed extra help. The person said, "Staff will spend time to have a chat if I'm concerned about anything."

We saw staff took time to chat to people and their visitors about things which were important to them, for example, celebration plans for one person's birthday. We also saw staff took an interest in the fun things people were doing and chatted with them and joined in with people's board games.

Staff gave us examples of how they got to know people. One staff member said, "You spend time with their files, chat to them about things they liked, such as their history." Another staff member told us about a person who had recently come to live at the home. The staff member explained they had talked with the person's family and found out about their favourite football team. The staff member told us when they chatted to the person about the team, and said "[Person's name] has a massive smile on his face." A further staff member told us they had found out how much one person really enjoyed chocolate, so they always made sure they were included when the staff member occasionally brought it in. The staff member explained the person did not have many visitors and told us how excited the person was when staff showed they cared in this way.

People told us staff encouraged them to make their own day to day decisions about their care. This included where they wanted to eat their meals, how they wanted to spend their time and how they wanted their rooms decorated. One person told us staff had been supportive when they had asked for their own internet connection in their room. The person said this meant they were able to make their own choices independently when buying personal items. One relative we spoke with told us how pleased they were their family member's room reflected their interests and preferences. We saw staff supported and encouraged people to make their own decisions. Staff offered people choices and gave people time to consider the options, so people had the best opportunity to make their own decisions.

People told us staff were respectful and polite. People told us staff were mindful of their rights to dignity and privacy and took action to support them so their rights were recognised. This included ensuring people's dignity needs were met when they were receiving personal care. One person we spoke with highlighted that staff understood their need for privacy. The person told us staff respected this. We saw throughout the inspection staff addressed people courteously, using their preferred names, and knocked people's doors to check they were happy for staff to go in and care for them.

Staff we spoke with recognised people's some people's dignity and self-worth was connected to their independence. Two people we spoke with who were being supported to further develop their independence explained they had started to prepare some of their own meals, in the self-contained unit they lived in. One person said, "General cleaning like the washing up is carried out by ourselves. Me and the [person's name] take it in turn to do the cleaning." One staff member we spoke with said, "You try to promote independence for people by encouraging them [people] to use the kitchen and do the things they can."

Is the service responsive?

Our findings

People told us staff encouraged them to be involved in planning their care so they would receive the assistance they needed in the way they preferred. One person we spoke with said, "They [staff] respect my choices and preferences." Another person explained they had agreed with staff how they wanted to be supported to manage their money. The person said staff supported them in the way they wanted, so they felt their money was safe.

People told us staff talked with them to find their life histories and what was important to them. One person said as a result of this, "I have everything I need, here, and staff will get me things if I want them." Another person told us staff knew their history well and gave us an example of how staff had used this knowledge when caring for them. The person said, "Staff brought me a picture of Concord because they know I have worked on the plane"

Staff told us they found out about the way people liked to be cared for by talking to them and their relatives and checking their care plans. Staff gave us examples of how they supported people taking into account their individual preference, needs and risks. One staff member said, "The main thing is to make sure you do what you say you will do, when you say you will do it. This is really important for [person's name] as their health condition means you need to do things at the exact time agreed." The staff member said by caring for the person in this way it reduced their anxiety and promoted their well-being. Another staff member gave us examples of times when they involved health and social care professionals from other organisations, so they could be sure people were receiving the care they needed when eating, so they remained well. A further staff member told us how risks to one person's mobility had reduced as a result of following advice given by one person's physiotherapist.

We saw people's care plans and risk assessments provided the information staff needed to know so staff would be able to meet people's care needs in the way they individually liked. For example, if people wanted to develop any particular skills to increase their independence, or if people needed support with their spiritual needs. We also saw people's care plans provided staff with details of things people enjoyed doing and their life histories. Staff were provided with guidance on how to support people so risks to their health and well-being would be reduced. These included risks to people's physical health such as risk of choking. Risks to people's well-being, for example, and self-harm, were also explored, so staff would know how to care for people. We saw that people's risk assessments and care plans were regularly updated and reflected their needs.

People told us they were confident staff would respond to their changing needs. One person said, "I have faith staff will deal with requests I make." Another person said that staff involved their relatives in changes to their care plan and staff encouraged suggestions from their relatives to support them. A further person said staff recognised when they were becoming unwell or anxious. The person said staff took action to help them and sought help from mental health services quickly, so they would get the support they needed.

One staff member gave us an example of how plans for one person's care had been adapted with

the person as they became more independent. Staff had daily opportunities to communicate information about changes in people health and risks. One staff member said the meetings helped staff to understand what actions they needed to take to support people so they remained safe and well. Another staff member said the meetings "Help me to find out the best way to support people."

Staff recognised when people needed reassurance, and cared for people in ways which reduced their anxieties. For example, one staff member provided reassurance to one person as they were concerned about a dental appointment they were due to attend. Another staff member provided comfort to one person when they became concerned about a hairdressing appointment they had. We saw staff spoke gently and calmly to people and used touch to reassure them where this was welcomed, so people's anxiety was reduced.

People told us relatives were made welcome when they visited and there were no restrictions on the time they could visit. One person said, "My relatives are always made welcome, and they [staff] give them a meal." One staff member we spoke with explained that people were encouraged to make their own decisions about which visitors they wanted to see. Another staff member explained that staff supported some people to visit their relatives in the relatives' homes, so that people would be able to maintain relationships which were important to them.

One person told us about some of the fun and interesting things for people to do at the home, such as parties to mark important events in the year. The person told us they preferred to spend their time quietly, watching the local wildlife from their room, or going out with family around the grounds of the home. The person told us staff always invited them to be involved in life at the home, but respected their right to privacy and the decisions they made. Another person told us they enjoyed spending time developing their independence skills in outside of the home. A further person told us they were encouraged to be involved in fun things at the home. The person said they often enjoyed doing this, and said "If I am having a bad day they (staff) understand."

Staff told us how much people had recently enjoyed a special event to mark Valentine's Day, which had involved a celebratory meal. One staff member explained some people liked spending time going to a hydrotherapy pool and having massage. The staff member said, "People enjoy it, and it's good for their well-being and physical health." Another staff member told us, "The activities lady puts on quizzes, finds out what DVDs people enjoy and there are lots of craft activities for people to enjoy." A further staff member explained how they had worked with one person and external agencies to manage risks so one person would have the support they needed to do things they enjoyed in the local community. The staff member said the person had really enjoyed this and it had worked so well plans had been put in place to do this regularly.

None of the people or their relatives we spoke with had needed to make any complaints about the care provided. People we spoke with knew what action to take if they needed to make a complaint about the care they received. Staff we spoke with knew how to support people so their complaints would be considered. We saw one complaint had been made in the previous year. We saw this had been investigated and resolved with input from a health and social work professional from another organisation.

The provider also reviewed any complaints made, so they could see if any actions and improvements required had been made, and lessons learnt.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of the inspection. However, the provider was taking appropriate steps to address this. A manager had been appointed and was in the process of applying to become the registered manager for the service. The manager knew about notifications which have to be submitted to CQC and gave us reassurances they would send us a notification to confirm the number of people they could currently support.

One person we spoke with said they felt the home was managed well because they could rely on staff providing the care they needed, quickly. Another person said they had been happy living at the home for eighteen years because of the way care was provided. A further person said they knew senior staff and the manager well, as they often chatted to them.

One staff member said the culture of the home was for staff to work together so people would receive the care they needed. The staff member said staff were supported to work together and this meant people were the priority. Another staff member told us, "The best thing about working here is the interaction with residents [people] and the rest of the team. We get on well and staff are willing. Nothing is too much effort for the seniors [senior staff] for the staff and the people living here." A further staff member said, "You get 'thank you's' from [manager's name] and [senior staff member's name]. They will tell you if you have done well in caring for people." The provider told us, "People here have complex needs, but we want them to have good care and to take their dignity to the next level."

One staff member explained they had recently made a suggestion to increase staffing, so staff had more time to chat to people, and were confident the manager would advise them of the outcome of their suggestion. Catering staff we spoke with said they were included in regular staff meetings and had been supported when they had made suggestions for increasing food choices people benefited from. Staff told us they had been supported by the manager and provider when they asked for additional resources, so they could meet people's needs. For example, the manager and provider had agreed to offer additional shifts to staff, so that people would be supported by staff who knew them well.

The manager also gave us examples of changes introduced to people's care as a result of suggestions made by staff. The manager said, "You listen to staff, you involve speech and language specialists, and change people's care plans so they get the care they need."

People told us they had the opportunity to make any suggestions for developing their care further at their regular care review meetings and during residents' meetings. Catering staff told us they attended residents' meetings, so they could be assured people had opportunities to make suggestions about the food provided, and to check people were happy with the meals and drinks supplied.

Staff told us they knew what was expected of them and how they approached their work was discussed at regular supervisions and staff meetings, so senior staff could be assured people were receiving the care they needed. One staff member gave us an example of how staff that had recently supported one person when

they were ill had been encouraged to reflect on the care they provided. The staff member said, "I feel we get the support from the managers. We had a debrief, were offered counselling and had the chance to talk it through with [provider's name], as well as [manager's name]." The manager explained how learning had been taken from the incident, so improvements in people's care and staff support were driven through.

One person told us, "They [staff] come and check with me each month what I think about the care. I am listened to if I make any small suggestions." Another person told us because they were happy with the care they received they had not needed to make any suggestions. Staff told us about the checks undertaken by senior staff, the manager and the provider. Another staff member said, "They (senior staff) check what we are doing and check the care plans."

The manager explained about the checks they did so they could be assured people's privacy was maintained, their information was securely stored and the environment was maintained for people's comfort. Checks were also undertaken to ensure people received their medicines as safely as possible. The manager said, "Embrace [the provider] have introduced management walk about outs, so managers see what's going on. They also check people's files to see what care people have had." The manager showed us the results of the checks they made were regularly shared with the provider, so any trends could be spotted and actions to be taken checked in key areas, such as incidents and complaints.

We saw the manager used surveys completed by people and their relatives so they could see if people were receiving the care they needed. We saw people and their relatives' responses were positive. We saw suggestions had been made about increasing people's food choices. The manger explained as a result of the survey seasonal food and more choices based on people's preferences had been introduced.

The provider told us about plans to increase people's opportunities to develop their independence further and to do more interesting things in the local community. The provider explained they had also met with staff to discuss plans for developing the home further.