Ablegrange Severn Heights Limited

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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 17 December 2015 and was unannounced.

The provider of Ablegrange Severn Heights is registered to provide accommodation with personal and nursing care for up to 30 people. Care and support is provided to people with dementia, personal and nursing care needs. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to each of them. People have use of communal areas including lounges and dining room. At the time of this inspection 26 people lived at the home.

The former registered manager had left their post in October 2015. However, the provider made sure a new manager was in post. They were not at work on the day of our inspection although they did speak with us by telephone the following day. 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 were supported by staff who knew how to recognise and respond to abuse. There were arrangements in place to ensure people were protected from harm. Risks were assessed and managed and people were supported by sufficient staff to make sure they received care and support when they needed it. Medicines were effectively managed so that risks to people were reduced and people received their medicines at the right time and in the right way.

Staff had the knowledge and skills to provide people with appropriate care and support. Staff practices were effective around the principles of the Mental Capacity Act 2005. 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 lacked 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..

People were supported to maintain their nutrition and staff responded to people's health needs. Staff monitored people's health and shared information effectively to make sure people received advice from external professionals, according to their needs.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with respect when meeting their needs. People's privacy was respected and they were supported to maintain their independence and to live their life the way they wished.

People were satisfied staff were supportive and responded to their needs in the way they wanted. People's care plans described their needs and abilities. Staff assisted people to have fun and interesting things to do

so that the risks of social isolation were reduced. This included introducing a room with interesting things to touch and see to provide different opportunities for people to enhance their experiences.

Staff enjoyed their work and felt they worked as a team for the benefit of people who lived at the home. Staff spoke about people who they supported with warmth and fondness and there was lots of friendly chatter and laughter during the day of our inspection.

People were involved in giving their views on how the services provided were managed. The operations director and provider also visited the home and provided their impressions of the home which included the standard of care people received. The manager and staff team used this information 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 safe with staff and staff knew how to protect people from harm. Systems were in place to protect people and minimise the risk of them being
abused or experiencing injury. Recruitment systems were robust to prevent the possibility of the employment of unsuitable staff. There were sufficient staff with the right skills to provide care and support according to people's needs. The arrangements for managing people's medicines ensured people received them as they were prescribed.

Is the service effective?

Good

The service was effective.

Staff received training appropriate to support people's individual needs. Staff knew how to support people's rights and respected their choices. People received adequate food and drink. People were supported to maintain their health and were referred to doctors, dieticians and the community mental health team appropriately.

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 knew what was important to them. 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 were confident that they received the care and support they needed, which included enabling people to follow their own interests. Staff knew when people's needs changed and shared

information with other staff at daily handover meetings. People told us they were aware of how to make a complaint and were confident they could express any concerns which would be dealt with quickly and appropriately.

Is the service well-led?

Good

The service was well led.

People benefitted from staff who understood the positive values and culture of the service which was seen in the way staff spoke with people and the care they provided. Staff enjoyed their work and understood their roles and responsibilities. The provider sought to gain people's views of the services provided and addressed identified issues to continue to make improvements to the quality of the service.

Ablegrange Severn Heights Limited

Detailed findings

Background to this inspection

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

This inspection took place on 17 December 2015 and was unannounced. The inspection team was made up of one inspector and an expert by experience who has knowledge and experience of care for older people. 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 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 notification's received from the provider about deaths, accidents and 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 the clinical commissioning team. They have responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who promote the views and experiences of people who use health and social care.

We spoke with 12 people who lived at the home and seven relatives. We spent time with people in the communal areas of the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI

is a way of observing care to help us understand the experience of people who use the service.

We spoke with a nurse, three care staff, cook and administrator. We spoke with the director of operations and home manager by telephone.

We looked at the care records for three people and medicine records for seven people. We also looked at accident records, training records, three staff recruitment records, staff rotas, menus, newsletters, meetings held with people and staff, complaints, quality monitoring and audit information.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe due to the support they received from staff. They had no worries or concerns about the way they were treated by staff. One person said, "I feel very safe and comfortable living here." Another person told us, "Staff help me with what I need, so I am safe." Comments we received from relatives were equally positive, they told us their family members were supported in a safe way. One relative said, "The residents are very safe here I have never noticed anything of concern when I am around, I am confident." Another relative told us, "I never announce my visits and arrive at different times, no concerns at all."

In the information we have received from the provider (PIR) it was confirmed, 'During their training staff are taught how to recognise the signs of potential abuse and know what to do when safeguarding concerns are raised.' We found this was the case, as staff spoken with had a good understanding of their responsibilities to keep people safe. Staff told us they had received training in keeping people safe from abuse and training records confirmed this. They told us how they would report their concerns to the nurse, the manager and or external agencies such as the local authority or the Care Quality Commission. They told us they had confidence in the management team that they would listen and take action on concerns raised. We saw from records that where incidents of potential abuse had been reported the management team had ensured action was taken to protect people from harm. We also saw that they had learnt from investigations and had taken some action to improve the safety of people and used this to inform their practice. For example, when staff practices fell short of the required standards, further specific training was provided and the manager completed regular spot checks on staff practices to make sure improvements were embedded.

Staff we spoke with could identify the risks to individual people's safety and the actions they needed to take to manage these risks. We saw positive staff practices which supported people to meet their needs as safely as possible. For example, staff knew which people needed specialist equipment in order to move from wheelchairs to chairs so that risks of people falling and sustaining injuries was reduced. A relative we spoke with confirmed, "They (staff) are aware of his falls and have they have put all possible measures in place." We saw this was the case as there were strategies in place to make sure staff's daily practices assisted in meeting people's needs and maintaining their safety. This included making sure people had the specialist equipment they needed to relieve pressure on their skin while sitting in chairs and in bed. These management strategies were in line with people's risk assessments so that staff had guidance in order to keep people safe.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these procedures to help reduce risks to people. In the PIR the provider told us, 'All accidents and incidents are documented and an audit carried out to see if there is a pattern. Staff try to minimise risks and manage them so that people still feel they have choice and the freedom to make mistakes.' We saw this happened as records showed where accidents and incidents had taken place these had been investigated to help prevent these from happening again. For example improvements had been made to the management of people's prescribed creams to ensure these were applied consistently and staff signed to confirm this was the case.

People who lived at the home and relatives we spoke with told us staff always met people's needs at times they needed support from staff. One person told us, "If I want something, I just ring the bell, and they (staff) come." Although some people thought staff were busy and it would help staff if there were more of them. One person said, "They work so hard." We saw staff were available in the lounge area to support people with their needs. We noted that when people used their call bells for assistance these were answered without delay. We saw staff assisted people with their meals when this was required. When a person asked to use the toilet this was responded to without any unreasonable delays by two staff in line with this person's care plans. We saw the provider had employed a dedicated staff member to plan and assist people in following their recreational pursuits but this had not worked out. However, it was confirmed to us by the management team and staff another person had now been recruited. During the interim period external entertainers had been made available in the afternoons and we saw this happened on the day of our inspection. Staff we spoke with told us they thought the staffing levels were sufficient, and they felt confident to raise any concerns with the management team. The management team took people's dependency levels into account when planning staffing levels to make sure there were sufficient staff to meet people's individual needs.

Staff told us they were unable to start work at the home until references from previous employers had been obtained. We saw checks had been completed to make sure they were suitable to work with people who lived at the home. Staff recruitment files confirmed what staff had told us and showed people were protected by the provider's recruitment arrangements. A staff member we spoke with confirmed that they had been asked to provide references and a Disclosure and Barring Service [DBS] check before they started work.

People told us they received their medicines at the times they needed them. One person said, "When I am in pain, they give me pain killers." Staff told us and training records confirmed staff had received medicine training in order to administer and manage people's medicines both safely and effectively to meet people's needs. Our checks on medicines showed that they were stored safely and at the right temperature. There were arrangements for managing medicines and to ensure improvements were sought around staff practices. For example, we saw daily checks were completed to make sure any errors in the recording of medicine administration were rectified without delay. The system for ordering medicines had ensured a sufficient supply was available for people. The Medicine Administration Records (MAR) matched the balance of medicines which showed people had their medicines consistently. Some people had their medicine prescribed by their doctor on an 'as required' basis and was reviewed by staff and the doctor regularly. We saw staff had information to instruct them when this medicine should be given, such as the signs and symptoms which indicated a person was in pain. These arrangements supported people to consistently receive their medicine in the right way and at the right time to keep them safe.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff did their job well and supported them. One person told us, "They seem to know what they're doing. I think they do get training." Relatives spoken with told us they felt confident staff knew what they were doing. A relative said, "Personally, I think the staff have skills on how to engage people that live here."

Staff told us they enjoyed working at the home and felt they had the training they needed to enable them do their job both confidently and safely. Staff confirmed they had opportunities to complete training to enable them to carry out their roles and responsibilities. We saw training records confirmed this and staff used their training effectively when they supported people with the use of specialist equipment to meet their needs, such as, hoists and stand aids. Staff also demonstrated their awareness of the preventative measures in place to reduce the risk of people developing sore skin and wounds. For example staff were seen to move people's positions regularly in order to provide pressure relief. We saw staff had been well informed in order to provide effective care. This included updates via staff meetings and handovers between shifts which looked at the monitoring and management of people's care needs.

Staff told us they had an induction when they started work which included; getting to know people's needs and safety procedures, as well as shadowing established staff. A staff member told us, "I shadowed other staff and received training which helped me feel confident." Staff had one to one meetings with a senior staff member and or the manager to discuss their work and any development needs. Where there had been performance issues these had been followed up with training and expectations had been made clear. A staff member told us, "The nurse is very good, she always supports us, explains things and we talk about people's care." Another staff member told us, "I am happy with the support and training I get to help me care for people in the right way."

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 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. People were supported by staff who had a good knowledge and understanding of the MCA and how they supported people with decision making. Where a person did not have the capacity to make a decision the legislation had been correctly followed by completing a capacity assessment and a best interest decision was made. However, it was not easy to find the documentary evidence of who had been included in best interest decisions. A staff member acknowledged this and assured us this would be rectified so all documentary evidence was easily accessible in people's care records. In the PIR it was confirmed, 'Consent to care and treatment is obtained from

people as far as possible and people are supported to make decisions about various aspect of their lives. Training has been given to staff on the Mental Capacity Act and The Codes of Practice and the safe use of restraint.' We heard staff asked people before they proceeded to support them with their needs and people told us staff asked their permission before they provided care. We also saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

We saw DoL applications had been made to the supervisory body where appropriate. These had been acknowledged but none had been authorised at the time of our inspection. Staff we spoke with understood how to provide care in the least restrictive way. A staff member said, "People are not restricted but they may not have the capacity to make decisions about their good health. Some people need bedrails in place in their best interests to maintain their safety." They also told us some applications under DoLS were about some people requiring bedrails.

People were complimentary about the choices of meals and had been actively involved in planning the menus. One person said, "The meals are nice and we can have alternative meals if we want to." We saw meal choices were regularly discussed in meetings, in the newsletter and on a daily basis so that people were included in menus and had meals they enjoyed. We saw staff were on hand to provide the time and support to people who needed some assistance to eat their meals. Staff were aware of people's dietary needs and the lunchtime meal was carried out in a positive and encouraging manner.

We saw nutritional needs had been assessed and risks referred to external professionals, such as, the doctor and speech and language therapists to provide staff with guidance. Plans were in place to guide staff in supporting and monitoring people's nutritional needs to ensure they ate and drank enough. We saw staff encouraged people to drink at regular intervals. One of the cooks who was on duty told us they had up to date information about people's dietary needs. People's specific diets were catered for such as diabetes or pureed food. We also saw biscuits and snacks were encouraged during the day to promote some people's food intake. The cook told us they were going to make their own biscuits as they thought people may like more of a variety and to try some home cooked biscuits.

People told us, and records confirmed that they received support from healthcare professionals. A person told us, "I think they (staff) are very good at getting the doctor in" and "I have a chest infection, they (staff) made sure doctor is fully aware." We saw people had access to a range of health professionals which included regular visits from the doctor and community nurse practitioner. We saw where staff had consulted with community psychiatric nurses about people's mental health needs. We also saw staff had received guidance in preventative measures for pressure ulcers from the specialist nurse known as the tissue viability nurse.

Good

Is the service caring?

Our findings

People told us staff were caring and they were happy living at the home. One person told us, "I think they're (staff) very kind." Another person said, "They take time, they are respectful." People who lived at the home and their relatives told us visitors were made welcome. One relative told us, "Think they're very kind, nothing is too much trouble." Another relative said, "When my mum was coming towards the end of her life, they were just like angels." We saw positive conversations between staff and people who lived at the home and people were relaxed with staff and confident to approach them for support. Staff spoke with warmth about people they supported and they told us they enjoyed seeing people happy with the care provided.

In the PIR it is noted, 'Staff try to learn people's personal history and their preference so that they can be caring and supportive towards them.' We found this was the case, as we saw people were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Staff spoken with had a good knowledge of people's likes and dislikes and what support they needed. For example, one person liked to sit in the lounge near to a window and have their lunchtime meal. This person needed staff support due to their decreased physical needs. We saw staff had learnt their likes as they made sure they asked this person where they wanted to be on the day so that this person's choices were fulfilled.

Staff knew how to support people with their needs across the day and staff showed they cared. For example, when staff supported people to move with the assistance of specialised equipment they made sure people's legs were covered with blankets where required so that their dignity was respected. We also saw staff cared about making sure people had the support they needed around their personal appearance. This included making sure one person's collar of their blouse was in the right position and they had their eye glasses cleaned. Staff responded promptly so that a person's dignity was maintained. One person told us, "They (staff) care for me with the upmost respect and are very polite." Another person said, "They (staff) treat people the way they want to be treated."

We saw staff used people's preferred communication methods alongside what they knew about people's lives. For example, one person enjoyed a particular singer and through their facial expressions, the laughter and chatter we saw they enjoyed their conversations with staff. Another person enjoyed the organ being played and staff chatted with them to let them know the person who played the organ was due in the afternoon.

Staff had the knowledge to meet people's needs ensuring people had every opportunity to remain as independent as possible. One person told us, "I do things for myself, when I need help, I just ask." Another person said, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

We saw there were arrangements in place for people to be involved in making decisions. People told us they

felt involved in their own care. A person told us, "They [staff] talk with me about what I need help with." Staff told us and we saw that they gave people choices and involved them in making decisions about their care. A staff member said, "I ask people what they want to do, what they would like to eat, if they want to go to bed, we try and encourage people to tell us how they want things done." If people needed an advocate there was access to information about this resource to support people in their lives and speak up on their behalf when this was required.

Staff were seen to support people to have their privacy and were treated with dignity. We saw people were supported to spend time alone if this is what they chose. We saw toilet doors were closed after staff had assisted people to the toilet and staff knocked on the doors of people's personal rooms and waited for permission to enter. There was an individualised approach to meeting people's personal care needs; we saw people were discreetly assisted to access the toilet when they wanted it throughout the day.

Good

Is the service responsive?

Our findings

A person told us that when they first came to live at the home staff had asked them how they wanted to be supported and what they could do for themselves. They told us they were living at the home for a short period of time whilst they were recovering and regaining their physical abilities. They told us, "I was involved and they (staff) asked about my needs and where I needed help." We saw staff knew where this person liked to be in the home at different times and this person responded to the support staff provided by stating, "You are getting to know me well."

People told us staff knew them well and knew their daily routines and preferences. One person told us, "I get help in the morning and at night, they know my routine. I like to get up early and have my breakfast in the lounge." We saw this happened on the day and staff also made sure this person had the specific music playing which they enjoyed. Another person said, "The nurse is good, she always comes to see how I am getting on." A relative said, "She (family member) is always very well looked after." Relatives told us that they had been involved in the planning of their family member's care to make sure they were supported and cared for in the way they preferred. One relative told us, "If anything changes or is needed they let us know." Another relative said, "They (staff) keep in touch with me all the time."

We saw staff provided support and care which responded to people's needs as assessed and planned for. For example, when people were identified at risk of developing sore skin, such as pressures ulcers, staff made contact with the specialist nurse, known as the tissue viability nurse to gain advice. We saw people's sore skin had healed or was healing. This included one person who had a pressure ulcer when they came to live at the home and due to the good wound management care they had received from staff their pressure ulcer was healing.

We found staff were up to date with people's needs. For example a staff member who arrived for the afternoon shift had been informed about a new person who had come to live at the home on the day of our inspection. They were able to give some information about the person's needs which they had obtained from the nurse. We saw staff were responsive to this person and their relatives. Staff spent time reassuring the person and as they assisted this person to move from a chair they made sure the right techniques were used to respond to this person's needs in an effective way. We also saw when people's needs changed staff responded to ensure people's needs continued to be met. This included when a person needed a different mattress to meet their needs this was sought and put in place.

We saw people could join in group games, quizzes, watching films or do something they enjoyed on their own, such as, reading or listening to their favourite music. A person told us, "I have enough to do and I am happy to sit and enjoy my own company but if I want I can join in with whatever is going on." We also saw staff took time to chat with people on a one to one basis where smiles and laughter took place. A staff member told us they would like more time to be able to do this. One person said, "I like reading but sometimes I like to have a chat with people, it depends how I feel." We spoke with staff about how they supported people with their individual interests. Events were arranged and people attended as they wished, such as, entertainers and people could attend religious services. People told us there was always something

to do. In the afternoon we saw a person came in to play the organ and people were swaying and tapping their feet to the music. One person said they really enjoyed the person who came into play the organ and arranged their day around this. Another person said "It gets quite lively but I love it."

People we spoke with were confident if they complained they would be listened to. The provider's complaints procedures were displayed and provided people with information as to who to make a complaint to. We looked at the record of complaints; one had been received in the past year. We looked at this complaint and found these had been investigated in line with the procedures and action taken where required to resolve the issues raised. The manager also told us this complaint was used to make improvements, such as, purchase of new bed linen.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives spoken with were complimentary about how the home was run which included their thoughts about the management and staff team. One person told us, "I would rather be here than anywhere else." Another person said, "Good management, even things run well here." A relative told us, "If I ever needed to be in a home, it would be here."

The PIR confirmed how people who lived at the home have their say. It stated, 'We have a residents committee that meets quarterly to advise on their preferences for activities, menus, outings and new ideas, equipment etc. We have resident's relatives meetings at least twice a year to obtain feedback on the service and give them updates on what the home is doing in response.' People and relatives told us that they were able to give their feedback about their standards of care in different ways which included group and individual meetings. We saw meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. For example, we saw people had the opportunity to give their views about the standards of meals at the home and where improvements could be made. We looked at some of the minutes from these meetings and found people's suggestions had been taken on board, such as, improvements to the menu and what social events people would like. We also saw the administrator had started a newsletter which celebrated people's news, suggestions for improvements together with interesting articles for people to read.

The former registered manager left the provider's employment in October 2015. The provider made sure they fulfilled their responsibilities and a new manager was now in post. We spoke with both the operations director and manager by telephone. They confirmed the manager would now register with the Care Quality Commission. The manager had a clear vision of how they wanted to create an open culture where people who lived at the home and staff were included in all aspects of the services provided. They told us it was important staff had consistent management support and guidance to assist them in providing good care.

Staff told us they had opportunities to contribute to the running of the service through regular staff meetings and one to one meetings. We saw the leadership team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. Staff told us they felt well supported by the management team and each other. One staff member told us, "We are a good team." Another staff member said, "We all support each other which shows, as the care we give is really good." Staff were familiar with the provider's whistleblowing policy and how to raise any concerns to external organisations if people's care or safety was compromised. The provider and manager had notified us about events which they were required to by law so we could check appropriate action had been taken.

The manager was supported by the operations director and a team of senior staff whose roles and responsibilities were clear. We saw there was a clear structure and tasks were delegated. Staff spoken with, liked working at the home and were motivated to provide a good standard of care to people. We saw examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with the administrator who said they enjoyed their work. We saw

they chatted to each person as they went about their daily duties. They had a sense of how they could contribute to the overall care people received. We saw this staff member knew each person by their name and took time to ask people about their day. They also spent time to sit with people making sure they were happy. We saw this had positive impact upon people's sense of wellbeing, such as, making sure a person had a specific singer's music playing, fruit they liked to eat whilst chatting with this person about their day. The person who lived at the home told us, "She is very pleasant, we have a good chat and it brightens my day." We also saw the nurse on duty spent time making sure care staff were fully supported and they knew their leadership role and responsibilities, in the absence of the manager on the day of our inspection. We saw they made sure people were comfortable and spent time with relatives to discuss their family member's needs.

The management team monitored the quality of the service people received by regularly speaking with people who lived at the home, relatives and other visitors. We saw different staff obtained people's feedback, such as, the cook informed us they asked people if their meals were to their liking and or whether they could be improved upon. We also saw compliments were used as another way of monitoring the standards of care people were provided with. For example, a relative spoke with us about the care their family member had received before they recently died. They confirmed, "They are amazing, although my mother has passed on, I have come to thank them for the amazing work they did with my mum." Another relative told us, "Mum came in today; they said her husband can come for a Christmas meal and any other family members, we are really impressed."

Support was available to the 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. We saw help and assistance was available from the operations director to monitor, check and review the service and ensure that good standards of care and support were being delivered. We saw improvements were on-going to ensure the home environment met the needs of people with dementia. Work was on-going to create a separate lounge area with interesting things to stimulate people's senses, such as, memory boxes and sensory lighting. The management team had also been responsive to other agencies who monitored the care people were provided with and suggested areas for improvement. One example was the dining experience for people had been improved as we saw tables were nicely laid with table cloths, decorations, menus and condiments.

The provider visited the home on a regular basis and they would provide their thoughts about the standards of care. The former registered manager worked to an on-going improvement plan which the new manager would be following through to make sure the quality of the services people were provided with continually improved.