Methodist Homes

Foxton Grange

Inspection report

571 Gipsy Lane
Leicester
Leicestershire
LE5 0TA

Tel: 01162460616
Website: www.mha.org.uk/ch31.aspx

Date of inspection visit:
28 July 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 27 July 2016.

Foxton Grange is registered to provide personal care and nursing home. It is situated in Leicester and accommodates up 36 older people, some of whom are living with dementia. At the time of our inspection there were 33 people using the service.

At the time of our inspection the service did not have a registered manager. This 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. A manager was in post and told us they intended to apply to CQC to become the next registered manager.

During our inspection the people using the service were relaxed, comfortable and safe. Staff supervised people discreetly and were quick to provide support and reassurance when it was needed. Staff understood the importance of protecting the well-being of people who might not be able to say if something was wrong.

The design and layout of the premises contributed to people's safety. All areas were bright, clean and uncluttered. Communal areas led onto secure, enclosed gardens. We saw people enjoying these safely both on their own and with staff.

There were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing personal and nursing care. At no time was anybody left waiting for assistance or treated in any way that would compromise their safety.

Prior to our inspection there had been some issues with medication management at the service. These were in the process of being resolved. Staff were working to an action plan and audits showed continual improvement in medicines safety over the last three months.

The staff were well-trained and understood people's needs and individual preferences. They gave us examples of how they provided flexible care to fit in with people's individual routines. For example if a person did not want to eat at a particular time staff served their meal at the time they chose. This approach gave people the freedom to decide what they wanted to do and when.

Staff treated people with care and kindness. They used different ways of enhancing that communication, for example by touch, ensuring they were at eye level with a person who was seated, and by altering the tone of their voice appropriately. They told us they liked working at the service because they had the opportunity to get to know and spend time with the people they supported.

People's records and the care provided were personalised. Each person had a document called 'My Life

Story' which included information on their background, family, work, and important life events. It also listed their favourite things including food, drinks, music, books, films, and clothes. It set out their care preferences and helped staff to provide care in the way people wanted it.

People told us they enjoyed the activities provided at the service. These were available every day, including weekends, on a group and one-to-one basis. One of the activities coordinators told us baking and exercise classes were especially popular with people. Music therapy sessions were provided twice a week and a visiting entertainer came once a month to hold a group concert.

There was a positive and calm atmosphere at the service. Staff were kind and helpful. They constantly interacted with the people using the service and included them in conversations and activities. The manager told us relatives were central to quality assurance as the people using the service were not always able to give their views due to their mental health needs. The manager had recently met with relatives to get their views on the service and whether any changes were needed

There were arrangements in place to regularly assess and monitor the quality of the service. The manager and staff were working to an action plan and a number of improvements had been made. These included an increase in the amount of activities, redecoration, and improved staff support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service were safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Improvements had been made to the way medicines were managed and administered.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

The service had a calm, friendly and inclusive culture.

The manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Foxton Grange

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 27 July 2016 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We also looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We used a variety of methods to inspect the service. We spoke with five people using the service and two relatives. We also spoke with the manager, service manager, clinical nurse lead, one nurse, and five care workers.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

During our inspection the people using the service were relaxed, comfortable and safe. Staff supervised people discreetly and were quick to provide support and reassurance when it was needed. One person told us, "If like it here because I am safe."

The design and layout of the premises contributed to people's safety. All areas were bright, clean and uncluttered. Communal areas led onto secure, enclosed gardens. We saw people enjoying these safely both on their own and with staff. People were able to explore the premises and spend time in different communal areas if they wanted to. We saw that staff supported people to do this safely, assisting them through doors and to sit down and get up when they wanted to.

Staff were trained in protecting people from abuse and understood the signs of abuse and how to report any concerns they might have. The provider's safeguarding (protecting people from abuse) policy told staff what to do if they had concerns about the welfare of any of the people who used the service.

The staff understood their safeguarding responsibilities and the importance of protecting people who might not be able to say if something was wrong. One care worker told us, "Most of our residents wouldn't be able to tell us if they had been abused so we'd look for signs and if there were any we'd tell the manager." A nurse said that if she had any concerns about people's safety she would report them to the manager who she said would deal with them.

Records showed that when a safeguarding incident had occurred staff took appropriate and swift action. Referrals were made to the local authority, Care Quality Commission, and other relevant agencies. This meant that health, social care, and other professionals outside the home were alerted if there were concerns about people's well-being and the home did not deal with them on their own.

We looked at how staff managed risk at the service. We saw that staff assisted one person to move to a quieter area when one of the lounges became busy after lunch. A staff member told us, "[Person's name] shies away from noise so if people are talking he can get agitated." We saw the person become calmer when he was in more peaceful surroundings.

Another person, who was particularly active around the premises, was at risk of falling. Staff said their mobility had declined but they weren't always aware of this. This presented a challenge to the staff. Records showed they had referred the person to a physiotherapist and a falls clinic for expert advice. Staff were following this, reminding the person to take their time when walking and accompanying them on their journeys to help ensure they were safe.

Another person was known to be reluctant to accept personal care at times. A detailed risk assessment told staff how to manage this situation if it arose. For example, more than one staff member might be needed and the person's preference was to have staff they knew well. This was an example of measures being put in place to support a person safely.

We observed staff were quick to go to people's aid if they needed assistance or became disorientated. Staff reassured people and involved them in conversations and activities to help put them at ease. Staff also assisted people to move around the premises safely in wheelchairs. They ensured footplates were in the right position and used brakes to secure the chairs when they were stationary. Staff wore appropriate protective clothing when giving personal care and one of the nurses we spoke with was aware of the service's infection control policy and procedures and had attended infection control training.

A care worker told us staff used observation charts for some people when they were in their rooms. They completed these at regular intervals (for example, every 15 minutes) to make sure people were safe. They also told us they had a call bell system linked to the sensor mats in some rooms so if people got up in the night staff were alerted and could go to the person to offer them assistance. The observation charts we saw were up to date to show people had been checked when they should have been. This was an example of risks to people's health, safety and wellbeing being managed effectively.

During our inspection there were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing personal and nursing care. At no time was anybody left waiting for assistance or treated or left in any way that would compromise their safety.

The provider used a dependency tool to calculate staffing hours at the service. The manager told us the ratio of staff to people using the service was high compared with other similar services and records confirmed this.

The providers' recruitment process followed and records showed that the required employment checks were in place. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work with people who use care services.

We observed a medicines round and saw that medicines were given safely in the way people wanted them. A relative told us, "There were lots of medication problems a while ago but it's sorted now."

The manager said there had been some issues with medication management at the service but these were in the process of being resolved. The provider had brought in a clinical nurse lead to oversee this process. We met with her and she took us through the provider's medicines systems and processes.

We found examples of good practice and safe medicines management at the service. We observed five people have their medicines. Each was given an explanation as to what was happening and what medicines they were taking. The process was unhurried and the nurse administering the medicines ensured that all items used to support the administration were cleared away before preparing medicines for the next person.

Records showed staff had the training they needed to administer medicines safely. A nurse told us, "I attend annual update training for medicines management and administration provided by the company. When new staff start they have to attend training and have their competency assessed before they can give medicines."

Care staff had training on the application of topical creams. This covered knowledge of people's health conditions, recognising adverse effects, preparation, hand washing, wearing protective clothing, and recording. The training included a section on communicating with people during the procedure including consent. Records showed that all care staff had attended the training and been assessed as competent.

MARs (medicines administration records) were in good order. They were completed in full. Each had a

photograph of the person in question, so staff could easily identify who the medicines belonged to, and allergy information where this was known. We saw there was a low use of sedative medicines which was positive as it showed that staff were using methods other than medicines to support people if they became distressed.

Some improvements were needed to medicines management. Room and fridge temperatures were recorded daily to show they were within safe limits. However there were occasional gaps in recordings and on one occasion the fridge temperature had exceeded the recommended high of eight degrees centigrade. Records told staff to report this if it happened but they had not done this. There was also no cleaning schedule for the fridge and there were some spillages in it. The medicines area also contained overfilled wasted disposal bins. This mean we could not be sure that medicines storage facilities were safe.

Most medicines prescribed on an 'as and when required' (PRN) basis had accompanying protocols in place to explain when they should be administered and why. However a few did not, and some PRN medicines for pain relief did not have pain charts in place to help staff identify the signs when people might be in pain or discomfort. This meant that staff might not always know when to give people their PRN medicines.

Where people needed their medicines before food and other medicines to ensure their effectiveness this was not always clear on records. A number of people had been prescribed medicines patches for pain relief and a patch rotation charts were in place to help ensure they were correctly placed. However staff had not always signed to confirm the patch had been applied and on occasions had used had used felt-tip markers on double-sided records. This had caused the ink to leak through making the records unclear. This meant it was unclear whether these medicines had been safely administered.

Senior staff audited the medicines management and administration systems. The audits over the past three months showed continual improvement going from 58% compliant in April to 79% in May and 85% in June. The service had a detailed action plan which has been shared with the Clinical Commissioning Group (the clinically-led statutory NHS body responsible for the planning and commissioning of health care services for their local area). The action plan showed that the issues identified during our inspection had already been highlighted for action in the plan and were being addressed.

Good

Is the service effective?

Our findings

People were satisfied with the competence of the staff. One relative said, "This home has brilliant, kind, caring lovely staff, I couldn't ask for more for my [family member]." A person using the service said, "The staff know how to look after me."

Staff we spoke with understood people's needs and individual preferences. For example, one staff member told us, "[Person's name] likes to be free to walk around at mealtimes and have her meal a little later as she gets very agitated if she has to sit at the table." They told us that in order to meet this person's needs effectively they ensured they had freedom to decide when they ate and where, as this helped them to stay calm and happy.

Records showed staff had the information they needed to provide effective care. They received a handover at the start of each shift which included general information about each person they would be supporting that day. The staff we spoke with said they had undertaken training in a wide range of general and service-specific courses including moving and handling, food hygiene, safeguarding, whistleblowing and dementia care. Records confirmed this and we saw lists on the wall in the reception area advertising upcoming training courses which staff had signed up to attend.

Nursing staff were supported to undertake ongoing training they needed to complete in order to remain registered with the NMC (Nursing and Midwifery Council). The provider had purchased NMC portfolios for each of the nurses employed to complete. This had given them a clear framework to demonstrate they met the expected requirements in order to revalidate their nursing qualifications. One of the nurses we spoke with said they thought this was a positive and supportive initiative.

We spoke with one of the care workers who was the service's moving and handling trainer. They told us they had had this role for four years having completed a five day 'train the trainer course' and annual updates. They told us, "It can be quite challenging helping people with dementia and it's very important to give them information, instructions and reassurance when you are helping them to move. We have a hoist and a stand-aid on each unit and each person who needs to be moved with the stand-aid has their own belt for safety and hygiene reasons. I give all the staff an annual refresher to make sure they are up to date." This was an example of staff having a clear understanding of how to support people effectively.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good awareness and understanding of the

MCA, and when this should be applied. We saw staff sought consent before helping people.

Some people using the service were subject to DoLS authorisations to restrict their liberty in their best interests . The service had a system in place to track these to ensure they were renewed as necessary. This helped to ensure that people using the service were not subject to any unlawful restrictions.

At lunchtime a member of the inspection team spent time in one of the service's two dining rooms. A member of staff said the main meal of the day was served at teatime so lighter choices were served at lunch.

The tables were set with cloths, table mats, cutlery and jugs of fruit squash. The lunch served was soup followed by a choice of sandwiches or macaroni cheese. Pudding was bananas and custard, yogurt or ice cream. Staff showed people the actual dishes to make it easier for them to choose what they wanted.

Two people needed 1-2-1 assistance to eat their meal. Staff sat next to them and supported them to eat at their own pace while making conversation. They described the meal, enquired as to the temperature of the food, and asked the people whether they liked what they had been given. They also spoke with other people using the service during the meal to encourage further social interaction. This friendly approach helped to ensure that people could enjoy their food in a relaxed environment.

During the day tea, coffee and a range of cold drinks and biscuits were served from a trolley which went round the various lounges at regular intervals. There were also two small kitchen areas, one at each end of the building, where staff could make people drinks on demand if they wanted them. These arrangements helped to ensure that people had access to plenty of fluids.

Records showed that people's nutritional and hydration needs were assessed when they began using the service. Care plans provided information for staff such as people's likes and dislikes, how food choices were made, meal time preferences, and the level of assistance required at meal times. People who needed specialist support with their eating and drinking were referred to the dietician and/or the SALT (speech and language therapy) team via their GP.

Each person's height, weight, and BMI (body mass index) was calculated on their admission and a decision made as to how often they needed weighing depending on risk factors. Records showed staff took action if there were significant changes to a person's weight. For example, one person was recorded as losing weight over the course of a month so staff referred them to a dietician. Food and fluid charts were put in place and staff encouraged the person to eat and drink more. Records showed that as a result of this the person regained the weight. This was an example of a person being supported to eat and drink enough to maintain a weight that was right for them.

We looked at how the service supported people to maintain good health. People's healthcare needs were assessed when they came to the service. Care records showed people had access to a range of healthcare professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, and referred them to healthcare professionals where appropriate.

We looked at how staff promoted people's health. Records showed that one person liked to walk to help maintain their health and staff supported them to do this. They had an allocated GP, CPN (community psychiatric nurse), podiatrist, dentist, optician, psychiatrist, and dietician all of whom supported them to remain healthy. As they had tissue viability issues staff assessed their Waterlow score (a measurement used to determine the risk of pressure sores) each month and carried out discreet daily skin inspections. Staff

were told 'any skin concerns to be reported to the nurse on duty and body mapped'. Records showed this had been done. This was an example of staff monitoring a person's health and taking action where necessary to ensure they got the healthcare they needed.

Good

Is the service caring?

Our findings

During our inspection staff treated people with care and kindness. We could see through their conversations with people that they knew them well. For example, we heard staff saying to a person, "I bet your daughter is having a lovely holiday. She'll soon be home and coming to see you." And to another person, "Would you like a glass of beer with your lunch today, I know you usually enjoy a drink." These were examples of staff communicating with people in a meaningful way about things that were important to them.

We observed staff supporting people in the way they wanted. One member of staff responded to a request from a person to go outside for a cigarette. They accompanied them into the garden and walked around chatting with the person in a reassuring way as the person was a little agitated. Following this encounter the person appeared calmer and more settled.

Staff communicated with people in a warm and compassionate manner. They used different ways of enhancing that communication. For example by touch, ensuring they were at eye level with a person who was seated, and by altering the tone of their voice appropriately. This helped to ensure that people who may have had communication difficulties were involved in conversations about their care and support and included in the social life of the service

Staff told us how much they liked working with people using the service. One staff member said, "I really enjoy looking after people and getting to know about their lives, I feel it's very important to get to know people and their likes and dislikes so as not to upset them and be able to care for them well." Another staff member said, "This is a lovely place to work because we do get to spend some time with the residents and help them with activities that they really enjoy."

People using the service and relatives were encouraged to express their views and be involved in making decisions about care, treatment and support. A relative told us, "If [my family member] has a fall or is ill they always phone up and let me know, I've no worries about that. They involve me with things."

Records showed that, where possible, people had made decisions about how they wanted to be supported. When they had been unable to do this their relatives or healthcare professionals had been involved. During our inspection we observed that staff always sought people's consent before providing them with any care or support.

Staff respected people's privacy and dignity. They knocked on bedroom doors before entering, identified themselves, and asked permission before they went in. They were discreet when people needed assistance and maintained people's privacy by ensuring doors were closed when people were being supported with their personal care. All the people we met were wearing clean clothes appropriate for the weather and good supportive footwear. This contributed to their dignity.

Good

Is the service responsive?

Our findings

People told us they enjoyed the activities provided at the service. One person said, "I love colouring. I do some most days. I love colouring and having nail varnish on." Another person said they enjoyed one-to-one time with staff when they sometimes played dominoes.

One person enjoyed DIY. They had their own toolbox and liked to be with the home's maintenance man when he was working. Another person said they liked smoking. They told us, "I smoke and I go into the garden for a cigarette." We observed staff accompanying the person when they did this to ensure they were safe.

One person liked talking about their life history and this was in their care plan so staff knew they enjoyed this. They had practiced a religion before coming to the service so staff had introduced them to the visiting chaplain and offered them the opportunity to go to the service's in-house multifaith services. Their records showed they had a preference for wearing a particular item of clothing and when we met this person we saw that staff had supported them to do this.

People's care plans were stored in their rooms in wall-mounted boxes. This meant that both they and their relatives had access to these if they wanted to see how their care was being planned and delivered.

We saw that people's records were personalised and identified their individual needs. Each person had a document called 'My Life Story'. This gave their personal history and included information on their background, family, work, and important life events. It also listed their favourite things including food, drinks, music, books, films, and clothes. It set out their care preferences, for example getting up and going to bed times and whether they preferred a bath or a shower. This helped staff to provide care in the way people wanted it.

The care provided was personalised. The manager said, "The care staff have such knowledge about the residents. There's naturalness in the way they intervene – they do this so naturally you wouldn't even notice. They pre-empt things happening, for example if a particular resident comes into a room where there might be a conflict of personalities with another resident they immediately act. They are good at distracting people to prevent situations occurring. That's why the home is usually very calm." We saw this in practice during our inspection.

We spoke with one of the service's two activity co-ordinators who between them provided 60 hours of activities per week over seven days. This meant people using the service had the opportunity to take part in group and one-to-one activities every day. She gave us example of some of the activities provided which included sensory activities like chocolate tasting, three physical activity sessions each week, and individual pamper sessions.

The activities coordinator said baking was especially popular with people. She said the oven used for this allowed the baking smell to permeate the room which people seemed to like. One person told us, "We made

lemon cupcakes and they smelt lovely." The activities co-coordinator also told us that people were supported and encouraged to assist with everyday tasks, for example setting tables and tidying their rooms. We saw people doing this and observed they appeared to enjoy helping out in this way.

In addition the provider funded music sessions twice a week with a visiting music therapist. Staff said people really enjoyed these. They told us they had seen people who usually appeared introverted take part with enthusiasm and confidence. In addition PAT dogs were brought to the service for people to pet and a visiting entertainer came to the service once a month for a group concert.

The service also had a funded project called Seize the Day which enabled people to do the things that they really want to do outside of normal activities. When we inspected a visit was being planned to Ironbridge for one of the people using the service who had always wanted to go there.
There was a colourful board in the reception area giving detail of the activities for each day so people and relatives could see what was happening at the service.

We looked at how the service responded if people or relatives wanted to make a complaint. There was information about how to do this in the home's statement of purpose and service user guide. All the people who used the service and their relatives had been given a copy of this.

The manager told us if people had any concerns at all she was happy for them to come to her and she would do her best to resolve them. There was information about local advocates in the reception area so if people needed support to make a complaint they knew who to contact.

Records showed that when people or relatives had complained about any aspect of the service staff had listened to them and taken action to investigate and resolve their complaints.

Good

Is the service well-led?

Our findings

There was a positive and calm atmosphere at the service. Staff were kind and helpful. They constantly interacted with the people using the service and included them in conversations and activities. The environment was bright and homely. A relative told us, "I've no complaints whatsoever, I can't speak highly enough about everyone and everything."

At the time of our inspection the service did not have a registered manager. The provider had transferred an experienced manager from one of its other locations. They told us they intended to apply to CQC to become the service's next registered manager. The service manager, clinical nurse lead, and the provider's quality business partner were working with the new manager to provide her with the support and information she needed to ensure the service was running well.

A relative told us. "There has been too much change [at the service] and therefore a lack of consistency." A staff member said, "The management changes have been very disruptive." We discussed these concerns with the service manager who said temporary in-house managers had run the service while the new manager was being recruited. She said that now the new manager was in post the service should be more stable and people would have the opportunity to get to know the new manager.

The manager told us relatives were central to quality assurance as people using the service were not always able to give their views due to their mental health needs. When we inspected the manager had already met with relatives. She told us relatives had sent her a list of agenda items for the meeting and these had been included. The minutes showed that relatives had made suggestions for improvements to the service and some of these had already been actioned. For example, new crockery and cutlery had been purchased, the menu improved, and staff had been reminded to empty waste bins promptly. At the meeting relatives were also invited to take part in their family members' six monthly reviews which gave them the opportunity to get involved in how care was provided.

Staff told us they well-supported in their roles. One staff member said, "We do get lots of support from management and relatives." Another staff member, who said they had been working closely with the clinical nurse lead to improve the service medicines systems, said, "[The clinical nurse lead] is very approachable and supportive and receptive to new ideas." Staff spoke positively about working at the service and about their colleagues. They said they had their opportunity to share their views about the service at staff meetings and during their supervision sessions. One staff member commented, "The team is really good and staff work well together."

There were arrangements in place to regularly assess and monitor the quality of the service. The manager produced monthly reports on key aspects including pressure area care, falls, and care plans. These were checked by the home's service manager who visited regularly and followed-up any areas of concern. The service's quality business partner carried out annual audits and developed an action plan following these. The action plan was implemented by the manager with the support of the quality business partner and the service manager. Records showed the current action plan was being followed and improvements made as a

result.

The manager told us that in the last few months the service had also had quality monitoring visits from the local authority and the heath authority. She said that these visits had been positive and the authorities had made suggestions for further improvements to the service. These had been added to service's own action plan.

We looked at recent improvements to the service. Medicines management had been reviewed and staff retrained in this. The amount of activities had been increased and a rummage chest of interesting items provided for people to sort through. The interior of the premises had been redecorated in parts with themed corridors created and new pictures and other items put in place for people to look at. Staff appraisals and supervisions had been re-launched so staff had ongoing regular support. This showed that the service was committed to continuous improvement in order to provide high quality care.