

Living Ambitions Limited

# Greenways

## 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

Greenways provides accommodation and personal care for up to five adults with a learning disability and/or autistic spectrum disorder. At the time of our inspection five people were living at the home. The inspection took place on 20 May 2016 and was unannounced.

The home is presented across two floors with access to the first floor via stairs. People had single rooms. Communal space consists of a lounge area and dining room. There is a private garden with a patio at the rear of the property.

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

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there, with photos of people and pictures they had made.

There was positive feedback about the home and caring nature of staff from people who live here. One person said, "I can sum it up by saying it is A1 here. Home is the right word, I feel like part of the family." A relative said, "This is a first class, quality home form home for my family member."

Another relative said, "I wouldn't mind living there myself."

People were safe at Greenways. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. People were involved in these decisions because staff took the time to explain to them in a way they could understand.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. People were supported to manage their own medicines where possible. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. These procedures were regularly discussed with people to ensure they knew how to

respond in an emergency. An alternative location for people to stay was also identified in case the home could not be used for a time.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may have been restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People were complimentary about the food, One person said, "I enjoy the food." A relative said, "When I drop my family member back at the home there is a smell of the most wonderful cooked meals." Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. One person said, "Home is the right word, I feel like part of the family." A relative said, "Staff are excellent, friendly, caring, and always make me feel welcome when I visit. It's a proper, caring, home." Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to activities that met their needs, many of which were in the local community. A relative said, "It never ceases to amaze me how they support my family member to go out and about, I'm in awe of what they do."

People knew how to make a complaint. A relative said, "If there is ever a problem it is dealt with." The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No formal complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. Records for checks on health and safety, infection control, and internal medicines audits were all up to date.

Accident and incident records were kept, and were analysed and used to improve the care provided to

people. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People were living in a caring, safe, clean home, and had effective and responsive care from the staff. The registered manager led the home well and worked with the provider and staff team to give a good quality of life to people. A relative said, "It's more his home than his real home."

## 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.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions from staff that showed respect and care to people.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had good access to the local community, and could partake in activities that interested them, and promoted their independence.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

### Is the service well-led?

Good ●

The service was well- led.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey, and people were given the results.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Quality assurance records were up to date and used to improve the service.

# Greenways

## **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 20 May 2016 and was unannounced.

Due to the small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with Learning Difficulties.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with two people who lived at the home, three relatives and four staff which included the registered manager. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

The local authority safeguarding team and quality assurance team had no concerns about the home.

At our previous inspection in October 2013 we had not identified any concerns at the home.

# Is the service safe?

## Our findings

People told us that they felt safe living at Greenways. One person said, "I feel safe here." A relative said, "I feel that my family member is safe. Staff seem to be very careful." People were cared for in a clean and safe environment. The home was well maintained and the décor was homely.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. One person said, "Yes I think there are enough staff. They cover annual leave and they are never short staffed." A relative said, "100%, there is always plenty of staff on duty, my family member is always well attended to." The registered manager explained that the staffing levels reflected the needs of the people and also the activities and appointments of that particular day. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. This demonstrated the flexible approach to staffing levels to meet people's needs.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. One person said, "There are always staff around for me to talk with if I am worried about anything." Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs of abuse, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Board or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns. One staff member said, "I'll inform the manager and we have a protocol where I can speak to the operations manager or higher (if needed)."

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. Risk assessments had been carried out in areas such as smoking, mobility, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. Two of the people had a history of behaviour that challenged when in the car together – this has been managed with a seating arrangement plan when they travel together. Staff, the registered manager and incident logs confirmed this was working. The assessments recorded how each person had discussed the risk with staff, and how they had agreed to manage the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

The staff struck a good balance between managing risk and keeping people safe whilst maintaining and increasing people's independence. One person said, "They encourage us to try new things to be independent." A relative said, "They help him to do what he wants to do, they don't wrap him in cotton wool." Each person had a 'keeping me safe' section in their file which detailed how people were supported.



One person went to the shop, on their own, to buy a newspaper each day. The staff had supported him to create a relationship with the owners of the shop, and worked together to ensure everyone understood the risks. The staff had also looked at the routes to the shop and agreed the safest route with the person to avoid busy roads. This was due to the person's lack of traffic awareness. Care plans, risk assessments and the person and staff's knowledge all reflected these safeguards to keep the person safe.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and falls was reduced as flooring was smooth and in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. One person pointed these out to us. The signs were in a format they could understand as they described using hand gestures what they meant. People had individual emergency plans which detailed the care and support they would need in the event the building needed to be evacuated. Evacuations were regularly practiced to ensure people and staff understood how to react when the fire alarm went off. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place for several situations, including flooding and flu epidemic, to ensure people would be cared for if the home could not be used after an emergency.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and people were involved in the process. One person was able to self-administer their medicines with the support and guidance from staff. The person said, "They checked that I was OK to manage my meds with me, and now they just remind me. They also help by keeping a check on the medicines I have to make sure I am storing them correctly." People understood the reason and purpose of their medicines.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

## Is the service effective?

### Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Training was organised proactively in light of new residents and changing needs of current people being supported. For example dementia training had been given, in response to the possibility of a new person coming to live at the home.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member said, "We have monthly supervisions, team meetings and reviews with the manager. She (the registered manager) is very supportive." this enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

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. Where people lacked capacity the assessments were based on specific decisions rather than a blanket assessment of a person understanding. People could then be assured that decisions would be made for them in their best interests only in the areas they could not understand.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

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 are called the Deprivation of Liberty Safeguards (DoLS). Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. A person said, "I enjoy the food." A relative said, "When I drop my family member back at the home there is a smell of the most wonderful cooked meals." Lunch was observed to be a lively and had a 'family meal' feel to it. People were able to choose where they would like to eat. People

were involved in laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done.

People received support to keep them healthy. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff. For example episodes of epilepsy for two people had been well managed and incidents of seizure activity had reduced.

## Is the service caring?

### Our findings

We had positive feedback about the caring nature of the staff. One person said, "I like living here." Another person said, "Home is the right word, I feel like part of the family." A relative said, "Staff are excellent, friendly, caring, and always make me feel welcome when I visit. It's a proper, caring, home." Another relative said, "It was a big step coming here as he had home care for 57 years. Staff are wonderful. Made him feel at home, they're very good. He always seems happy." The registered manager said her goal was to create a family atmosphere at the home. Feedback from people, relatives and our observations showed she had been successful.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff spent time with people, keeping them company and giving individual care. One staff member took time to complete a jigsaw with a person. They pointed out the things in the picture to the person, who smiled and enjoyed the interaction. This caring nature was further demonstrated when a relative explained that when their family member had been in hospital in intensive care, the staff had gone up each day and spent the day with him, making sure he was well cared for. The relative said, "It's a proper family here."

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. People's independence was promoted and supported by staff. Each person had specific duties to complete around the home, such as cleaning, and other household tasks.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite food. The information staff shared with us, was confirmed as correct when we spoke with the people, for example staff had told us about one person's passion for Epsom Derby day, and how they were supported to attend. This was recorded in the person care file. The person told us about it when we spoke to them, showing they had been involved in the development of their care plan.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the people's dignity and privacy. Staff checked with people before they went out, to

support them to be appropriately dressed so their dignity when in public would be maintained.

People's rooms were personalised which made it individual to the person that lived there. They took great pride in showing us around their rooms, pointing out things they were interested in. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. People told us they could have relatives visit when they wanted, or go and stay with their relatives if they wished.

## Is the service responsive?

### Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or key worker. Family members, health or social care professionals, and people involved in activities outside the home were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs.

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with their preferences which had been recorded in each person's care file, for example being supported to maintain independence by helping around the house, or helping them to take medicines.

Where people's needs changed, the staff responded to ensure care and support met these new needs. One person's needs had changed since they had been discharged from hospital. They had started to get confused about eating inedible items. Staff supported the person by ensuring these items were away from them while they sat at the dining table, and also checked with the person to make sure they were not hungry. These changing needs had been promptly picked up and recorded in the care plan and were sensitively monitored through the person's daily care notes.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people.

People had access to a range of activities that interested them, many of them based in the local community. A relative said, "They went on a very nice outing last week to Folkestone." Another relative said, "It never ceases to amaze me how they support my family member to go out and about, I'm in awe of what they do." During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as gardening, playing ball games in the garden, listening to music and watching programmes on the television to keep them active and occupied.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. A relative said, "If there is ever a problem it is dealt with." They explained that they had commented to the registered manager about how

their family member had stopped washing his hands before eating when he went back home. They explained that the next time he came home he made sure that she saw he was now washing his hands. They were impressed that the small comment they had passed had been dealt with so promptly and effectively. There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. There had been no formal complaints received at the home since our last visit.

## Is the service well-led?

### Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. A person said, "It's a nice community they have established here. We have a good laugh and a joke together." A relative said, "The registered manager treats everyone as if they were her own family, she fully embodies the values of the home. The care and values drops from the registered manager to the staff." Another relative said, "I have nothing but praise for the registered manager and her staff." Staff felt supported working at the home, and enjoyed their job. One staff member said, "It's like a big family here." We saw this positive interaction between the registered manager, people and staff happen during our inspection.

Senior managers were involved in the home because a representative from the provider carried out regular visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The registered manager also completed a monthly management report to keep the senior managers within the organisation up to date on what had happened at the home, and to monitor that a good standard of care and support were being given. People knew who the senior managers were showing that they had been involved in discussions with them. During our inspection the area manager telephoned the home, and one person told us, "That's the big boss; she's nice."

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when. The registered manager also invited external agencies into the home to look at the quality of care. Where actions had been highlighted, these had been addressed in a timely fashion before the next audit.

People were included in how the service was managed. People had access to regular 'Living Together' meetings where they could discuss items they would like to buy, any issues they wanted to raise, and what activities they would like to take part in. Picture cards were used to help people understand the agenda, so they could partake fully in the meetings. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs. For example there were agenda items for 'what has worked well', 'what's not working so well', and 'what needs to change.' The last three meeting minutes recorded all positive comments.

The provider also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home. This was done annually by the use of a questionnaire. The responses were compiled and analysed by the provider and then fed back to the registered manager and her team. Relatives confirmed they were informed of the results of the surveys so



they could see if their comments or suggestions had been actioned. All the responses from the last survey were positive about the home and staff. The results for each home the provider owned were compared and a league table produced to identify the best rated services, and those that may need to improve. The results for Greenways were consistently at the top of the best performing services that the provider owned in the South East.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. They were also used to check on staffs understanding of key topics around care and support for people, such as the five key questions asked by CQC. Staff's knowledge of this subject showed this had been an effective way to ensure staff were kept up to date with best practice in the sector.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.