The White Horse Care Trust

White Horse Care Trust - 89 Pavenhill

Inspection report

89 Pavenhill
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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

Overall summary

89 Pavenhill provides accommodation including personal care for up to three people with a learning disability and associated health needs. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon. At the time of our inspection two people were living in the home. The home is on one level with a communal lounge, dining and kitchen area.

The inspection took place on 14 January 2016. This was announced inspection which meant the provider knew the day before we would be visiting. This was because the people living in the home often accessed the community and we wanted to make sure they would at home during our visit. We also wanted to make sure the manager would be available to support our inspection, or

Summary of findings

someone who could act on their behalf. During our last inspection in January 2014 we found the provider had satisfied the legal requirements in all of the areas that we looked at.

A registered manager was employed by the service. The registered manager was not present during our inspection. The day to day running of the service is overseen by an acting manager who is supported by the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at Pavenhill and enjoyed attending various activities both within the home and their local community. People had developed caring relationships with staff and were treated with dignity and respect. People were actively involved with their community and had developed friendships and positive relationships with people living locally.

Staff were knowledgeable about the rights of people to make their own choices and decisions. This was reflected in the way their care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support. Staff and the acting manager had an understanding of the Mental Capacity Act (2005).

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the acting manager would respond appropriately to any concerns raised. The acting manager was aware of their responsibility to respond to all safeguarding concerns and report them to the relevant agencies.

There were systems in place to ensure that staff received appropriate support, guidance and training. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs. During the inspection, there were sufficient staff available to support people effectively. Staff spent time with people and responded to their requests for support.

Arrangements were in place for keeping the home clean and hygienic to ensure people were protected from the risk of infections. During our visit we observed that bedrooms, bathrooms and communal areas were clean and tidy and free from odours.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines.

The provider, registered manager and acting manager had systems in place to monitor the quality of service. People using the service were encouraged to share their views on the care and support they received.

There were systems in place to respond to any emergencies. Staff had access to a 24 hour on call system to enable them to seek advice in an emergency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

People were kept safe by staff who recognised signs of potential abuse and knew what to do when safeguarding concerns were raised.

Arrangements were in place for managing risks appropriately. Where possible people were involved in decisions about taking risks whilst remaining safe.

The provider made sure that safe recruitment practices were followed. Arrangements were in place to ensure staff had the right skills, experience and knowledge to meet people's individual needs.

Good

Is the service effective?
This service was effective.

Staff received effective support, supervision and training.

Staff understood the requirements of the Mental Capacity Act 2005 and were required appropriate mental capacity assessments had been carried out.

People were supported to have enough to eat and drink. They were supported to have a balanced diet that promoted healthy eating.

Good

Is the service caring?
This service was caring.

People were treated with kindness and compassion in their day to day care. People were encouraged to be independent and to live the lives they wanted.

People, relatives and visitors spoke very positively about staff and the acting manager and the care and support received.

Staff knew the people they were caring for, including their preferences and personal histories. Staff had a genuine interest in people and their well-being.

Good

Is the service responsive?
This service was responsive.

The service supported people to share their views about the care and support they received.

People were encouraged and supported to maintain and develop relationships with people that mattered to them and avoid social isolation.

Relatives and visitors told us they would feel comfortable raising any concerns they had and could speak with any member of staff or the management team.

Good

Is the service well-led?
This service was well-led.

Good

Summary of findings

There was a registered manager and acting manager in post who understood their responsibilities within the home.

Staff knew and understood what was expected of them in their day to day roles. Staff and the acting manager had developed strong links with the local community.

The provider, registered manager and acting manager had systems in place to monitor the quality of service and identify improvements where required.

White Horse Care Trust - 89 Pavenhill

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 14 January 2016 and was announced. One inspector carried out this inspection. During our last inspection in January 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with the relative of one of the people living in 89 Pavenhill and one regular visitor to the home, about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the acting manager and two care staff. Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

Good

Is the service safe?

Our findings

Not everyone was able to tell us whether they felt safe living at the home. However we saw people did not hesitate to approach staff to seek support and assistance when needed. This indicated they felt safe around the staff members. We asked one person if they felt safe in their home and they responded "Yes". We spoke with one relative and a regular visitor to the home who had no concerns about the service. Comments included "I feel X is quite happy and safe living there" and "They only have to ask for help and the people living there get it".

People were supported to understand what keeping safe meant. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example in one person's care plan it was identified that they were at risk of choking. Guidance advised that the person's food should be cut up small and appropriate cutlery was available. The assessment also noted the person's thoughts on the risks and what actions they wanted to take.

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. The acting manager explained when people who were supported, made any purchases this was logged and signed for by the staff member. They told us monies were checked by staff to ensure the correct amount was there.

There were procedures in place to guide people and staff on what to do in the event of a fire. Personal Emergency Evacuation Plans (PEEPS) had been completed for people using the service and these took into consideration people's support requirements during a fire evacuation.

People were safe because they were protected from avoidable harm and potential abuse. Staff had an awareness and understanding of the signs of abuse. Staff described the signs they would look for, such as bruising or a change in a person's behaviour and how they would consider abuse as a possible reason for this. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the manager and registered manager and where necessary acted upon. One staff member said "It is important people feel comfortable and safe in their own home. This includes building relationships with them". Another staff member commented "Whilst I wouldn't feel comfortable doing it, I would always raise any concerns with the manager". Training in the protection of vulnerable adults had been completed by all staff and information on the home's safeguarding procedures and who to contact was available. There had not been any safeguarding concerns for a number of years. The acting manager explained any concerns about the safety or welfare of a person would be reported to them or the registered manager who would investigate the concerns and report them to the local authority safeguarding team, police and CQC as required.

There were suitable arrangements to ensure people's medicines were managed safely. The majority of medicines were received from the pharmacist in a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines were dispensed into the MDS by a pharmacist, which reduced the risk of errors. Staff removed the medicines from the dosage system and gave them to the person at the required time. Staff signed the medicine administration record after each administration. This gave an accurate record of the medicines people had taken. The acting manager explained they had recently invited the pharmacist to attend a team meeting to discuss safe medicines management to ensure people received them safely and at the correct time. Although there had not been any medicine errors there were processes in place to deal with these situations, which, where required, involved staff undertaking retraining in safe medicines management.

There was a policy and procedure for the safe management of medicines. Medicines were stored safely in a locked cabinet. Up to dated records were in place for the disposal of unused or out of date medicines. Staff had received adequate training in the safe management of medicines and had also undergone being observed by senior staff before being signed off as competent to administer medicines.

Measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which staff followed to ensure all areas of the home were appropriately cleaned. Colour codes were used for cleaning materials and equipment to prevent cross contamination. We found bedrooms and

Good

Is the service safe?

communal areas were clean, tidy and free from odours. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to help prevent the spread of infection.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. There was enough qualified, skilled and experienced staff to meet people's needs. The acting manager explained they were responsible for completing the roster to ensure there were always sufficient staff members on duty. Staff did mostly lone working. However the acting manager explained that if there were external activities taking place or one person needed support to attend an appointment then additional staff support would be allocated.

Good

Is the service effective?

Our findings

People had access to food and drink throughout the day and staff supported them when required. Care plans included people's preferences for food and drink. For example one person's care plan recorded they liked coffee but not too strong. When staff offered this person a drink we heard them say "Coffee, not strong". Staff explained there was no set menu. People chose each day what they wanted to eat for breakfast, lunch and dinner. Picture cards, in a book, were in place to support people's food choices. People also ate out. During our inspection one person went out for lunch at a local pub. Staff said this was something they enjoyed doing. When asked if they enjoyed going to the pub they said "Yes, I go to pub in my wheelchair". One person told us "I like eggs and bacon" and showed us a picture of them in their meal book.

People assisted staff in the kitchen to prepare meals and also took part in baking sessions with staff support. We saw photographs of people joining in with seasonal baking, such as making a Christmas cake. People also made cakes to sell at their fundraising events held throughout the year. People were weighed monthly to ensure they maintained a healthy weight. When required, due to illness for example, people had access to fortified diets and meal supplements.

Staff told us they supported people to see health professionals such as a doctor, dentist or optician when they needed to. Contact with health professional was recorded in people's records which showed people's day-to-day health needs were met. One relative told us staff booked all their family members health appointments. They said "They always keep me informed of appointments". They told us about a recent hospital visit where they felt their family member had received "Lots of support" from staff.

A system was in place to provide staff with core training required by the provider. This ensured they had the correct skills and knowledge to carry out their role. Core training included the safeguarding of vulnerable adults, Infection control, moving and handling and fire safety. We looked at the training matrix, which showed training staff had undertaken and highlighted when refresher training was due. Training needs were also monitored through individual support and development meetings with staff. These were scheduled every two months. However staff told us they could approach the acting manager or registered manager at any time to discuss any suggestions or raise any issues. During these meetings staff also discussed the support and care they provided to people and any difficulties or concerns they had. New members of staff received a thorough induction which included shadowing an experienced member of staff.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of supporting people to make choices and decisions about their daily living. They explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. One staff member explained "Where decisions, other than daily living, need to be made we might need to involve an advocate if people do not have family close to support decision making". They said they may need to do this if there was a decision to be made about the person moving to another home or requiring medical treatment. We observed staff always sought permission from people before undertaking any care or support. For example, staff sought permission to help someone who was going out put their shoes on.

Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. During the inspection, the acting manager told us that where needed applications for DoLS authorisations had been made. Applications had been submitted by the provider to the local authority and they were awaiting a response.

Good

Is the service caring?

Our findings

89 Pavenhill had a very homely atmosphere and we saw people were totally at ease with staff and their surroundings. People moved freely around the home and did not hesitate to ask for support and assistance from staff when required. The home was full of people's personal belongings such as pictures of family and friends and ornaments made by the people living there. People had not just influenced the décor in their rooms but throughout the home.

People were limited with being able to tell us their experience of living in the home. One person told us "I like it here, the staff are lovely". Another person when asked if they liked living at 89 Pavenhill said "yes" and told us they liked their bedroom. We spoke with a family member and a professional person who regularly visited the home. They described the care received by people using the service as "Wonderful", "Supportive" and "Brilliant". Other comments included "Staff are brilliant, they really know her well", "They are aware of people's differences and responding to individual need" and "It's their home. Staff support them to be a real part of their community".

We saw people were consistently treated with dignity and respect throughout our inspection. People were included in all conversations between staff members and staff did not talk about anything people could not be included in. Staff explained who or what they were talking about to people to help them understand the conversation. There was a real feeling of inclusion. People had been advised that an inspection would be taking place. One person answered the door on our arrival and welcomed us in to their home. This person also showed us around the home. People were asked if they would like to show us their bedrooms and staff sought permission before entering people's rooms. Staff members spent time with people either in a group or one to one.

Staff spoke about individuals with genuine warmth and compassion. They respected people's privacy and their right to make their own decisions about how they wanted to spend their day. One member of staff said "It's brilliant here. People get good care". Another staff member explained the importance of respecting people's choices and decisions about their daily living. Comments from relatives and a professional person included "They are always asked what it is they want to do. Neither of them are forced to do anything", "They are brilliantly cared for" and "They go out more than me, always plenty for them to do". One person told us about a pantomime they had recently attended. They told us "Staff went with me, it was funny and made me laugh".

A relative and a professional person talked about one of the people using the service who had recently experienced ill health. They said the person had received a great deal of support during their illness. Comments included "The staff were brilliant, they know X so well and knew what she needed" and "They nursed her back to health when she was terribly ill, with love and care and knowing what she needed". Health professionals had noted the person may have needed to go to a nursing home if the home had not provided the care and attention they did. One professional person explained how they felt the care the person received was "Wonderful". They gave examples saying because staff knew the person so well they knew what foods to offer which would encourage the person to eat. They explained despite being bedridden the person had not sustained any bed sores. Staff spoke about this time with genuine affection and concern for the person and explained how additional staff were allocated to support during this period. Because of this staff had felt supported and able to provide the care needed during "This difficult time".

Staff told us that as a service they considered how best to support people and maintain their independence. One member of staff explained about one person who, due to mobility issues, needed support to go out. They said the person used a wheelchair to support them to access the community. However to support their mobility and maintain their independence they were encouraged to use a walking frame around the home. This ensured the person was encouraged to continue walking which meant they could then move around the home independently.

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and individual needs, as well as their health and support needs. Each person had a book which contained their life history in picture format. This included important people and events. Staff explained this gave them an insight to the person, their past life, important people and events. They could also use the pictures to aid discussion with the person about past events and important people. One of the people using the service showed us their book of

Good

Is the service caring?

photographs. It contained pictures of family members, important events and trips out. Staff went through the photos with the person and encouraged them to explain what was happening in the photo. This created much humour with staff and the person laughing and sharing jokes about the pictures.

Staff listened attentively to what people were saying and supported them at a pace and in a way that suited them. For example one person had asked for a hot drink. Staff brought this and asked the person if they would like some cake. The staff member observed the person was struggling to pick up the cake and it was crumbling in their hand. They asked the person if they would like a spoon and if they would find it easier if the cake was cut up into pieces. The person accepted their support.

The acting manager and staff actively built links with the local community that enhanced people's sense of well-being and quality of life. The home held regular events and celebrations which the local community were invited to. The acting manager explained how staff supported the people using the service to hold fundraising and social events throughout the year. The fundraising events had included a vintage tea party and the making and selling of Christmas cards and a raffle. Money from these events went towards day trips out and other activities they wanted to take part in. The acting manager said one of the people really enjoyed welcoming people to the event and being in charge of the monies on the day. This supported them to feel a part of the event. The people using the service also accessed locals groups and events such as coffee mornings and the local carnival. The acting manager explained that by attending these groups and events the people using the service had made new friendships. The people using the service had decided to use some of their fundraising money to make a donation to the 'coffee and chat' group they attended to help keep the group going. A professional person told us "The people living here are very much a part of the wider community. They attend social events in the community and also invite the community in to their home".

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views.

Good

Is the service responsive?

Our findings

Care and support plans were personalised and reflected how people would like to receive care and support. They included people's individual preferences, interests, and goals to ensure they had as much control over their lives as possible. Care plans included people's preferred routines, for example what time they liked to get up, if liked to have a shower or a wash, what support the person required and what they were able to do independently. Each section had a photograph of something that related to that part of the person's care plan. For example in the personal care section there was a picture of the bathroom and the person's towel and toiletry bag. The acting manager explained, where people could not read they used the photographs to help the person identify the information held in each section. This supported the person to be involved in the planning of their care as much as possible.

People were supported to be involved with risk taking where they could. Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. The assessment noted the person's thoughts on the risks and what actions they wanted to take. For example, in one person's care plan there was an assessment regarding the person accessing the community, including travelling on transport and the risks involved. There was a section in the assessment which included what the person had said about taking this risk and what they would like to happen. The person had stated they liked going out and they wanted to access the transport to help them do this.

Care plans also contained information on people's achievements over the past year. In one person's care plan it noted what they said they had achieved which included making friends in the village and winning at bingo. There were also records of discussions held between the person and staff to set goals for things they would like to do in the coming year. For example, seeing friends, painting and baking. Records included information on how these goals were to be achieved and updates on what had been actioned or taken place.

Relatives told us they were involved in the planning of their family members care and support. They said each year they were invited to a review where they could express their views on the care and support being provided. One relative told us "I get invited to a review every year. If I can't' make it I can always ring and make suggestions about their care needs". There were records in people's care plans of their yearly review and any actions or changes to care noted. Relatives also told us they could speak with any of the staff or management team at any time if they had any concerns or suggestions regarding their family members care needs.

Handover information between staff at the start of each shift ensured important information about people was shared, acted upon where necessary and recorded to ensure people's well-being was monitored. Any change in people's care and support were communicated during this time. The acting manager told us they would also ensure any changes were communicated immediately to staff members and relevant care plans updated.

People were supported to maintain their independence and community involvement. This included supporting people to follow their interests and take part in social activities. People were supported to access their local community which included the local shops and facilities. People attended a local day centre three days a week and a 'coffee and chat' morning held in the village each week. Time spent at home was either spent going on day trips or doing activities of their choice in their home. On the day of our inspection people had chosen to do some art work in the morning and were then supported to make jewellery in the afternoon. A relative told us their family member liked to draw and we saw this information was recorded in their care plan. A visitor to the home told us "They are always asked what it is they want to do and staff respect people's wishes. For example one person has chosen not to go on holiday and staff have respected this".

People were encouraged and supported to maintain and develop relationships with people that mattered to them and avoid social isolation. The manager explained people using the service had made friendships with local people by attending the 'coffee and chat' morning held locally. Friends were invited to social functions held at the home and were also invited to spend time with people by coming for lunch or tea. Relatives and visitors told us they could visit anytime and one relative told us they could regularly ring the home to see how things were in-between visits.

There was a system in place to manage complaints. There had not been any complaints since our last inspection. The complaints procedure was available in picture format to support people's understanding and ensure everyone

Good

Is the service responsive?

using the service could access the information. There was a postcard system in place where people could send a postcard to head office to state they were unhappy with the service. Head office would then undertake an investigation. Staff confirmed that people would need support to do this. People also watched a DVD on how to make complaints. The acting manager explained this would be done yearly with the person or sooner if it was felt the person was unhappy with any aspects of their care.

Relatives and visitors told us if they had any concerns then they could speak to any member of staff or the acting manager. They felt any concerns raised would be listened to and appropriate action taken where required. Comments included “I could speak to anyone. I am happy with all the care she gets” and “I could raise concerns if I had any and I know they would respond”.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The day to day running of the service was overseen by an acting manager who was supported by the registered manager. The registered manager visited each week to monitor how the service was operating. Staff, relatives and visitors told us the acting manager had a strong presence within the home. They all spoke highly of the acting manager. Comments included "(Acting manager) is fabulous", "(Acting manager) is brilliant. She is the best boss I've ever had. I get lots of support" and "It's really lovely working here, we get plenty of support".

Staff were aware of the organisations visions and values. They told us their role was to provide people with safe care and support and to encourage them to be as independent as possible. Regular staff meetings were held to make sure staff were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them and make suggestions on how to improve the service. People using the service also attended these meetings where their views on the care and support they received were sought.

The acting manager was proactive in promoting a positive culture within the home. Their vision was to provide the highest standard of care to people. They stated they wanted to ensure people using the service were supported to maintain good health, have access to social and leisure activities, to be a real part of their community and for them to be involved in their care and support. During our inspection we saw evidence these were being achieved. People were supported to be active within their community and had the opportunity to make friends with local people. People's health needs were monitored and where required advice and guidance had been sought from health professionals. The acting manager had used photographs to support people to be a part of their care planning and the views of how people wanted to receive care had been sought.

The acting manager and staff had developed strong links with the local community, such as the 'coffee and chat' group held in the village and the local church. This enabled people who use the service to feel part of the local community and make friends. People's care plans reflected the support they needed in terms of their age, disability, religion or sexuality. For example the local minister visited each month to perform communion for those people who wished to take it. They also attended social and fundraising events within the home. Monies made from the fundraising were put into the homes activities fund, which was then used to provide people with more opportunities for socialising and activities of their choice, for example day trips or holidays.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the registered manager, the acting manager and staff members who had responsibility for certain areas. The audits covered areas such as infection control, fire safety, the safe management of medicines and health and safety. We saw records of recently completed infection control and medicines audits. Members of the senior management team also visited the home periodically throughout the year. Records on their observations were noted and any actions needed. The audits showed that the service was meeting the standards at the time of our inspection and that no actions had been identified. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Staff members' training was monitored by the manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire. The acting manager had liaised with neighbours who had agreed to support people in the event of an emergency and to provide shelter should they need to evacuate the home.

To keep up to date with best practice the acting manager explained they received regular supervision which gave

Good

Is the service well-led?

them the opportunity to discuss their professional development. They also attended any training required of their role and kept up to date with refresher training for those courses already completed. They attended a monthly meeting with managers from other homes within the trust. This gave them the opportunity to share ideas and discuss working practices. They also liaised with the day services the people using the service attended to keep up to date with what they were providing.

We discussed with the acting manager what they felt their key achievements had been within the home. They explained people being a real part of the community and maintaining links was important, supporting someone back to health had been a key achievement and assisting one of the people when they first moved into the home to ensure they received personalised care.