St Michael's Care Homes Limited

Dorley House Residential 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?	Requires Improvement

Summary of findings

Overall summary

Dorley House provides accommodation for up to 33 people. There were 23 people living at the home at the time of the inspection. People who lived at the home required a range of care and support related. Some people required support for example with personal care and moving and walking safely and some people were living with a dementia type illness. Staff provided end of life care with support from the community health care professionals but usually cared for people who needed prompting and personal care support. There was no-one at the home requiring end of life care at the time of the inspection. People spoke well of the home and the staff. They told us they were happy living there.

There is a registered manager at the home. 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.

The inspection took place 22 March 2016. It was undertaken by four inspectors.

Staff knew people really well and had a good understanding of people's individual care and support needs. They supported people to make choices, respected their right to make decisions and promoted their independence. People were looked after by staff who were kind and caring. They were treated with dignity and staff demonstrated an interest in their welfare and views. People and their relatives were involved in the development and review of care plans however these did not always reflect people's current needs. There was an activities programme in place and people had the opportunity for social interaction with staff on a regular basis throughout each day.

There was an audit system in place which had identified the shortfalls we found throughout the inspection in relation to care plans and record keeping. There was an action plan was in place and work had commenced to address this.

Staff had a good understanding of risks associated with supporting people and what steps they should take to mitigate the risks. Nutritional assessments were in place and people were supported to eat and drink food they enjoyed. People had access to healthcare professionals which included the GP, district nurse, optician and dentist whenever they required it.

There were enough staff with the appropriate experience, skills and character employed to work at the home and to meet people's individual care needs. Staff received on-going training and supervision to support them in their roles.

Staff communicated clearly with people in a caring and supportive manner. There was an open and relaxed atmosphere within the home, where people were encouraged to express their feelings.

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

Dorley House was safe.

Risk assessments were in place for people to remain independent in a safe way.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Recruitment records evidenced there were systems in place that helped ensure staff were suitable to work at the home.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Is the service effective?

Good

Dorley House was effective.

Staff received appropriate training and support to enable them to meet people's needs.

People had access to external healthcare professionals such as the GP and district nurse when they needed it.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

Is the service caring?

Good

Dorley House was caring.

Staff communicated clearly with people in a caring and supportive manner. They knew people well and had good relationships with them.

People were encouraged to make their own choices and had their privacy and dignity respected.

Staff supported people to enable them to remain as independent as possible.

Is the service responsive?

Good

Dorley House was responsive.

People's care was personalised to reflect their wishes and what was important to them.

A range of activities was provided that met people's needs and interests. People had the opportunity for social interaction with staff on a regular basis throughout each day.

The service sought feedback from people and their representatives about the overall quality of the service.

Is the service well-led?

Requires Improvement

Dorley House was not consistently well-led.

Improvements were needed to ensure there was an effective system in place to assess the quality of the service provided and ensure care records reflected people's current needs.

There was an open and positive culture which focussed on providing good person-centred care for people.

The staff told us they felt supported and listened to by the provider and registered manager.

Dorley House Residential 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.'

The inspection took place on 16 December 2015, 8 January 2016 and 22 March 2016. It was undertaken by four inspectors and an inspection manager.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also used information obtained during our visits on 16 December 2015 and 8 January 2016.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. We 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, four visiting relatives, and seven

staff members including the registered manager and provider.

We met with people who lived at Dorley House we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. As some people had difficulties in verbal communication the inspection team spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "There's no problem here, the staff look after me really well." Another person said, "It's not my own home but I feel safe here." People told us they were supported to take their medicines when they needed them. A visitor told us, "There are always enough staff." A staff member said, "We treat people as individuals and want them to feel safe."

People were protected from the risks of abuse and harm. Staff received safeguarding training and regular updates. Staff were able to tell us about abuse, they knew how to report it both in and outside the home. One staff member said, "I'd let my manager know if I suspected abuse. I'd whistle blow if I had to." Another staff member said, "I just couldn't tolerate it, I'd let CQC know." Staff said they felt comfortable raising any concerns with the registered manager and said these would be dealt with in confidence.

Risk assessments were in place to help keep people safe and these related to people's mobility, nutrition and skin integrity and contained guidance for staff. For example one person was at risk of falling and there was information in their care plan for staff to follow to ensure they were safe. Where people were at risk of developing pressure sores there was guidance for staff to ensure people received appropriate care. Good skin care involves good management of incontinence and regular change of position and this information was included in people's care plans. Staff had a good understanding of the importance of risk management but this was balanced against the need to help people maintain their independence. One staff member said, "We need to keep people safe but if someone can do something for themselves."

Accident and incident records contained a description of the event and the actions taken to minimise the chance of a reoccurrence. For example one person had been falling regularly in the morning. There was a discussion with the person and with their consent were moved to a ground floor bedroom where assistance and supervision were more readily available.

The home was clean and tidy throughout. There was a maintenance programme in place and the provider was aware of areas around the home which required updating. Regular health and safety risk assessments and checks had been completed for example a fire safety inspection. There were regular servicing contracts in place for example the boiler and passenger lift. There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated.

There were enough staff to look after people and meet their individual needs. The registered manager told us staffing levels were based on the needs of the people living in the home. If people's needs increased then more staff would work on each shift. There were four care staff working during the day, plus the registered manager with two care staff on duty at night. There was also an activity co-ordinator who worked part-time, kitchen, domestic and maintenance staff. The rota showed staffing levels were consistent. We saw people were attended to in a timely way and received support when they required it.

Appropriate recruitment checks had taken place prior to staff working at the home. This included references and criminal record checks with the Disclosure and Barring Service (DBS). To ensure staff were of suitable character to work at the home. Where appropriate work permits were in place. Staff files were audited regularly to ensure they were relevant and up to date.

There was a safe system to store, administer and dispose of people's medicines. Medicines Administration Records (MAR) charts had been completed fully and signed by staff and medicines had been administered as prescribed. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were clear protocols for their use. Medicines were labelled with directions for use and contained the date of opening and the expiry date. Due to access issues there was no medicine trolley therefore medicines were dispensed from a locked cupboard in an office and given to people individually. Staff told us they would prefer to have a medicine trolley however the lack of one did not impact of the safe administration of medicines. We saw one person required their medicines to be crushed to enable them to take them. There was information in the MAR from the GP stating this was acceptable. Another person had declined to take their medicines for a few days. Staff had contacted the GP to discuss this and were looking at alternative medicines the person may agree to take. Staff who administered medicines had received training and regular updates. They underwent regular competency checks through the supervision process. Monthly medicine audits were effective in identifying any discrepancies or shortfalls.

Good

Is the service effective?

Our findings

People told us the food was good and they had a choice of meals. One person said, "I don't ever turn it away." They told us the staff were "Fantastic."

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 make 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 had submitted DoLS applications for people who did not have capacity and were under constant supervision by staff.

There was a copy of the DoLS application in people's care plans and information about their mental capacity. Although care plans about people's capacity did not include detailed information about how people were able to make decisions this did not impact on people's care. This was because staff knew people well, they understood how they were able to make decisions and supported them to do so. For example staff told us they offered people a choice of clothing when they got up and showed people the meals to help them make a choice of dinner. Staff understood the principles of the MCA and DoLS. One staff member said, "Everybody has mental capacity until it's proven otherwise." Another staff member said, "DoLS is about restricting freedom but only when there is no other choice." We saw staff asked people's consent before offering them any care or support.

When staff commenced work at the home they received a period of induction which included, having a tour of the home and being introduced to the day to day running of the home. New staff then spent a period of time shadowing other staff prior to working as a team member. Staff told us following this they felt confident to work at the home. One staff member said, "I didn't work alone until I felt ok to do so." Another staff member told us, "The other staff were great, I could ask anyone if I was stuck." The induction programme was based on the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Two new members of staff were currently working towards the care certificate.

Staff received regular training and updates in subjects relevant to the care needs of people they were supporting. This included safeguarding, dementia, moving and handling, mental capacity and infection control. In addition staff were able to undertake further training. This included the diploma in health and social care at various levels. Staff told us they identified with the registered manager during supervision further training they needed to support them in their roles. One staff member told us, "I have had mental capacity and DoLS training but I really would like an update and I've asked the manager." Our observations

of staff throughout the inspection showed staff had the skills and experience to ensure the care provided was of a consistently high standard.

There was an ongoing supervision programme and staff told us they received this regularly. Supervision records showed issues and topics such as Duty of Candour and the Mental Capacity Act were discussed at supervision. Staff told us supervision was, "Very good," and they could, "Say what they liked." They also told us the registered manager listened to them. Annual appraisals had been undertaken or were planned in line with the provider's policy.

People's nutritional needs had been assessed and regularly reviewed and people were supported to maintain a balanced and nutritious diet. When risks were identified these were reflected within care documentation. For example, records were in place to monitor the intake of people who were at risk of not eating or drinking adequate amounts. Most people were weighed monthly so staff could identify if they were at risk of weight loss or malnutrition. Some people had not been weighed. We were told the home did not currently have seated weighing scales and some people were unable to balance on standing scales. We saw staff had estimated people's BMI category from mid upper arm circumference (MUAC). Staff were able to tell us about people who were not able to be weighed. They said they observed people to make sure they were eating and drinking adequate amounts. They also told us they observed whether people's clothes were becoming looser or if they appeared thinner. We saw where appropriate people had been referred to the GP for dietician advice.

People's dietary needs and preferences were recorded in the kitchen and in their care plans. The cook and staff had a good understanding of people's likes, dislikes and portion size and food was offered accordingly. Soft drinks and snacks were available in the lounges and we observed staff offering these to people who were unable to help themselves. Hot drinks were served regularly throughout the day.

People were able to choose where to eat their meals. Most people sat in the dining room although some remained in the conservatory, lounge or bedrooms. People were offered a choice of meals and this was done before each meal. The menu for each meal was displayed on a blackboard in the main dining room. Although people chose their meal the day previously they were offered a choice when the meal was served. If people declined the meal they were offered an alternative. One person declined the meal they were offered, and an alternative was given. This was also declined and the person was offered a choice of sandwiches.

Some people required prompting and encouragement and others required more support. This was provided appropriately and discreetly. We observed staff ensuring people were seated comfortably to enable them to eat their meals. Meals were nicely presented and served hot. Soft drinks and water were given and topped up when required. People told us, they enjoyed their meals and we observed plates were returned empty.

People were supported to maintain good health and received on-going healthcare support. They told us they could see the GP when they wanted to. Records confirmed that staff liaised with a wide variety of health care professionals who were accessed regularly. This included the community nurse, continence service, GP and chiropodist. Healthcare professionals we spoke with told us staff knew people well, they referred people to them appropriately and acted on the advice given. One healthcare professional told us they had recently provided training for staff in relation to simple dressings and blood sugar management. They gave us an example of how this had improved the care for one person who lived at the home. Staff were now able to monitor this person's blood sugar levels and provide appropriate care to prevent their blood sugar levels dropping too low. This meant people received care and treatment from the appropriate healthcare professionals.

Good

Is the service caring?

Our findings

People were treated with kindness and respect in their day to day care. One person told us, "The staff are very kind, I think they are lovely." Someone else said, "Staff are very helpful to our needs." One visitor told us, "The home feels welcoming and warm and as though staff are listening." Another visitor said, "The staff are so comforting."

There was a calm and relaxed atmosphere at Dorley House. We saw that people were supported to spend their day as they chose. Interactions and conversations between staff and people were positive and there was friendly chat and good humour between people and staff. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. This high level of engagement empowered people to express themselves and receive the care they needed.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to remain as independent as possible. A staff member who did not provide care told us, "Independence is the focus here, care staff work hard and are exceptional." Staff described how they encouraged people to do as much of their care as they were able to, and prompted and supported them as necessary. We observed staff supporting people in communal areas of the home. They were patient and knowledgeable of people's individual needs and abilities. They worked at people's own pace and did not hurry them. They sought permission from people before intervening or offering assistance. We observed one member of staff supporting a person to move from their chair. The staff member reminded the person to slow down and where to place their feet prior to getting up from the chair. The person said, "I always want to do things quickly," the staff member responded, "I know you do X but we don't want you falling over your own feet." They both left the room together, laughing and chatting about the incident.

Staff supported people to retain their dignity. Care plans were written sensitively for example in relation to supporting people to maintain their continence and personal hygiene. One person's care plan stated they always liked to look smart, we saw this person was dressed accordingly. We observed staff asking people discreetly if they needed to use the toilet. At mealtimes staff spoke to people individually to explain to them it was lunchtime and ask if they would like to go to the dining room. People told us their privacy was maintained. One person said, "Staff always knock before they come into my room." People were able to spend time in private in their bedrooms as they wished. Bedroom doors and curtains were kept closed when people received support from staff and staff knocked on people's doors and waited to be invited in on all occasions. Bedrooms had been personalised with their own belongings that reflected their individual tastes and interests.

Staff told us they maintained people's dignity by offering people choices, using their preferred name and asking people's consent before offering care. One staff member said, "We make resident's our priority."

People were consulted with and encouraged to make decisions about their care. One relative told us, "X is always supported to make her own decisions." Care plans and risk assessments showed people and where

appropriate their representatives were involved in developing and reviewing them to ensure the care plans reflected their needs. Each person had a named keyworker. A key worker is a named member of staff with additional responsibilities for making sure that a person has what they need.

Visitors were welcome at the home and we observed people visiting the home throughout the inspection. One visitor told us, "I can come and go as I please." Staff were aware of the importance of people maintaining contact with family and friends. One staff member said, "We want family to drop in like it's their home too."

Good

Is the service responsive?

Our findings

People received the care and support they needed when they wanted it. We saw it was personalised to their individual preferences. People were able to choose how to spend their day, some spent time in their room, others in the lounge or conservatory and took part in activities if they wished.

Before they moved into the home people's care requirements had been assessed to ensure their needs and choices could be met. People's care plans contained information about their needs in relation to personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. People's care plans included information about their preferences, for example what they liked to eat and drink and what was important to them in relation to personal hygiene. Care plans contained detailed and relevant information. For example one person's skin integrity care plan contained information about their health condition and continence and how this made them more at risk of skin breakdown. Care plans and risk assessments were reviewed monthly and there was evidence people and where appropriate their representatives were involved. One relative said, "We have been involved in the care planning right from the beginning." There was information in the care plans to show whether relatives wished to be involved in the care plan reviews, whether they would like to attend or be contacted by staff for an update.

Relatives told us they were kept updated about any changes or concerns in relation to their loved ones. One relative told us, "The manager always keeps me up to date." Another relative told us, "X lost some weight when she first arrived but they told me straightaway and what they were doing about it." She has now put the weight back on and always looks lovely." Some care plans had not been updated to reflect people's current needs for example in relation to how often they were weighed. However, this did not impact on people because staff knew them well and had a good understanding of the care and support they required. Staff were updated about people's ongoing and changing needs when they came on duty and throughout the day.

People received care that was person-centred because staff knew people well, they had a good understanding of people as individuals, their daily routine and likes and dislikes. We saw minutes from a staff meeting where staff were reminded to "focus on the person not the task." This is what we observed during our inspection. Staff involved people in what was happening throughout the day. People told us and we observed they were able to do whatever they wished during the day. We saw people getting up at times that suited them and spending time where they chose.

A range of activities took place at the home which people were able to participate in as and when they chose. An activity program listed two activities a day. People told us they chose what to do during the day. Two people told us they enjoyed, "People watching" in the conservatory during the morning but would join in with any activities. One person told us they enjoyed "Armchair exercises." We saw people who wished to be, were busy throughout the day. There were hairdressers visiting the home and this was made to be a social occasion with people being supported to attend. The activity co-ordinator was providing one to one time for people and offering a manicure for those who wished. This was relaxed and made to be enjoyable for people. We heard her say to one gentleman, "I assume you don't want your nails painted X." The person

replied no, but would like their nails filed. We observed this being done and lots of chatter taking place. There was an exercise bike which one person was observed using.

A proportion of the activities were based around reminiscence which people who were living with dementia enjoyed and were able to participate in. For example use was made of the iPad to discover where people had been born and this was seen to stimulate people's interest and conversation.

Relative surveys identified on occasions there had not been enough to do at the home. An activities co-ordinator was in post and was developing an activities programme. They had begun consulting with people about their social needs with the aim of making activities more person-centred. The activities co-ordinator had a good understanding of ensuring activities were meaningful for people. For example some people enjoyed knitting and rather than knitting squares people were being supported to knit items for staff members who had recently had babies.

People's views were sought and listened to. The manager held regular residents and relatives meetings. These were usually monthly but this could vary dependant on other factors affecting the day to day running on the home. Records showed people were asked about their views of the care, the range of activities and the quality of the food. We saw some residents meetings included elements of reminiscence where people were encouraged to talk about past events in their lives. We saw a recent meeting people had discussed weddings. Minutes of the most recent meeting was displayed on the noticeboard for everybody to read. There were also regular newsletters to update people about the home. The newsletter for December 2015 included a resume of what happened during the past year. The most recent newsletter contained information about the forthcoming Easter tea party and a garden party planned for August. The service sent a series of annual questionnaires to people and their families to gather their views particularly in the area of quality of care and staff attitude. These showed a good level of satisfaction and comments included, "The home is comfortable," and "Staff are professional." Surveys sent to visiting health and social care professionals were returned with a high degree of satisfaction.

Records showed comments, compliments and complaints were monitored and acted upon. The provider's complaints policy was displayed in communal areas. This included clear guidelines on how and by when issues should be resolved. It also contained information about the Local Government Ombudsman who people could contact if they were not satisfied with the way there complaint had been addressed. We saw there had been three formal complaints during 2015. These had been responded to in line with the provider's policy, and any changes and learning had been recorded. There were no complaints at the time of the inspection, however people and their relatives were aware they could talk to the registered manager or staff at any time. One visitor told us their relative was not happy with hairdressing taking place in a room they wanted to use therefore it was moved to an alternative location. Staff and the registered manager emphasised there was an open door policy and people could talk to them at any time.

Requires Improvement

Is the service well-led?

Our findings

People and visitors spoke highly of the registered manager and staff. Staff told us they felt well supported by the registered manager. They said she was approachable and they could talk to her about anything professionally or personally. Staff told us she would act on concerns appropriately. A visitor told us, "It was a big deal bringing her into a home but I don't want her to go anywhere else."

The provider had systems in place for monitoring the management and quality of the home. This included environmental and health and safety checks, medication and care plan audits. However, the audits did not identify some of the shortfalls we found. For example care plan audits checked to ensure care plans contained all the appropriate paperwork however they had not identified improvements were required in relation to some people's care plans. For example two people's care plans stated they should be weighed weekly but this had not taken place. Staff told us this was no longer necessary but the care plan had not been updated to reflect the changes. Where people lacked capacity there was no information about how they were able to make decisions. There was no information about how restrictions may affect people and what had been done to minimise restrictions. Best interest decisions had not been recorded. Although family members had been consulted for decisions such as the person going out there was no information about how this decision had been made or whether it was in the person's best interest. Records did not always reflect people's needs however, staff knew them well and were able to tell us how they supported people to make decisions. We observed this throughout the inspection. Therefore there was no impact on people living at Dorley House.

There was no bath hoist at the home to assist people who were unable to bathe unaided. The registered manager told us currently everybody at the home preferred to have a shower. However the registered manager and provider had not identified the lack of a bath hoist meant people's choices were restricted. Some people were not able to be weighed because they were unable to stand on the scales. Although staff used MUAC to estimate people's weight they had not considered the use of 'sit on' scales to ensure a more accurate record of people's weight. Although appropriate recruitment checks and training were in place for staff this had not been considered for external visitors to the home. For example we observed the visiting hairdressers spending time alone with people and supporting them back to the lounge. The registered manager told us they had been known to her for many years however there were no risk assessments in place to demonstrate this. There was no evidence that people had been supported inappropriately. The registered manager told us she would discuss this with the hairdresser and invite them to the next moving and handling training to ensure everyone involved in people's care had the appropriate skills and guidance. We looked at the provider's policies however these did not contain current information. For example there was no MCA or DoLS policy and the medicine policy did not contain guidance regarding PRN, crushed or covert medicines. We discussed these areas with the provider and registered manager as areas that needed to be improved.

The registered manager promoted an open and inclusive culture at the home. She worked directly alongside care staff and encouraged staff to talk to her openly. She spent time talking with people and engaging with staff throughout the day. It was clear she knew everybody well and they were relaxed in her company. It was

clear that the values and culture were about independence and individuality for people. The aims and objectives of the home included providing, "A warm and caring environment, where people, "Were not denied the rights of any citizen or human being." Staff told us they enjoyed working at the home. One staff member told us, "I love it here."

We asked staff about 'Duty of candour' and their understanding of its relevance to the support of people living at the home. This regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow if things go wrong with care and treatment, including informing people about an incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff understood their responsibilities and one staff member told us, "It's about transparency, apologise if things go wrong, don't hide it. We must be honest and loyal to the work we are doing."

The provider and registered manager had identified areas that needed to be improved. People and staff we spoke with told us if money was no object they would like to upgrade the environment. We discussed this with the provider who told us, "I would like to have a perfect building but you can't in a Victorian House." She told us her aim she said was to make the physical environment more interesting and to help people live as independently as possible. There was an annual development plan in place and this detailed refurbishment and improvements planned at the home for 2016 and this was regularly reviewed by the provider. We saw some concerns had been raised about access to the rear garden which was down a sloping pathway. The provider told us she was currently looking at ways to improve access for people. She said people were able to access the garden with support of staff and we observed people being offered to spend time in the garden during our inspection.