

Coseley Systems Limited

Woodlands Care Home

Inspection report

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Date of inspection visit:
23 November 2015

Date of publication:
08 January 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 November 2015 and was unannounced.

The provider of Woodlands Care Home is registered to provide accommodation with personal care for up to nine people. Care and support is provided to people with learning disabilities or with autism. At the time of this inspection seven people lived at the home with one of these people spending a short time at the home known as respite care.

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.

People described to us they felt safe and staff treated them well. Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included the signs which may confirm someone is being abused. The provider had arrangements in place to show there were sufficient staff with the right skills to meet people's needs with risks to their safety reduced.

Staff told us their training was up to date. All the staff felt their training and one to one meetings supported and enabled them to deliver care safely and to an appropriate standard. We saw staff understood people's care and support needs. This helped people to achieve their chosen lifestyles and retain their levels of independence as people were supported to take positive risks so they could achieve their goals.

We saw staff supported people to remain healthy and well. People received their medicines at the right time and in the right way to promote good health. Everyone had a health action plan which supported them in planning, monitoring and reviewing their health care needs. Staff monitored people's health and shared information effectively to make sure people received advice from external professionals, such as, doctors and dieticians according to their needs. People liked their food which they had chosen and were involved in planning their meals and the times they preferred to eat these.

People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to their care because they did not have the mental capacity to do this decisions were made in their best interests. Staff practices meant that people received care and support in the least restrictive way to meet their needs. The registered manager had considered where people may be restricted and had completed applications under the Deprivation of Liberty to make sure any restrictions to people's liberty were lawfully applied.

People were satisfied staff cared for and supported them in the way they wanted. We saw staff were attentive and caring towards people. Staff used people's preferred communication to ensure their individual choices were fully respected. Staff knew people well and how best to support them. Staff respected people's

dignity and privacy while they supported people with their needs.

People's care plans described their needs and abilities and were in easy read formats so that people could be involved in their care planning. Staff were responsive to changes in people's needs and supported people to follow their own interests.

Staff enjoyed their work and were guided by a registered manager who wanted to ensure staff were motivated to be the best they could be in their work. Staff and people who lived at the home were involved in sharing issues and ideas to make improvements to the garden and home environment. Staff spoke about people who they supported with fondness and there was a shared sense they were all one big family. This was also shared by people who lived at the home.

The registered manager and provider had responsive systems in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. The provider visited the home and this gave the registered manager opportunities of discussing plans for further improvements. This also gave the provider the chance to check how well run the services people received were which included the standard of care people received. The registered manager and provider used their quality checking systems to enable improvements to be sought. This helped to support continued improvements so that people received a good quality service at all times.

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 they were safe. Staff knew how to keep people safe and reduce the risk of them being abused or experiencing injury. Recruitment systems were robust to prevent the possibility of the employment of unsuitable staff. People's medicines were made available and they received their medicines when they needed these to promote good health.

Is the service effective?

Good ●

The service was effective. People were asked for their consent in ways they understood as staff promoted people's rights and worked in their best interests. People liked their meals and were empowered to be involved in menu planning so their meals met their likes. People received support to stay healthy and well.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes. Staff had positive caring relationships with people and supported people to maintain their individuality. People had been involved in decisions about their care and their independence and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive. People felt staff were responsive to any changes in their needs to make sure they consistently received the support they needed. People chose how they spent their time and were supported to follow their own recreational pastimes they enjoyed. Staff supported people to share their concerns and people knew who to approach when they were unhappy with their support.

Is the service well-led?

Good ●

The service was well led. People were positive in their descriptions of how they liked living at the home. Staff enjoyed their work and understood their roles and responsibilities. The registered manager and provider had monitoring processes in place to ensure improvements continued to be made and the service was being run in the best interests of the people who

lived there.

Woodlands 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 was an unannounced inspection which was undertaken on 23 November 2015 by one inspector.

Before the inspection, we asked the provider to complete 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 the information we held about the provider and service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also received information from the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are funded for by the local authority.

We met with all people who lived at the home and saw the care and support offered to people at different times of the day. We spoke in more depth with three people who lived at the home who were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. We also spoke with a relative by telephone.

We spoke with the registered manager, deputy manager and two members of staff. We looked at the care and medicine records for three people. We also looked at the records about staffing, training, accidents and the systems the registered manager and provider had in place to monitor the quality and safety of the service provided.

Is the service safe?

Our findings

People told and showed us they felt safe living at the home. One person said, "They (staff) are all okay to me." Another person told us, "I would tell [registered manager] if I had any worries. She would help me, I like her." A relative confirmed with us they felt their family member was safe due to the support from staff. People who lived at the home showed they were comfortable around the staff who supported them as we saw there was lots of chatter, smiles and appropriate use of touch, as they shared their day.

Staff had training and information on how to protect people from abuse. They could tell us what signs might indicate a person was being abused and the actions they would take if they suspected someone had been abused. For example, one staff member told us, "We (staff) get to know people and pick up on their body language and other signs such as people going off their food." Another staff member said, "I wouldn't be happy at all to see a resident being abused. I would check the resident is not distressed or hurt. I would report any abuse straightaway to [registered manager's name] and I am fully confident she would take action." The registered manager told us they would take the necessary actions to investigate potential abuse which included reporting incidents of abuse to the local authority. What the registered manager and staff told us was consistent with the provider's guidelines on reporting incidents of abuse.

We spoke with staff about how they managed risks to people's safety and wellbeing. Staff showed they were aware of the risk and management plans within people's care records and used them to guide them in their daily work. One staff member told us, "I always look at the care records to understand risks to residents." We saw examples where staff practices reflected people's risk assessments. For example, a person needed aids to reduce risks of them falling. We saw staff had followed their risk assessments as we saw this person was supported to wear their aids as they were going out. People's safety was also protected through staff training and regular checks on the equipment used by staff to provide care, such as, the bath hoist. This was used by staff when required to assist people to take a bath.

The registered manager and staff told us they were committed to helping people keep their levels of independence while at the same time protecting people from harm. For example, one person wanted to make their own hot drinks but the use of hot water had been identified as a possible risk to this person. However, rather than taking away this person's involvement in making their own drinks staff made sure the water levels were limited and arrangements were in place for staff to supervise this person. One staff member told us this was working well for this person and risks of harm had been reduced.

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, we looked at the actions which had been taken in response to staff not consistently signing people's medicine administration records (MARS). The incident had been investigated and staff reminded about signing the MARS when they had administered people's medicines. After this reminder we saw staff had consistently signed the MARS.

The provider had arrangements in place to make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices. These arrangements were

confirmed to us by the registered manager and a newly recruited staff member. The staff member told us they had provided documents to prove their identity and a check had been completed with the Disclosure and Barring Service (DBS) before they could start working at the home. A DBS check identifies if a person has any criminal convictions or has been banned from working with people.

People we spoke with told us staff were always there when they needed support and or assistance. One person told us, "I tell the staff if I need them, they are always here when I do." We saw this happened on the day of our inspection as we saw people's needs were met in a timely and unrushed manner. Where people wished to be supported to go out, this was done. Staff we spoke with told us they thought there were sufficient numbers of appropriately trained staff on duty to support people to be independent and to reduce harm to their wellbeing and safety.

Staffing levels were kept under regular review by the registered manager who assessed people's support needs to identify the amount of staffing required to meet people's individual needs. In case of emergencies during the night, one staff member was always present with on- call arrangements in the event of an incident for support. We looked at recent staffing rotas and saw the number of staff on duty matched the planned rota for each day.

One person told us staff helped them with their medicines and made sure they had them every day. We looked at medicine arrangements and records for three people. Medicines were managed well to ensure people received their medicines as prescribed. A staff member was responsible for the ordering, storing and checking of medicines. We saw two staff members checked and administered each person's medicines which they told us helped to reduce medicine errors. Each person's medicines were stored securely in a locked cupboard which was only accessible to staff. People's medicines were clearly recorded and signed for using a Medicine Administration Record (MAR). All three people's MAR had been signed correctly and corresponded with the medicines available. Temperature charts were recorded daily and medicines were stored in line with the administration instructions to ensure people's medicines remained safe and effective.

Is the service effective?

Our findings

We saw the support and assistance provided to people was effective in meeting their needs. For example, staff put their knowledge and skills into practice while they communicated and supported people. We saw staff were aware of how important it was for some people to follow their chosen routines and or who needed to be supported to promote their health. This was also confirmed by people who lived at the home and a relative we spoke with as they shared how staff looked after people well. One person smiled and put their thumbs up when asked if they felt staff supported them well. Another person said, "I am happy with my support. They (staff) know what I like to do." A relative told us, "Staff are brilliant and do know how to support [person's name]."

In the information we requested from the provider (PIR) the registered manager confirmed there had been changes in the staff team in the last six months due to some staff leaving. However, we saw this had not impacted upon people who lived at the home as there continued to be staff who had worked at the home for some time and had got to know people's needs well. We spoke with one staff member who had recently started work at the home. They told us they had received a detailed induction and had initially worked alongside another member of staff so they were supported to learn about people and their needs promptly. This was a way of helping people feel confident and comfortable with new staff as quickly as possible. We saw staff who were newer in post knew people's needs and their preferred routines well.

Staff we spoke with told us their training was centred on gaining knowledge around meeting the needs of people with learning disabilities. They confirmed this helped them to effectively understand people's specific needs. We saw examples where the support staff offered people was effective in meeting their needs. This included supporting people in the right way to reduce people's anxieties. For example, one person did not like people to get too close to them. Staff told us they had recognised this and made sure they avoided certain shopping areas at certain times when it could be busy. They told us this had been effective as this person's anxieties had been reduced but they were still supported to go out. Staff told us they had received training in supporting people with behaviour which could challenge. They said this had assisted them in thinking about strategies to use in their caring roles and enhanced people's wellbeing. Staff we spoke with told us they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met.

We found from speaking with staff they understood the principles of the MCA. We saw staff sought people's consent and accepted when people declined support. One person told us, "They always ask me. I do what I want." We saw people made their own decisions about where they sat, what time they got up or went to bed and what they ate. The care records we looked at showed where people did not have the mental capacity to make decisions about aspects of their care. Where this was the case appropriate family members and their doctor had been consulted to ensure decisions were made in the person's best interest. A relative we spoke with confirmed they were always involved in any decisions which needed to be made. They told us, "They (staff) consult me first and we agree together."

Staff understood it was unlawful to restrict people's liberty unless authorised to do so. We saw people's movements were not restricted by the placement of furniture and they moved around the home freely. Although the door was locked we saw people could leave the building and access the garden. One staff member told us, "We have a resident who goes out on their own and residents go out in the garden. Nobody says they will leave the home but they all go out in the garden when they want to and nobody has attempted to leave on their own where we feel they would be at risk if they did so. We always consider residents capacity." We saw the registered manager had taken appropriate action to submit a DoLS application for two people as they would be unable to leave their home without staff so this was recognised as a restriction. These actions reduced the risk of people having their everyday rights unlawfully restricted.

We saw people were supported to have sufficient to eat and drink, and were involved as much as possible in menu planning. For example, in the PIR the registered manager stated, 'A healthy menu is in place, it is discussed at residents meetings, individuals give idea's or ask for items to be removed or an alternative provided.' One person confirmed this with us, "Good food here which I like, if I did not I could have what I wanted." Another person said, "I like my meals." Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records showed people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. We saw staff supported people to eat when they were ready and we saw that meals were served over several hours to accommodate people's recreational pastimes, waking times and routine preferences. On the day of our inspection some people chose to go out with staff for their lunchtime meal. Staff we spoke with told us about one person who was being supported towards eating healthy and in line with their medical condition. We spoke with this person who knew they needed to eat healthy and the reasons why.

People we spoke with told us if they were unwell staff would support them in going to see their doctor. A relative also said staff would always make sure when their family member is unwell a doctor is consulted and staff also informed them. Staff told us the doctor visited monthly. This had been a recent introduction which was working well for people as they were able to speak with their doctor about non-urgent health issues as they chose to. In the PIR the registered manager told us each person had a health action plan and, 'This gives up to date information on health issues' and 'The plan is taken to all health appointments.' At our inspection we saw this was the case as people's health action plans detailed people's appointments with healthcare professionals. Where people's needs had changed staff had consulted with healthcare professionals to make sure people received the support and treatment they needed. Staff told us about one person who had recently been diagnosed with a medical condition and knew how to maintain and promote their health and wellbeing. They were able to tell us how this person's medicinal condition could impact on this person's physical abilities which included a heightened risk of potential falls and a decrease in their physical abilities. Therefore staff made sure this person had their medicines at the right time and the equipment they required to ensure they were supported to maintain their quality of life.

Is the service caring?

Our findings

People we spoke with were able to make it clear to us they were happy at the home. One person told us, "I like my home. I am never going to move from here as I am very happy." A relative said, "[Persons name] loves the staff and they care about [persons name]."

We saw good examples of caring practice. For example, one person became distressed when they thought they had lost something which was important to them. The registered manager and staff comforted the person in a caring manner. We saw this person felt better with the reassurance and support they received.

Staff members we spoke with told us they felt like everyone was part of a big family and showed they were fond of people who they supported. This was also confirmed by one person who lived at the home as they described how all the people they lived with had become a family to them. They told us one person who had lived at the home had died and staff supported people to go to their funeral. They told us this mattered to them as they had known this person from childhood. All the staff we spoke with told us how they missed the person who had died as they had become part of the family.

Throughout our inspection we saw staff assisted and supported people in a kind and caring way. Staff we spoke with told us they enjoyed supporting people living there. They were able to share a lot of information about people's needs, preferences and personal circumstances. One staff member told us, "[Person's name] is fantastic. He knows what he wants and he is able to make choices for himself." Another staff member said, "Quality of the care is good. Making sure they are happy in a homely environment. Just drying up a cup is an achievement for [person's name]." When one person showed staff their coat they received lots of compliments which we saw from this person's body language and smiles they really felt proud of the comments they received about their coat.

The registered manager stated in the PIR, 'Respecting individuals choices whether we agree or not is promoted as long as it is not detrimental to personal safety and the individual has capacity to make the decisions.' We saw examples of this in staff practices as they supported and respected people's choices on the day of our inspection. For example, one person chose to spend some time alone in their bedroom and another person told us they were looking forward to going out on the night. Another person told us how they chose to go to the town centre shops on a certain day each week on their own. Some of the people who lived at the home required support with their personal care and people indicated both verbally and with a 'thumbs up' they were well cared for. People were wearing clothing they liked and one person confirmed staff helped them with their hair when they needed them to. Another person said staff helped them to shave as they wanted them to. People's care records showed people were supported to choose the clothes they wanted to wear to retain their own individualities and this was also confirmed to us by people we spoke with.

We saw staff communicated with people in a variety of ways, including using pictures and objects of reference. Information in people's care plans about their preferred method of communication was detailed and new care plans had been put in place. In these people's needs were illustrated using symbols and pictures and the PIR confirmed this was so that people, 'have a better understanding' and be involved in

planning their care. Staff we spoke with were able to explain people's preferred method of communication and how they would express themselves if they were unhappy with their care. What staff told us was in line with people's care plans. We saw staff encouraged people to give their feedback and make their views known about their care. This included people being supported to choose their own key worker. The registered manager confirmed in the PIR, 'We believe this is a befriending and a way to empower individuals.' One person told us about their key worker and what they helped them with. It was clear from speaking with this person they knew who their key worker was, liked them and had built a close relationship with them.

One person told us how they had their own bedroom door key and they locked their room when they went out as they liked to know their personal items were not touched or taken. They also told us if staff wanted to come into their bedroom they would knock their door first and said, "They (staff) would never just walk into my room." We heard from staff we spoke with how they supported people to retain their independence. For example, people cleaned and tidied their own rooms where they were able to. Two people we spoke with confirmed they tidied their own rooms and liked to do this.

Is the service responsive?

Our findings

People we spoke with all confirmed they were happy with the care and support they received from staff. One person said, "I have support when I want it. This is good." A relative told us, "[Persons name] is very much cared for by staff who give 100 per cent care."

People who lived at the home had lived together for a long time. Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They (people who lived at the home) have all got their own different needs and it's about responding to these as residents wish us to. I am finding what they all like." Staff were able to tell us about people's individual needs and how they would respond to these. For example one person had epilepsy and there was a risk they might experience seizures. One staff member was able to tell us about this person's epilepsy and how to manage their seizures. What we were told matched the guidelines that were in place in the event of this person experiencing a seizure and how a seizure was to be responded to by staff.

Staff told us some people could put themselves or others at risk of harm if they became anxious or distressed. There was information for staff to follow to support people with their behaviours and emotions to reduce anxiety or distress. We were given consistent information by all staff members we spoke with about the behavioural guidelines they followed. We also saw how staff managed and supported people with their behaviours and emotions which were in line with people's care and risk plans. For example, a person liked a certain item and when they tried to find this in an inappropriate place a staff member responded to this person by using strategies which distracted them so risks to their wellbeing were reduced.

There were different practices in place which staff told us supported them in monitoring and reviewing people's needs. For example, the wellbeing of each person was documented in daily notes. These recorded each person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing. Staff told us they handed over information at the end of shifts and communication books were in place. One staff member told us, "We are always sharing information about residents needs on a daily basis and I check care plans to see if there are any changes if I have not been in work." We also saw review meetings were held with people to focus upon people's views of their care and whether any changes were needed to ensure staff consistently responded to people's needs.

People were supported to access a day centre to experience social activities which they had expressed they liked doing. One person showed us the biscuits they had made while at day care and was proud as these were offered to other people and staff. We found that people chose their own lifestyles and what was important to them. On the day of our inspection one person performed in a play and the registered manager went to see them. We spoke with this person who told us they had enjoyed the part they had played. We saw their wellbeing was enhanced by their experience as they were excited and enthusiastic when they shared their experience with us. Another person was excited as they were going out on the night to a club where they listened and danced to music. We also saw that people were supported to undertake fun things when they were at home. For example one person liked to collect items and there were opportunities for people to draw, listen to music and play games, such as, dominoes as they chose. People's social wellbeing needs

were discussed regularly and this enabled options of new interesting things to do to be considered, such as, when planning holidays around people's likes and dislikes..

People were encouraged to maintain and develop relationships. People were encouraged to visit their family members which was confirmed by a relative we spoke with. They were also supported to keep in touch with people who were important to them and had their photographs on display in their rooms as they chose to. Where people's relatives did not live close by the staff supported people to visit or to stay in contact using alternative methods, such as, by telephone.

The registered manager had endeavoured to make the complaints procedure available in formats people could understand. We saw people had regular access to these as they were displayed. People we spoke with knew who they could talk to if they had any complaints. However, some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

In the PIR the registered manager told us they had received two complaints and we saw these had been followed through using the provider's complaints procedures. We saw people who had raised a complaint this had been listened to, issues addressed and resolved. The registered manager told us any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary.

Is the service well-led?

Our findings

All the people we spoke with indicated they knew and liked the registered manager. One person said, "If I am upset I would go to [registered manager's name]." Another person told us, "It is good here and she is nice." A relative confirmed to us the registered manager was, "Very good" and "Easy to talk" and managed the service well. We saw the registered manager was very much part of the staff team and spent time with people who lived at the home. When we spoke with the registered manager they showed they knew people well and the staff team. They told us they were supported by the deputy manager and we saw this happened on the day of the inspection. The deputy manager spent some time with us and was very knowledgeable about their roles and responsibilities which included the management of people's medicines. They had also supported people with decorating their rooms in styles which reflected people's interests.

Staff had opportunities to contribute to the running of the service people received through regular staff meetings and supervisions. Staff spoke positively about the registered manager. One staff member told us, "[Registered manager's name] is very passionate and person centred, it is all about the residents here." Another staff told us, "On the whole I think the home is well managed and we [the staff] all work well together." They told us there was a no blame culture and they all learnt together for the benefit of people who lived at the home. They also told us they would report any concerns or poor practice if they witnessed it.

We spoke with the registered manager and they demonstrated good knowledge of all aspects of the service including the people living there, the staff team and their responsibilities as registered manager. They told us, "Good staff team who really care about the residents. We are all here for the residents." The registered manager told us there had been a change in the staff team in the last six months. They explained how they were supporting staff into leadership roles in different aspects of the service which they enjoyed to try to motivate staff to be the best they can. We saw they gave staff support on the day and were there for any advice needed. We saw staff knew how to manage their own roles and responsibilities. Staff members told us they were supported to develop their skills towards more senior tasks and responsibilities. One staff member confirmed, "[Registered manager's name] is giving us a little bit more responsibility which is good."

The registered manager knew people who lived at the home and was passionate about making sure where people's needs had changed these were met effectively by staff who had the knowledge to do this. For example, in the information we requested from the provider (PIR) it was stated the registered manager had reviewed staff's training needs to make sure they continued to be effective in meeting the needs of people. This included training for staff on dementia and end of life care. At our inspection the registered manager told us they were making this training available for staff due to people becoming older and the recent experience of one person's death. One person we spoke with told us how staff had supported all people who lived at the home with the death of their friend. They told us it had helped them with their loss and they described to us how they were able to talk to staff about their memories of their friend who had lived at the home. They told us this, "Made them feel better and happier."

Our discussions with the registered manager showed they fully understood the importance of making sure

the staff team and people who lived at the home were supported and valued. They told us staff and people who lived at the home were fully involved in contributing towards the development of the service people received. They also showed us the recent work which had been undertaken in the garden area. We saw there was a decked area with seating and a bench which people had personalised with a combination of pictures and names. One member of staff had made some of the alterations, such as the decking area, and all staff had helped people who lived at the home to make suggestions about the garden furniture they would like. People's views were shared at their regular meetings and staff meetings. One staff member told us people who lived at the home and staff were all involved rather than just the registered manager to make sure staff and people who lived at the home felt their views were valued. One person we spoke with pointed to the bench and said they liked this. Another person told us they had enjoyed sitting in the garden in nice weather.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw help and assistance was available from the deputy manager and the provider. Records showed the provider visited the home on a regular basis to monitor, check and review the service and ensure good standards of care and support were being delivered. In the PIR the registered manager confirmed they had had discussions with the provider about updating the garden area and about, 'Updating the inside communal rooms.' They also stated, 'Next year the communal rooms of the home will be updated with input from the residents. They will help to choose colours and soft furnishes.' At the time of our inspection we saw a room was being redecorated. The registered manager also took immediate action to make sure a bathroom had the sealant around the bath more firmly in place to reduce risks to people from cross infections.