

Wychbury Care Services Limited

The Priory Care Home

Inspection report

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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 1 December 2015 and was unannounced.

The provider of The Priory Care Home is registered to provide accommodation and personal care for up to 30 people. At the time of this inspection 29 people lived at the home.

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

Staff obtained people's consent before providing them with support by asking for permission and waiting for a response, before assisting them. People's liberty was not restricted and the registered manager had followed the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) where people's safety needed this.

People told us they felt safe living at the home. People were kept safe because the registered manager and staff understood their responsibilities to identify and report potential harm and abuse. The registered manager consistently reviewed accidents and incidents to reduce the possibility of people being harmed. Risks to people's health and wellbeing were known by staff and well managed. The registered manager and staff maintained close links with external health care professionals to promote people's health.

People and staff said there were sufficient numbers of staff available to meet people's needs. The registered manager kept staffing levels under review alongside people's individual needs to reduce risks to people's wellbeing. The registered manager made all the appropriate checks on new staff's suitability to work at the home. People's medicines were managed, stored and administered by staff who had received the training to promote safe practices.

Staff understood people's needs and abilities because they read care plans and received an induction where they shadowed experienced staff until they knew people well. Staff received training and support to develop their skills and knowledge. Staff had opportunities to reflect on their practice and learn from other staff so that people's needs were effectively met and promoted.

People were offered meals which were suitable for their individual nutritional needs and met their preferences to keep people healthy and well. People told us the meals were good and were supported to eat and drink enough by staff who understood the importance of assisting people to maintain a balanced diet.

People were cared for by staff who knew them well and who they described as kind and caring. Staff knew about people's individual preferences for care. Staff respected people's dignity and privacy and responded to people's likes and dislikes to support people in following their own interests. Staff made sure people

obtained advice and support for health professionals to maintain and improve their health or when their needs changed.

People knew how to raise any concerns and who they should report any concerns to. The registered manager responded to people's complaints and took action to improve the service as a result of complaints.

The registered manager was aware of their responsibilities and had developed systems to monitor the quality of the service people received. There was evidence of learning from incidents and investigations took place and changes were put in place to improve the service people received. The registered manager was continually looking at how they could provide better care for people. In doing so they valued people's views about the services provided and used these to drive through improvements and further develop services people received.

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 told us they felt safe and arrangements were in place to reduce the risk of abuse. There were systems in place to make sure staffing levels were maintained in order to meet people's needs safely. People's medicines were made available to them and they were managed safely.

Is the service effective?

Good ●

The service was effective. Staff were supported and received training which enabled them to meet people's needs effectively and in the least restrictive way. People's choices and rights to make their own decisions was promoted. Staff followed the principles of the Mental Capacity Act 2015 to make sure when people did not have the capacity to make specific decisions were made in people's best interests. People were supported to have enough food and drink and staff understood people's health and nutritional needs.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and polite and we saw they were. Staff knew people's likes and dislikes which promoted people's individuality. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. The registered manager was working to further improve the opportunities people had to do interesting and fun things. People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led. The provider had a registered manager in place who was open and transparent in the management of the home. People, relatives and staff told us the services people received were well managed. Staff had a good understanding of their roles and were aware of their responsibility to share any

concerns. The registered provider and manager worked closely together and completed regular quality audits and checks to help ensure people received appropriate and safe care.

The Priory 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 unannounced inspection took place on 1 December 2015. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and any incidents of potential abuse. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and Healthwatch. The local authority have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. In addition, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak directly with us.

We spoke with seven people who lived at the home, a relative who was visiting at the time of our inspection and four relatives following our inspection. We also spoke with the registered manager and deputy manager of the home, three staff members and the cook.

We looked at a range of documents and written records including four people's care records, two staff recruitment files, training records and staff duty rotas. We also looked at the information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Is the service safe?

Our findings

People spoken with told us they felt safe with the staff who supported them. They had no worries or concerns about the way they were treated. One person told us, "They (staff) are all very nice to me, never rude and if I had a fall they are always on hand to see if I was okay." Another person told us, "I'm well looked after here, I feel very safe and secure." Relatives told us they felt their family members were safe. One relative we spoke with told us, "I have peace of mind that staff keep [person's name] safe as they are always there to help." Another relative said, "The staff are never unkind and they seem to have all the equipment they need to keep people safe. I would know if [person's name] felt unsafe in any anyway." We saw people were relaxed and smiled back in response to staff chatting with them, which indicated people felt safe and comfortable with staff.

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood whom they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff also knew they could escalate concerns to external organisations, such as, the local authority and the Care Quality Commission. Staff told us they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice.

The registered manager had a good understanding about their responsibilities in maintaining the safety of people from harm. They had notified us about any concerns they had around people's safety which included any incidents of potential abuse or serious injuries to people. We saw when accidents or incidents had occurred they had been analysed and appropriate steps taken. For example, when a person had sustained an accidental injury, appropriate action had been taken to limit the risk of this happening again. The action taken made sure this person's needs were reviewed so that any equipment or aids they required were sought.

Staff were able to tell us how they supported people to ensure risks to their wellbeing and safety were reduced. They told us how they supported people to drink enough so that they were not at risk from dehydration. We saw this happened as staff asked people during the day if they would like a drink and checked with people if they had had enough to drink. Where people were at risk from falling and or developing sore skin they had plans in place which gave staff strategies to manage these risks to people. For example, a staff member described how one person was at risk from their skin becoming sore and to reduce this risk they required a special cushion to sit on. We saw staff provided the cushion for this person which was in line with the information in their plans. We saw people used different aids, such as walking frames and sticks as they moved around the home environment. Staff showed they knew these aids were important to people. We saw staff made sure people's specific aids were placed within easy reach of people. Staff did this in a way which did not restrict people's movement and promoted their independence while reducing risks of injuries.

People and relatives told us there were enough staff to meet people's needs. One person told us, "As soon as I need them (staff) they are here so there must be enough of them." Another person said, "They (staff) help

me when I need them, there is no waiting, you can see that yourself, today is no different to any other day." One relative told us staff were always visible and it reassured them to see their family member was supported by staff who were familiar. Another relative said, "Always seems to be enough staff, I have seen them helping people when they need it." The registered manager confirmed to us how they assessed how many staff were required in the provider information request (PIR) as, 'The staff establishment is based upon the layout of the building and the dependency levels of the residents in our care. As the manager, I ensure that we have the number and quality of staff to care and meet individual needs.' They told us they looked at people's care plans to identify how many people needed support with everyday living, such as dressing, walking and eating, and whether people needed support from one or two staff. Staff spoken with said there was enough staff to meet people's needs. A staff member told us, "The manager makes sure there are enough staff on duty so people are well cared for." We saw the manager's needs assessment was effective. We saw people received the support they needed whether they spent time in the communal areas or alone in their rooms. For example, one person had an accident which caused an injury. Staff were seen to immediately respond to this person's injury so further risks to this person's wellbeing were reduced.

The registered manager checked staff were of good character before they were employed to start work at the home. They showed us records of the checks they made on staff's suitability for the role. We saw the registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency which keeps records of criminal convictions. A staff member told us they had been asked to supply this information when they commenced their employment at the home.

People we spoke with confirmed they were happy for staff to administer their medicines. A person told us, "I get all the help I need with my medicines and if I need anything for pain I just ask them (staff)." We saw staff supported people with their medicines in line with good practice and national guidance. Staff responsible for administering people's medicines checked each medicine and checked people had taken it prior to signing the records. We looked at the medicine administration record (MAR) for some people who lived at the home with the deputy manager. There was one discrepancy in the MAR for one person. We saw this was robustly managed by the deputy manager to make sure staff were aware of this so that risks of this person not receiving their medicines as prescribed were reduced. There were a number of safety precautions in place to make sure medicines were managed safely. These included regular training for staff who administered people's medicines and senior staff regularly audited people's medicines. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines.

Is the service effective?

Our findings

People spoken with told us staff had the right training and skills to meet their needs. One person told us, "I always get good care, I am well looked after here." Another person said, "They (staff) all know what I need as you can see I have everything I want." Relatives spoken with told us about positive experiences regarding the way that staff recognised people's needs and ensured they had the support they needed. One relative said their family member received, "Wonderful care." Another relative told us, "Care is good. It is obvious the staff know what they are doing. I am quite pleased with the nurses as they pick up on small details."

A staff member told us about their two week induction programme where they had worked alongside other experienced care staff. They said this had helped them to become familiar with people's needs and increase their confidence in their caring role. Staff we spoke with told us they could make requests for specific training to meet people's individual needs and these were listened to. For example, staff had received training in Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff told us how this training had reinforced their knowledge around protecting people's rights to giving their consent and making specific decisions.

The registered manager was aware of gaps in staff training and had addressed these by working alongside the trainer for the home. All staff spoken with told us they received the training they needed to be able to do their jobs effectively and felt well supported. A staff member told us, "We are always updating our training." We saw staff used their skills and awareness of meeting people's different needs. For example, staff were seen to support a person with their specific health needs. This person needed to use an aid and staff reminded them of this and the need to drink. We also saw staff used their skills and knowledge when supporting people with dementia or memory loss. All staff we spoke with told us they had regular one to one meetings and had time to discuss the needs of people and their own development.

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 and heard staff sought people's permission before they supported them with their care needs. A person told us, "They always check what I want and if I am happy with how they are helping me." We heard staff explained to people what their choices were. We saw people responded to this approach and made their own decisions about where they

sat, where they wanted to be in the home and what they ate. We spoke with a relative who confirmed they had power of attorney which gave them the legal rights to be consulted regarding decisions about their family members care. They told us staff respected this and involved them when decisions needed to be made about their family members care. Where people did not have capacity the registered manager had made sure decisions were made on people's behalf included consultation with them and their representatives and were made in their best interest.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us nobody in the home had their liberty restricted unlawfully. The registered manager understood how to make applications to the local authority where they might consider restrictions on people's liberty were necessary to meet their care needs and keep them safe. Staff spoken with were aware of how the DoL affected their caring roles. We saw staff practiced in a way which promoted people's liberty; for example one member of staff told us, "We make sure people have the right aids to help them walk wherever they wish to without feeling restricted." We saw people's movements were not restricted as their aids were placed within their reach and they moved around the home environment freely.

People who lived at the home told us they liked the food and everyone told us they had plenty to eat and drink. One person told us, "The food is very good. Another person said, "I like the meals and if I fancied something different I can (have it)." Relatives we spoke with were complimentary about the food provided. A relative told us, "Food is great and they (staff) make sure she drinks enough." We saw hot and cold drinks were offered throughout the day to combat the risk of dehydration.

The cook and care staff we spoke with had a good understanding of people's dietary needs and their preferences. The cook told us they had up to date information about people's dietary needs and any risks; we saw that specific diets were catered for on the menu. We spoke with the cook who told us they were passionate about the food people were provided with. They were able to tell us about how they prepared and cooked food to meet people's specific needs and likes without people being disadvantaged due to their medical needs. This was confirmed to us by a person who lived at the home who told us, "Just because I have diabetes does not mean I cannot have a pudding if I want one, they cater for my food needs very well." We saw people had been given a choice of food and noted throughout the day people were offered and supported with snacks.

People and their relatives told us they were able to see other health services when they needed them. A person told us they had regular visits from their doctor, chiropodist and optician. People's health was monitored by staff, with referrals made to other services when they needed them. A person who wore hearing aids was having problems hearing. The care plans stated this had been identified and the district nurses had been contacted so this person could receive the health treatment they needed in order to sort out their hearing difficulties. A relative also confirmed to us staff had worked with their family member's doctor to review their medicine and health needs. The relative said this joint working had been effective in reducing the falls their family member was experiencing. We saw people were supported to see their doctor, attend hospital appointments and there were regular visits from other health professionals.

Is the service caring?

Our findings

People who lived at the home told us that staff were kind and caring. One person told us, "They (staff) are caring. I am contented, as happy as I can be." Another person said staff always remained, "Happy and kind." People who lived at the home and their relatives told us visitors were made welcome and we saw they were. One person told us, "My daughter visits whenever they want." A relative said they had been invited to the Christmas party and staff encouraged everyone to be involved and, "Always tried their best." Another relative told us, "They (staff) are all so good to the residents and [person's name] absolutely loves the home."

We saw staff had a good understanding of people's individual communication needs. Staff approached people in a friendly and respectful way and understood people's communication methods. For example, staff looked for non-verbal cues or signs in how people communicated their mood or feelings. Some of the signs people expressed showed they may be in pain, or discomfort. These non-verbal signals were recorded in people's care records and staff understood what to look out for so that people were provided with the care they needed.

We saw staff were caring and compassionate towards people, chatted with people about their day and addressed people by their preferred names. For example, during the medicine round we saw the staff member spent time with people and knelt down at the side of each person, encouraging and assisting them to take their medicines and drinks. We also saw staff provided comfort and support to people, such as gentle reminders about what was happening during the day and by making sure people were comfortable.

People told us they felt involved in their own care. One person told us, "They [staff] talk with me about what I need help with." A relative said, "Yes they asked me questions so that they knew [person's name] and their routines." Staff told us and we saw that they gave people choices and involved them in making decisions about their care.

One staff member told us, "I love getting to know people. I sit and talk to them and their families. When you talk about the past, people will chat for hours." Another staff member said, "I enjoy talking to everyone as individuals. I have learned so much from them." We saw examples of staff supporting people in a caring way. For example, we saw staff taking time to make sure everyone got their individual choice of drinks and biscuits mid-morning. On another occasion, a staff member discreetly made sure a person had their pressure relieving cushion on the chair they sat on so they could eat their tea time meal in comfort. The staff member spoke with this person in a kind and positive manner, including two-way banter which showed how well the staff member knew this person and how to enhance their well-being.

People told us that care staff were polite and respectful towards them. One person told us, "I never hear them shout or be impatient; they are always pleasant even when they are rushed". Another person said, "They always close my door when they help me which shows they do respect me as a person and so I can have privacy." We saw staff this happened on the day of our inspection as staff supported people in ways that took account of their individual needs and helped maintain their dignity. One staff member told us it was important people were encouraged to retain as much independence and control as possible, for

instance by having the opportunity to wash themselves where able and brush their own hair. Another staff member told us, "We do give person centred care, the care people want." We saw people received care which met their individual preferences. For example, one person liked to read a newspaper which was provided for them. Another person liked to be in their room to follow their own particular lifestyle choices which included reading.

Staff we spoke with told us they always knocked people's doors before they entered their rooms. We saw this happening and people confirmed to us this was the case. One person told us, "I like my door open in the day and they respect this." Another person said, "Staff do knock the door, it is very rare they don't." We saw when staff went into people's rooms to support them with their care needs; they closed the doors to maintain people's dignity and privacy.

Is the service responsive?

Our findings

People we spoke with told us they received the care they needed in the right way and at the right time to meet their individual needs. One person said, "I can go to bed when I want. I like to go early." Another person told us, "They do all they can to help me. They are as good as gold." A relative told us how staff had supported and responded to their family member's specific needs when they were advised by a physiotherapist to undertake exercises to improve their health and physical needs. Another relative said they had no complaints about the care and how staff responded to their family member's needs. A further relative told us, "It's like a home from home." People were encouraged to personalise their rooms and we saw that people had photographs and other souvenirs on display in their rooms. In addition to their own room, people could choose to spend time in the communal areas of the home and the garden.

Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people. The registered manager told us in the PIR, 'Care plans have all relevant information recorded, keyworkers are carrying out life histories and adding to them as information is given.' We saw and staff told us people's choices and routines were written down in their care plans together with people's life histories. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person needed support to remind them about how they should sit and what aids they needed to meet their needs. This person told us they were grateful for the prompts they received from staff as it helped them to stay well. Another person said staff knew they did not like a particular food and so always offered different choices. This person also confirmed they had always been a person who got up early in the mornings and staff always responded to any assistance when they needed it. We saw where people needed assistance to use the toilet staff responded in a timely way so people were not left uncomfortable and or in any unavoidable distress.

Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said, "Handovers give us the information about changes to people's needs." As part of our inspection we sat in on a staff handover meeting. The staff present had a high level of knowledge about the healthcare needs of people who lived at the home and made sure any issues were followed up promptly. For example, a staff member explained a person's mental health needs had increased and had sought advice from the doctor who was visiting this person later in the day.

We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One relative told us, "If anything changes or is needed they let us know." In addition to this the provider had an initiative called, 'resident of the day' where each person had a nominated day where their individual needs were reviewed. This initiative involved people having their say in how aspects of their care was provided and responded to. For example, people would have the opportunity to speak with the cook to discuss whether their food preferences were met and to consider improvements as required. Although this initiative was in place people told us they would be able to speak with the staff and the management team about their needs and how these were responded to at any time.

People spoke with us about the things they liked to do at the home. One person told us they enjoyed reading a newspaper and we saw that they had access to a newspaper. This person said, "If you have something you like to do they (staff) will help you in doing this." Another person told us, "I can go and join in at the table to make Christmas things if I want to." We saw some people chose to join staff in making some Christmas cards in the morning. A further person said there was always something going on at the home and in the afternoon a person came to support people with exercises. We saw people joined in and were having fun as there was lots of chatter and laughing. One relative told us, "They (staff) try to get everybody involved and to the dining room so everyone is together rather than people being isolated in their rooms." Another relative said, "They have a lot of fun there and there are social events we are invited to as well." Staff spoken with were able to tell us about people's individual interests, such as one person enjoyed playing cards and another person liked a game of drafts. We saw activities were displayed to enable people to plan their days, which included exercises to music and external entertainers. We saw staff spent meaningful time chatting with people during the course of the day.

We asked people and their relatives if they were aware of the provider's complaint procedure. People told us that they would share their concerns with the registered manager or a member of staff. One person told us, "I've no complaints they are very good. If I did have a complaint I would speak to the carers (staff)." Another person said, "If I had a complaint I would speak with staff." A relative said, "I would soon tell the manager if I was not happy and I am confident they would take action."

The registered manager told us in the PIR a, 'Complaint or concern will also be used as a learning tool and if new procedures need to be put into place this is carried out and documented on outcome.' We saw the registered manager had maintained a record of complaints and in the last twelve months had received one complaint. We saw action had been taken to promptly resolve the concerns.

Is the service well-led?

Our findings

People who lived at the home, relatives and staff spoken with were complimentary about the management team. One person said, "The manager comes around quite frequently." Another person said the registered manager, "Always has time for a chat." One relative said the management team were, "Very caring, family orientated, so lucky [person's name] got to live there." Another relative told us, "It seems to be well led, very homely and nice people who run it."

The registered manager had provided people with the opportunity to influence the services they received. For example, meetings were held with people so that they were able to give their opinions about the services provided. The information discussed in these meetings showed people's views had been captured and they were happy with the service provided.

Although the registered manager was not at work on the day of our inspection they chose to come into work as they told us they wanted to support their staff. The general manager also visited to provide support. The registered manager had good knowledge of people who lived at the home, their relatives and staff. We saw the registered manager spoke with people and staff throughout the day in a responsive, friendly and supportive manner. They knew about the finer details such as which people needed extra support from staff and which staff members were on duty. They also demonstrated an open and accountable style. For example, they openly discussed with us the issues they had faced in trying to meet the needs of a person. They knew what their responsibilities were in making sure this person's needs were met and would be incorporating learning from this into future admissions to the home.

We also saw where people's needs had changed and or increased the registered manager had made sure staff were available to respond to these. There was an example where the registered manager had needed to consider this on the day of our inspection to make sure risks to a person and other people who lived at the home were reduced. The registered manager confirmed they had on call arrangements to support staff with any issues, concerns and or for advice. Staff confirmed this was the case and felt able to use these arrangements as they needed to so that people's needs were consistently responded to and met.

The registered manager told us in the PIR, 'Staff are encouraged to be part of the quality and running of a good service and meeting a safe effective responsive caring and well lead service.' Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

Staff we spoke with told us they felt supported and could approach the registered manager or deputy manager which we saw happened during our inspection. One staff member told us it's a, "Well run home, really nice team. It's all about the residents just as it should be." Another staff member said, "I really love

coming to work" and the "Manager is extremely easy to talk to, I can go to her with any problems." We could see staff enjoyed working at the home, they looked happy and they told us they enjoyed their job. Staff told us they worked as a team with one newer staff member confirming they already felt part of the staff team. We saw staff worked together as a team and they were organised and efficient. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team.

The registered manager was knowledgeable about the aspects of the service and highlighted to us the areas where work was in progress to ensure improvements were driven through. This included reviewing the care plans and the range of social events to ensure these continued to meet people's individual needs. The registered manager was aware of other initiatives local to them, such as one they were joining which reflected on promoting people's choices in their lives as well as the provider's national initiatives. This showed that the registered manager had developed a forward looking culture for the benefit of people who lived at the home, the staff team and her responsibilities as manager.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. For example, weekly and monthly checks on the quality of the service were completed and shared with the provider to ensure any shortfalls could be identified and action taken to reduce risks to people's safety. Checks on people's medicines, accidents and falls were evident. We saw that help and assistance was available from the deputy manager to monitor, check and review the service and ensure that good standards of care and support were being delivered. The registered manager also confirmed to us in the PIR, 'The directors visit regular and are part of the team.' We saw the provider had arrangements in place which included visiting the home on a regular basis to provide their thoughts about the standards of care. The registered manager worked to continually improve the quality of the service people received. This included on-going work in the garden area of the home to provide people with the experience of a nice place to sit with interesting things to look at so people's wellbeing was further enhanced.