Christadelphian Care Homes

Eden House

Inspection report

Lloyd Crescent
Binley
Coventry
West Midlands
CV2 5NY

Tel: 02476448383
Website: www.cch-uk.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 19 November 2015 and was unannounced. This was the first inspection of the service.

Eden House is a care home for older people and people who live with dementia, and has been open for one year. The provider is Christadelphian Care Homes. The provider had two homes in Warwickshire which they decided to close when Eden House, a new purpose built care home, opened. Eden House accommodates a maximum of 35 people in the home, and has 18 assisted living apartments. All people who lived in the two homes which closed, were re-located to Eden House.

The home has a registered manager. 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 2014 about how the service is run.

Staff mostly understood safeguarding policies and procedures, and understood how to minimise any identified risks to people's health and social care.

Medicines were mostly managed safely to ensure people received their prescribed medicines at the right time. Systems were in place to ensure medicines were ordered on time and stored safely in the home.

The provider had sufficient staff to meet people's needs. The move to Eden House had caused some instability with staff continuity however this had mostly been addressed. Staff had the skills, knowledge and experience to work well with people who lived at the home. This was due to an effective induction and ongoing staff training. There was a strong volunteer workforce which supported paid staff who worked in the home.

Checks were carried out prior to staff and volunteers starting work at Eden House to ensure their suitability to work with people in the home.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had followed the advice of the local authority DoLS team. The provider had referred people to the local authority for an assessment when they thought the person's freedom was restricted.

People enjoyed the meals provided, had good choice of food and sufficient to eat and drink. Their individual nutritional needs were well supported.

Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People and visitors to the home were positive about the care provided by staff. During our visit we observed staff being caring to people, and saw a lot of laughter. Staff supported people's privacy and dignity well.

Group and individualised activities were provided by the Eden House 'well-being' team. The team worked with people to ensure all people who lived at the home were provided with activities that met their interests and needs.

People who lived at Eden House, their relatives, and staff, felt able to speak with management and share their views about the service. Complaints were responded to appropriately.

The management team had the confidence of staff. They were seen as open and supportive. The team and staff had gone through a challenging year as a result of moving people and staff from two other care homes. They had supported both through the changes, and were moving into a period of stability.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe.

There were sufficient staff to meet people's needs, and a thorough recruitment process which protected people from being cared for by staff who were unsuitable. Care workers understood their responsibility to keep people safe but were not always clear what the manager's role was in safeguarding people. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care, although records were not always up to date. Medicines were mostly managed safely.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The management team understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards, and care workers respected people's decisions and gained people's consent before care was provided. People enjoyed a nutritious diet with choices of meals and drinks. People were supported to see health care professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence.

Is the service responsive?

Good

The service was responsive.

Staff knew how people wanted to be supported and acted on their wishes. The well-being team and volunteers provided people with group and individual activities which met people's interests and hobbies. People were supported to raise any

concerns about the service or their care arrangements. Systems were in place to ensure that complaints or concerns were addressed appropriately and in a timely manner.

Is the service well-led?

Good

The service was well-led.

Care workers were supported to carry out their roles and told us management were open and responsive. The management team had a clear understanding of their individual roles and responsibilities and worked well collectively . There were systems to monitor and review the quality of service people received and management acted on identified areas for improvement.

Eden House

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 19 November 2015 and was unannounced.

The inspection team for this inspection consisted of two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we looked at the information received from our 'Share Your Experience' web forms. We received one very positive comment about the care provided at the home. We also looked at the notifications the provider must send to inform us inform us of deaths in the home, and incidents that affect people's health, safety and welfare. We contacted the local authority commissioners to find out their views of the service provided. They had no concerns about the service.

We spoke with nine people who used the service, and seven relatives and friends. We also spoke with three visiting healthcare professionals. We interviewed 12 staff (this included care workers, and kitchen staff), observed the care provided to people and reviewed four people's care records. We reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine records, complaints, and incident and accident records. We also spoke with the registered manager and management team.

During our visit 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.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe, with one person saying they felt "extremely safe."

Medicines were mostly managed, stored, administered and disposed of safely. Each person's medicines were kept in a locked cupboard in their bedroom. We saw a care worker administering medicines to people. They took their time with people and checked how people wanted to receive their medicines. For example, one person was asked how they wanted to take their tablets, and they replied "one at a time." They then said to the care worker, "It's nice to see you again." We spoke with the care worker who confirmed they had undertaken training to administer medicines and their practice had been checked to ensure they were safe to administer medicines. The registered manager informed us care workers had a number of competency sessions after they have been trained to assess they were safe to administer medicine.

One relation told us they had been worried about medicines being given on time. They told us of medicines that needed to be taken at a specific time in the day for them to work effectively. They said "[Person] has to have their tablets every three hours", and added, "But sometimes they can be half an hour late, once they had to wait two hours". We looked at the medicine administration records (MARs). These confirmed the person had experienced waiting for their medicine for two hours. We also noted there were signatures missing on the MAR to inform of whether medicines used to reduce blood pressure had been given. We checked the number of medicines against the record and found five blood pressure tablets had not been administered when they should. We also found two muscle relaxant medicines had not been given. We saw these errors had been identified by the management through a monthly medicine audit. The care worker responsible for the errors had been identified and suspended from administering medicines, and investigatory meeting had been planned. This meant the provider had taken appropriate action to identify errors and make improvement to make sure keep people had their medicines as prescribed.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Care workers told us they had undertaken training to safeguard people and understood the signs and symptoms of abuse. We gave care workers scenarios and asked them what they would do to ensure the safety of people. They told us they would report any concerns to their senior or the registered manager. Staff were not always clear about the registered manager's responsibilities once they had reported their concerns to them. We knew the registered manager undertook their responsibilities to safeguard people seriously. We had received a notification to inform us a member of staff had been suspended whilst a safeguarding allegation was being investigated. The local authority safeguarding team had been alerted.

We observed care workers had a good knowledge of people's risks and provided practical support to keep them safe. For example, they knew which people needed support to help them walk more steadily or required equipment to help them move safely. However, whilst care workers knew people's risks, the written risk assessments did not always convey up to date information, and this meant new care workers might support people wrongly. For example, we saw staff support a person to walk into the lounge to have their dinner. However the risk assessments said the person could 'mobilise without assistance' and 'didn't like eating in the dining room' because the atmosphere was too busy. Staff confirmed to us that the person now

required support with walking, and could eat in the dining room as long as they were not sat at the table.

The provider had policies and procedures for managing the risks to people so they were protected from harm. We saw there was a security code on the front door, however many people were seen walking in and out of the building. The code was there to protect people who had been identified as being at risk if they left the building on their own, for example, people who lived with advancing dementia. Each person had a personal emergency evacuation plan to help staff know how to evacuate the person in the event of an emergency. Careworkers recorded any incidents and accidents and reported these concerns to staff working the following shift to make sure they monitored people more closely. These incidents were recorded on the computer system to enable the management team to look at, identify, and act on any trends or patterns.

There were sufficient staff to meet people's needs. The registered manager had experienced a challenging year retaining staff from the previous two homes and recruiting new staff, however at the time of our visit most of the staff were permanent staff, and the use of agency staff was small. Staff we spoke with told us there were enough staff on duty to safely provide care for people, and we observed safe care being carried out. We were told that all staff and volunteers who worked at the home had received all the training considered essential to meet people's needs, and if required, could provide additional help for care staff.

People were protected by the provider's recruitment practices. The registered manager checked staff were of good character before they started working at the home. We looked at the recruitment records of two staff, and spoke with staff about their recruitment experience. 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 that keeps records of criminal convictions. Staff confirmed they were not able to work alone until the recruitment checks had been completed. One member of staff told us they had started work in June 2014 but always had to work alongside another staff member until their Disclosure and Barring Service check had been returned.

People who lived in the supported living accommodation, and at the home, were involved with the selection of staff. Their views about the applicants were considered before prospective staff were shortlisted for interview, and people were given the opportunity to meet and talk with the candidates, and give feedback to management before any candidate was offered a position. The registered manager told us the views of people were foremost when recruiting staff.

Good

Is the service effective?

Our findings

People told us the staff supported them according to their needs and abilities. Comments included, "The staff are pretty good, and very friendly", and "It's nice we've got someone to look after us."

The provider made sure staff completed training considered essential to meet people's health and social care needs, before they were permitted to support people. The training included learning about moving people safely and infection control. We saw the impact the training had on people. For example, we saw a care worker support a person to stand and transfer to sit in their wheelchair. The person was unsteady but able to weight bare. The care worker informed the person what they were going to do before they undertook the task to help the person feel safe. "I'm going to put my hand here. It is not going to hurt you, it is going to help you. I'm putting the chair behind you, and you will feel it." This re-assured the person and helped them to understand what the member of staff was doing behind them.

New care workers, worked alongside more experience workers until it had been decided by senior staff that they were sufficiently skilled to work on their own. are workers told us their induction period was for two weeks. The provider had introduced the Care Certificate to new and existing staff. The Care Certificate assesses staff against a specific set of standards and staff had to demonstrate they have the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support.

The registered manager had encouraged staff to undertake other qualifications to further their understanding of health and social care, and to help them take on different roles. Staff were taking national diplomas of varying levels, including ones at management level. Staff were also supported through regular supervision sessions and appraisals.

Care workers who had worked for the organisation for a long time had undertaken further training to support them in their understanding of people's needs. For example, some staff had undertaken more advanced training to equip them to meet the needs of people with dementia. The registered manager informed us all staff would be supported to improve their skill and knowledge base in dementia care because a dementia care specialist was going to be working at the home for six months starting in January 2016. Care workers we spoke with were looking forward to this initiative.

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.

The registered manager understood their responsibilities under the Act. Care records showed that people's capacity was assessed and DoLs applications had been made following the correct procedures. Staff worked to the principles of the Act. They understood the importance of giving people practical support to make their own decisions, and to get the consent of people before they undertake action. For example, a care worker told us, "Consent is so important. I appreciate I cannot force anyone to stand up or go somewhere (they don't want to)". Another care worker explained how they gave practical support to help people make decisions. They told us if they were assisting a person to get dressed, they would get a number of clothes out of the wardrobe to help the person make a choice.

Records demonstrated that when necessary, people were referred to other health and social care professionals such as speech and language therapists, GP's, and district nurses. We spoke with three visiting health professionals during our inspection. They told us the staff provided good care to people who lived at the home. People told us they had access to healthcare services when they needed them. One person said, "I've had the GP call here twice and I've seen an optician since I've been here."

The provider ensured people received a good choice of menu, food was nutritious and met people's dietary needs. One person told us, "The food is marvellous," to which their visiting relative added, "The food is great here, and in fact the whole family are coming for a meal here on Saturday". We saw breakfast and lunch being served to people. People had breakfast at various times of the morning depending on when they chose to get up and what their plans were for the day. Breakfast options ranged from cereal and toast, to a cooked breakfast. We observed lunch being served in two of the lounges. Where people had capacity, they had previously informed the chef of their choice of meal. People who were less able to understand the menu were shown the different choices available at the time their meal was served, and chose then. We heard people remark how nice the food was.

The chef understood the specific requirements of people who lived at Eden House. Some people required soft or pureed food and this was presented so people could still determine the separate colours and flavours. Others required a specific diet such as a vegetarian diet. People who had been assessed as being at risk of malnutrition or dehydration were monitored and when necessary referred to the appropriate health care professional such as a dietician or speech and language therapist.

People ate at their pace and were encouraged to maintain independence. Where possible, people served their own food, poured their drinks and used the condiments on the table. Where people required support, this was given willingly. For example, one person asked if the care worker would cut the sausages up for them. The care worker did this, rearranging the pieces on the plate for the person, and with a friendly approach.

People were offered drinks and snacks throughout the day. Each communal lounge-diner had a kitchen where staff could make drinks, and this supported staff in providing people with hot and cold drinks throughout the day.

Good

Is the service caring?

Our findings

Staff were friendly and welcoming, and there was much laughter heard on the day of our visit. One person told us, "There isn't a place where we would be more happy or content". Another told us, "They always do their best and if they can't they will find someone who can."

The culture of the home was caring. People who lived at the home also cared for others. We saw a person new to the home entering a lounge where a music and movement activity was taking place. The person was greeted by people in the lounge and shown kindly to a vacant chair by the volunteer leading the group and was encouraged to join in. All staff we spoke with, and observed, were kind and considerate to people who lived at the home and to each other. A member of care staff told us, "I love the fact everybody is happy and smiling and takes time to speak to the residents – I love coming to work, everyone is helpful." Our observations reflected what this member of staff told us.

We saw many instances where staff made sure people felt they mattered. On arrival, we saw a person approached a senior member of staff to discuss with them an issue which was important to them. We saw the member of staff gave the person time and listened to what the issue was. The person felt relieved and happy they had been listened to.

On another occasion we saw a person who lived with dementia became anxious and a little distressed. Care workers quickly provided re-assurance to the person and made them feel safe. The person was calling out for their mother, and another person who lived at the home tried to re-assure them by saying, "She's probably busy." The same person also became concerned that they felt sick. Another member of staff reassured them "You won't be sick, shall I make you a cup of tea," but also brought a bowl to the person to demonstrate they respected what the person said they felt.

As well as comforting people, care workers had a good rapport with people and we heard lots of friendly banter between people and staff supporting them. For example, in one of the lounges two people were remarking about the temperature in the room. One person said, "Me and [person's name] are both feeling the heat, but we can't go around in the nude!" This prompted a lot of laughter between people sitting at the table and the staff supporting them.

The majority of people who lived at the home were Christadelphians. Not all staff who worked at the home practiced this faith, but understood and respected people whose faith was important to them. People who did not belong to the Christadelphian Church were also welcomed to live at the home, as long as there was mutual respect for each other's beliefs. People who lived at the home and in the supported living flats were valued as family members, and treated with meaningful care and respect.

Staff respected people's privacy and their right to make their own decisions about how they wanted to spend their day. They knew how to ensure people's dignity and privacy was not compromised when providing personal care. They supported people to maintain their dignity by making sure people were supported to go to the bathroom when they needed to go, and ensured doors were closed so personal care

was undertaken in private.

As well as people's own bedrooms and the communal lounge-dining rooms, the provider had a coffee shop within the home. Many relatives preferred to meet their loved ones at the coffee shop and chat with a drink and a slice of cake. Relatives were welcomed by the home and could visit at any time. We looked at some of the comments in thank you cards sent by relatives. One comment was, "I also felt your welcome and care extended to myself. The atmosphere in your home was loving, happy and positive."

Good

Is the service responsive?

Our findings

Prior to admission, the manager ensured staff had information to understand how to care for people. A visiting relative told us they met with staff before the person came to the home to discuss the person's needs and to agree how care should be provided. They told us, "They tuned into [person]. They first understood his condition, and the need to help him in his way."

People told us they were involved in decisions about their care needs and we saw staff ensure that people were consulted before they undertook any care tasks. One person told us, "Most of the time it is my choice". We asked when it was not their choice, and they told us this was more because sometimes the people they liked to sit with at dinner time were not there. Another person confirmed they were able to get up and go to bed when they wanted. They said, "It's brilliant, we just ring the bell when [person] feels ready to go to bed and they come and look after [person]". We were told of another person who liked getting up between 8am and 9am. They said, "They're pretty well on time."

Care plans provided information about people's care needs and preferences, although they were not personalised (they did not go into detail about how to care for the person from their perspective). Where people had capacity to understand their written care plans, they had signed to confirm their agreement of the care plan. People were encouraged to maintain their independence. For example, people were encouraged to put their sugar in the hot drinks, and put their cereals and milk into their bowl.

The lay out of the building supported staff and management to be responsive to people's needs. There were three communal living spaces for people's use. Within each of these communal spaces was a lounge, a dining area, and a small kitchen area where drinks could be served, and food stored or re-heated. These created a cosy environment for people, as well as making it easier for staff to be responsive to people's requests for food and drink, and other resources. A larger lounge was used for group activities and there was a separate 'coffee shop' area where people and their relatives could go for drinks and snacks.

People who lived at the home benefitted from having a paid 'well-being' team to support them with hobbies, activities and interests, as well as a group of volunteers. The well-being team consisted of three staff, two which arranged organised activities and one who supported people who required more individualised activities. On the day of our visit a volunteer led the music and movement session, and another was helping to serve in the coffee shop. People enjoyed the session, and both relatives and people who lived in the home and the supported living apartments enjoyed the opportunity to engage with each other in the coffee shop.

For Christadelphians who lived in the home, there were daily opportunities for people to take part in bible readings, and each Sunday there was 'Breaking of Bread' service. There were other organised sessions, such as pamper activities, scrabble, and, 'knit and natter' sessions. One person told us they enjoyed the morning quizzes, "It's a nice lady called [staff name] who does the quizzes, she gets the quizzes going." Whilst most people were complimentary about activities, one person suggested the group activities tended to favour women's interests. Many people who lived in the home undertook activities with their families and friends

outside of the home environment.

The garden area had been designed for all people to enjoy and contribute to. A pathway had been created which people could walk around, and raised beds had been introduced to enable people to help with gardening. We saw one person walking around the circular pathway a few times, and were told a number of people do a 'few laps' every day. One person was digging an area in preparation for planting, and told us, "I enjoy getting out here when I can." The volunteer gardener informed us that the person had the most knowledge of the plants. We were shown a sensory garden for people who were no longer able to take part in garden activities but who might enjoy exploring their senses, and a new potting shed which would be ready to be used in the New Year.

Staff had found out about people's lives prior to them coming to Eden House. They knew about people's families and friends, and the work and hobbies they had previously been interested in. On the day of our visit, classical music was played in one of the lounges because a person sitting there found it soothing and calming. Another person was reading a car magazine, and another had a scrap book full of information about places they had been to in the past. We saw in one person's records that they had previously worked as a secretary and had undertaken short hand (a hand written style of speed writing). Staff had found short hand exercises to give to the person and this had helped provide mental stimulation to them.

Pets and visiting animals were welcomed at the home. The registered manager brought his dog to the home each day, and this wandered freely enjoying the attention given by people. A cockatoo had recently been introduced in one of the lounges for people to enjoy, and a stocked fish tank provided interest to people. Two cats were also part of the Eden House community.

The provider had informal and formal systems where people could raise any concerns or complaints. People told us they felt able to tell staff or the manager if they were not happy about something, and staff told us they couldn't deal with the concern they would pass it on to someone more senior to manage. One person told us, "We would raise any issues we have at the time, normally things are dealt with immediately". During our visit we saw a person speak with the care coordinator about a concern and it was resolved the same day.

We had been made aware of a formal complaint raised earlier in the year. We looked at how the complaint was managed and saw it was managed in line with the provider's policy and procedures. We were aware however, that the complainant was not satisfied with the outcome of the complaint investigation. The registered manager was aware of this too, but felt they had carried out their investigation thoroughly.

Good

Is the service well-led?

Our findings

People and staff told us the home was well-led. A person told us, "If 1 = horrible, and 5 = good, then this home would get an 8!" A relative said, "I cannot imagine anyone doing it better. It is a great facility, but the people make it better." A visiting health professional told us, "People are happy here, I would be happy here."

The majority of people who lived at Eden House had transferred from two other care homes owned by the same provider, Christadelphian Care Homes. The provider had realised the buildings were no longer fit for purpose and therefore designed and built Eden House to meet the needs of people who required care and support, and to support staff in meeting those needs.

The management team comprised the registered manager, and managers from the previous two homes, who joined together to make one team. Each person in the team understood their individual lead roles and responsibilities. For example, one member of the team had lead responsibility for health and safety, another, for staff recruitment and training, and another, for the assisted living apartments. We saw the management team were respectful of each other's skills and abilities.

People and staff from the two existing care homes moved to Eden House in 2014. The new home was a lot further for staff to travel to work than the other two homes, and the provider paid staff additional money to acknowledge the longer travel time and costs. This was to help retain their existing experienced staff group to provide a continuity of care when people were settling into their new home. However, despite the plans to retain staff, the registered manager told us many staff members had not managed the additional time it took to travel to Eden House, and left. This meant the home experienced a shortage of skilled and experienced staff.

The registered manager had prior to our inspection, informed us of the staffing issues and had been open and transparent about their difficulties in retaining staff. At our visit they told us this situation became more challenging as they also found it difficult to recruit staff with the right values for caring. The registered manager told us they felt they had started to, "Turn a corner in August", but acknowledged they still needed to use agency staff because they had not yet fully recruited. The records showed us that 16 staff had left the home in the previous year, and 44 staff had started work.

On the day of our visit, it was clear to us that the corner 'had been turned'. We saw a well organised staff group who told us they felt supported by the management team. All the staff we spoke with enjoyed working at the home and told us they had received good management support. For example, one care worker said, "It's fantastic working here. All the management are really nice lovely people here. If I found anything difficult I would walk to the office. They are ready to make us feel comfortable." Another staff member said, "I love it here. The management are brilliant. If I do need any help they will be there to support me. They listen to you – some places they don't know who you are." Staff told us the management team were, 'hands on'. For example, one member of staff said, "You can forget they are management. If you need help to do something they will come immediately. It is a very open environment".

People who lived at the home were fully engaged with management in the running of the home and supported living apartments. People were involved with staff recruitment, and had regular coffee morning meetings with the registered manager, and more formal relatives and resident meetings.

As well as having an open culture, there were good systems to check the quality of service, identify improvements required and monitor the progress of the improvements. For example, the registered manager had devised an 'action plan' based on the CQC's fundamental standards of care. This action plan identified what level of risk there was the home would not meet the standard, and the actions they needed to do, and dates for actions to be completed. For example, for person centred care, the registered manager told us that now they had recruited to most of the staff vacancies they were going to be working to further improve the dementia care to people. They told us, and the action plan noted, a dementia care consultant would be working with the home for six months to ensure support for each person who lived with dementia was completely personalised to their needs.

Monthly audits looked at the quality of care provision and safety aspects. These included checks on medication, and accidents and incidents. The latest medication audit, which took place a few days before our visit, identified the same issues as we did and actions had been identified to improve medicine management. Staff who had been identified by people, or other staff as making a difference to people, were named as the 'employee of the month.' This gave staff recognition for the support they had given people.

The provider visited monthly, and their reports to the registered manager identified areas where the home was doing well, and what actions needed to be taken to improve. The registered manager told us they had good support from the organisation in meeting people's needs.