

Three Roses Homes Limited

# Three Roses Home

## Inspection report

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Date of inspection visit:  
21 March 2016

Date of publication:  
03 May 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 March 2016 and was unannounced.

The provider of Three Roses Home is registered to provide accommodation for up to 14 people with learning disabilities. At the time of this inspection 14 people lived at the home.

There was a registered manager at the time of this 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.

People's consent was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using gestures, short phrases, words or items of reference. However, a consistent approach was not taken when people did not have the mental capacity to make their own specific decisions about some aspects of their care so the principles of the Mental Capacity Act 2005 had been followed and recorded. This was because we saw specific equipment was in use, however no documentation was in place to reflect an individual people's mental capacity had been assessed or to state whether a best interest decision had been made on their behalf.

People were supported by staff who knew how to recognise and report any concerns so people were kept safe from harm. There were sufficient staff on duty to respond to people's individual needs at the times they needed support. People were helped to take their medicines by staff who knew how to manage these in line with safe principles of practice.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. People were supported to access health and social care services to maintain and promote their health and well-being.

People were treated with kindness, compassion and respect. There were many examples of staff showing they cared for people and the warmth of touch was used, such as, hugs. Staff promoted what people could do and supported people with dignity when they needed a little help. People's right to private space and time to be alone and with their relatives was accepted and respected.

People indicated to us with their facial expressions, verbal communication and body language they were happy with the support they received from staff. People received care and support to meet their diverse needs including people's individual communication methods and people with dementia. Staff offered people the opportunity to pursue their interests and try different things for fun. There were arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The views of people who lived at the home and their relatives were sought to develop the service and quality checks had also been done to make improvements. The registered manager had strong values about encouraging inclusive opportunities for all and enhancing the lives of people with learning disabilities through good practice initiatives.

## 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 received support from sufficient numbers of staff who knew how to recognise risks and report any concerns they may have about people's wellbeing and safety. Staff were recruited using safe recruitment principles to make sure they were suitable to be employed to work with people who lived at the home. People were assisted by staff to take their medicines when they needed them.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective. Staff knew how to support people's and respect their choices. However, assessments of people's capacity had not consistently been followed through and recorded to show how people's rights were protected in their best interests.

Staff were supported to maintain and develop skills in their roles. People were supported to access, a range of health and social care professionals and were offered meals that they liked.

### Is the service caring?

Good ●

The service was caring. People described the staff as being kind and caring and we saw that they were. People's dignity and privacy were maintained. People's independence regarding their daily living activities was promoted.

### Is the service responsive?

Good ●

The service was responsive. People received care which was responsive to their individual needs and daily handover meetings were so changes in people's needs could be responded to. People had been supported to follow their individual interests and take part in group social activities. People were confident any concerns they raised would be dealt with quickly and appropriately.

### Is the service well-led?

Good ●

The service was well led. People benefitted from staff who understood the positive values and culture of the service seen in

the way staff spoke and the care they provided. The registered manager had an inclusive style of leadership which placed people at the heart of the care and support they needed. The quality of the service was monitored and focused on enhancing the lives of people who lived at the home.

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# Three Roses Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 21 March 2016 by one inspector.

We looked at the information we held about the service and the provider. This included statutory notification's received from the provider about deaths, accidents and any concerns of abuse. A statutory notification is information about important events which the provider is required to send to us by law.

We requested information about the service from the local authority and Healthwatch. The local authority has the responsibility for funding people who lived at the home and monitoring the service quality. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people had limited verbal communication so we used different ways to communicate with people. We used the Short Observational Framework for Inspection, (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home during our inspection. We also spoke with four relatives after our inspection. We spoke with the registered manager, deputy manager and six staff members.

We looked at the care records of three people, the medicine management arrangements and at records about staffing, training and the quality of the service.

# Is the service safe?

## Our findings

People said and showed us they felt safe living at the home. One person pointed to a staff member and said, "They are nice, make sure I am safe." Another person told us, "I am safe here, we are all happy together." We saw people looked relaxed and comfortable in the presence of staff and sought staff out to be in their company. Relatives spoken with confirmed what we saw and they told us they had no safety concerns about how staff treated their family members.

Staff we spoke with were able to identify people's levels of risk and how they managed these in relation to all aspects of people's care and support. Staff consistently told us they supported people to take reasonable risks so they could lead full lives of their choosing. For example, making an assessment of each person's abilities to go to certain places of interest and helping with certain housework tasks people enjoyed doing. We saw staff responded to people's identified needs so risks were reduced. This included assisting people to get up from their chairs when staff noticed people struggled. We saw when this happened staff knew the techniques to use and provided reassurance and encouragement to people so their safety was promoted alongside their own levels of independence.

Staff spoken with had a good understanding of the types of concerns and the indications there could be possible abuse. They recognised changes in people's behaviour or mood may indicate people were afraid, being harmed or unhappy. They confirmed they had attended training on how to protect people from abuse and knew what their responsibilities were in keeping people safe. This included how to report their concerns to the registered manager and or external agencies such as the local authority or the Care Quality Commission [CQC]. When recent concerns had been raised we saw the registered manager had worked effectively with other agencies to ensure people were safe and their needs had been met. We also saw the registered manager had taken preventative action to reduce the potential of risk of the same nature from happening.

Staff we spoke with knew about the provider's procedures for reporting incidents and accidents and understood its importance. We looked at records which showed the registered manager had taken action in response to incidents and accidents to prevent them from happening again. They had also taken preventative action, such as, sourcing a specialist cushion which assists staff in supporting people to a safe position if they happen to be seated on the floor.

People who lived at the home and relatives we spoke with told us staff were available when people wanted support. One person told us how staff helped them in the mornings if they needed some support and another person said staff made sure they had what they needed when they went out to, "Keep me safe." Relatives spoken with believed there were enough staff to provide the support their family members needed to make sure risks to their wellbeing and safety were always taken into account. This included assisting people with something they liked to do for fun and interest and or when people needed reassurance which was done in an unhurried manner. Where people required assistance we saw staff responded without unreasonable delays which promoted people's safety and this also lessened people's anxiety. Staff spoken with told us they thought staffing levels assisted them to provide individual care and support so people's

safety and wellbeing was promoted. The registered manager showed us they had assessed and kept staffing levels reviewed against the individual needs of people who lived at the home. For example, agency staff had been used while they had recruited new staff so minimum staffing levels were consistently maintained so people's safety was not compromised.

We spoke with one staff member who had recently started work at the home. They told us they were not allowed to start working at the home until the checks had been completed. The recruitment records we looked at confirmed this was the case. We saw documentation was in place to make sure staff's backgrounds had been checked before they were employed. We found staff had references, records of employment history and a Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been barred from working with people. These checks helped the provider make sure suitable people were employed and they were fit to carry out their roles effectively and safely.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person said, "I have my tablets when I need them." We saw this was the case as staff supported people with their medicines and made sure they had drinks to enable people to comfortably take their medicines. Information was available about people's preferences for how they took their medicine to ensure staff supported them in the way they wanted.

We saw there were reliable arrangements for ordering, storing and administering people's medicines. One staff member who was responsible for administering medicines during this inspection showed us there was a sufficient supply of medicines and they were stored securely. The registered manager made sure they were assured medicine administration and management practices were in place to reduce the risks of medicine errors. This included assigning two staff members to support people in taking their medicines who had been trained to do so and checking staff's competency on an on-going basis. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicine to meet their needs. For example, when people had certain health conditions and or needed their medicines for their emotional wellbeing. Staff told us they made sure people's medicines were regularly reviewed by a doctor so people's safety and wellbeing was monitored and any changes needed were actioned.

## Is the service effective?

### Our findings

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. We saw staff sought people's consent. They could interpret people's actions which showed them the person agreed to the support being offered. However, what the registered manager could not show us was how the mental capacity of some people had been assessed and specific decisions made around the use of some specific equipment which was in place. They told us some people would not have the mental capacity to provide informed consent. They assured us people's mental capacity would be assessed and recorded to show who had been part of any best interest decisions made around the equipment being used. This would make sure the registered manager and staff followed the principles of the Mental Capacity Act 2005 so people's rights were protected.

People should only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager was aware of the current Deprivation of Liberty (DoL) guidance. They had the knowledge where people had restrictions placed upon them in order to meet their needs and keep them safe, an application needed to be completed and sent to the local authority for authorisation. Staff told us they had received training in DoLS. One staff member was able to provide examples of actions that would be classed as depriving people of their liberty. The registered manager told us applications had been made to deprive people who lived at the home of their liberty. Staff were aware of these applications and could tell us the reasons these were required and how this would impact upon their work.

People who lived at the home and relatives spoke positively about the care and support provided by staff. One person who lived at the home told us, "Staff are good at helping me." Relatives spoken with were equally positive as they said staff had the right skills and training to care for their relatives. One relative told us staff had a "Very good attitude towards the residents. Encouraging and allowing them to do things by understanding their capabilities." Another relative said, "[Manager's name] keeps the staff's training up to date and it shows as staff know how to care for the residents." Staff we spoke with told us the staff team was well established as many of the staff had worked at the home for a number of years. One staff member told us, "It's a consistent staff team. People know we are always there for them."

Staff told us they had an induction when they started work which included; getting to know people's needs, shadowing established staff and safety procedures. One staff member told us, "I had a full induction shadowing other staff and felt confident I knew people's support needs before I assisted with them." Another staff member told us they had completed the care certificate as part of their induction to support them to develop their skills in order to help them to carry out their responsibilities. Staff felt supported in their roles and able to talk through any concerns they had about their care practices and to identify their training needs to enable them to care and support people effectively.

Staff we spoke with told us that they had regular opportunities to undertake training which was relevant to their roles and this was evident from the training records. One staff member said, "I am really happy with the support I get; I can go to them any time and they always ensure I get the training I need." The registered manager and staff told us some people's needs had changed due to health conditions such as dementia. The registered manager had a proactive approach to staff members' learning. For example information and training was available to staff to support their understanding of how different health conditions impacted upon each person. This included the signs and symptoms and what staff needed to increase their knowledge to effectively meet people's individual needs. We saw the registered manager and staff had used different ways of supporting people who needed prompts to help them to remember certain things. One of the ways they did this was by having signs around the home environment to reduce people's anxiety and help them to maintain their own levels of independence as much as possible. We also saw staff appropriately used the techniques they had learnt when supporting people who needed some help to move around the home, such as from chairs to standing positions. We also saw staff used their skills and awareness in terms of meeting people's individual communication methods. A staff member said, "We just want to make life easier for people so our learning is important." Staff also told us they were encouraged to complete varying levels of recognised qualifications in health and social care to a level to meet people's needs.

People told us they enjoyed the meals and shared with us their favourite meals. Everyone we spoke with had positive things to say about the meals available. One person said the food, "Is lovely." Another person told us, "Yes" when we asked if they liked the food. A further person told us how staff made sure the food they had met their health needs so they remained healthy and well. We saw people had eating and drinking guidelines in place so staff had information to refer to so people's health was consistently maintained. We saw that meal choices were regularly discussed in meetings and on a daily basis so that people had what they would enjoy. One relative told us, "They are very good at cooking meals. They always cook meals from fresh and residents go out for a meal which is good experience." Another relative told us, "Food is good and fruit is offered so that diets are well balanced." We saw people were supported by staff to enjoy drinks and snacks through the day. One staff member said, "I have a drink when I want; it's no different for everyone here." Another staff member told us and showed us there was current information about people's dietary needs. There was also information about any identified foods which would place people's health at risk which was easily accessible in the kitchen area of the home. We saw people's specific diets were catered for with supplies brought into the home so people had food suited to their health needs or allergies.

People were supported to stay healthy and well. Everyone living at the home had a health action plan in place. These plans reflected people's on-going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health. As part of our inspection we sat in on a staff handover meeting during which there was a discussion about changes in people's care needs. We saw staff discussed a person had slept better due to the change in the time they had got up and another person had been prescribed some cream to meet their health needs. We also heard from relatives examples of how staff supported people with their health appointments, such as, optician visits and going to the dentist. We saw staff supported some people with attending the dentist on the day of our inspection.

## Is the service caring?

### Our findings

People who lived at the home told us they liked the staff and they got on well with them. One person told us, "They (staff) are wonderful to us." Another person said, "They (staff) are all nice to me." All relatives spoke highly of the caring nature of staff. One relative told us, "Very happy home, all the staff seem friendly and always welcoming." Another relative said, "They (staff) are all very nice and supportive." A further relative told us, "The staff do their very best, they are exceptional. Their compassion is enormous."

We saw staff were caring and thoughtful because they listened to people and responded to the things that mattered to them. Staff we spoke with told us they enjoyed supporting people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. One staff member told us, "We support people with leading their lives as they choose and celebrate their achievements however small." We saw and heard examples of this throughout this inspection. For example, where people enjoyed something which was important to them we saw arrangements were in place so they could do things whenever they chose. We saw staff chatted with people about things which interested them, and people showed they were happy staff took a keen interest in their well-being.

We saw staff shared conversations with gentle humour and providing the warmth of touch to show people they cared. Staff approached people in a friendly and respectful way. We saw staff understood some people had limited verbal communication and supported people's wellbeing in a discreet way. For example, we noted one person needed some guidance and prompting at times when they moved around the home. Staff did this in a sensitive way respecting the person's own abilities to make choices about where they wanted to be. Another person liked to do something but needed a little help at times from staff. We saw a staff member was patient and spent time helping the person so they could carry on with what they liked to do in a successful way which was important to them. One relative told us, "I think they (staff) really care, you can feel the warmth in the home."

People were treated as individuals with their levels of independence promoted. Staff and the registered manager showed they were fully committed to this approach and found ways to make it a reality for each person who lived at the home. People were supported through personalised methods to ensure they could communicate things that mattered to them and people were being supported to try new experiences in their lives. For example, the registered manager showed us how they had done some research and found knitted rabbits which people of all abilities would be able to make so everyone had the opportunity to gain a sense of achievement and self-worth.

Staff were knowledgeable about the care and support people required, assumed people had the ability to make their own decisions and gave them choices in a way they could understand. Staff also gave people the time to express their wishes and respected the decisions they made. For example, one person wanted to go out and staff were able to support them in doing this.

Relatives we spoke with told us they had been actively involved in contributing to the care and supported people received. One relative told us, "They (staff) always involve us in the meetings with the social worker

and another relative commented there were always kept involved and they would be upset if they were not. A further relative felt they were valued by the registered manager and staff as they listened to their views so they felt actively involved in their family member's care and support.

We saw people were involved in the running of the home and people referred to it as 'their home' when we talked with them. People were encouraged to keep their own rooms clean and tidy where they had the abilities to do this. We saw staff supported people in a caring way and the hobbies and interests people were involved in recognised the thinking, hand eye co-ordination skills and the knowledge people had. There was lots of chatter and from this we saw people felt comfortable with the staff who supported them. People had voluntary work opportunities where this was appropriate to help them develop their current skills even further so people were not disadvantaged in their lives.

The registered manager and staff told us they would use the advocacy service to support people where this was appropriate. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.

Staff recognised the importance of not intruding into people's private space. People had their own personal room to which they could go to whenever they wished. One person told us they liked their room very much. Another person said they were happy to spend time in their room and it was their favourite place to put items which they cherished so they were safe. Staff told us they would not enter a person's room without asking them first unless they thought the person was unwell or at risk of harm.

## Is the service responsive?

### Our findings

Many people had lived at the home for many years and the staff team had been consistent. We heard from both people and staff this had been one of the main factors which contributed to people being offered care and support which was responsive to their individual needs. One person told us, "This is the best home and staff." Relatives we spoke with were positive about the care people received. A relative told us how staff had adapted well to the change in their family member's needs. They told us, "They were well on the ball." Another relative said, "They know how to support my [family member's name] and I can see the care is right for them." A further relative told us, "[Family member's name] loves the theatre, very pleased there is plenty of staff cover so [family member's name] is able to always go out somewhere."

People's care records included information about their life before they came to live at the home and people's individual needs. Staff knew this information and used this when anticipating people's support needs by recognising changes in their facial expressions and body language. We saw staff knew how to relate to people who expressed themselves using short phrases and sentences, words or gestures. For example, we saw staff were familiar with people's own communication styles and referred to these to enable people to express themselves. We saw people understood what staff had said and responded positively to their individual styles of communication.

We observed that during the day staff were available to attend to people's needs. For example we saw there were no rigid routines; people were supported to the toilet when they wanted to go. We also saw staff responded to people when they wanted a drink, or to be alone in their personal rooms. One person told us, "I have never been left waiting for anything." A relative told us, "I have been consulted and I know there is a care plan so that [family member's name] has the care that they need. They (staff) have ensured [family member's name] has seen the doctor when needed and has the correct equipment to stop them falling."

The registered manager and staff described to us how individual people's needs had changed over the years they had lived at the home. They were knowledgeable about how this could impact on their caring roles so people with dementia related conditions received the care and support to live fulfilled lives. For example, staff had received training in dementia care and had adapted aspects of their practices to consider how they could aid and stimulate people's memories. We saw signs and pictures were used around the home environment, such as, gently reminding people which staff members were on duty and publicising the social events. During this inspection we heard staff gently prompting people with certain things which they had forgotten.

Staff we spoke with described how the arrangements in place supported people to receive consistent care which took account of their any changes in their needs. For example, people had dedicated members of staff who were known as their keyworker and were responsible for the person's welfare and was the main contact with the person's families or representatives. A relative described to us how the keyworker for their family member would contact them to discuss any issues or check things out with them. Another relative described the review meeting they had attended which focused on how their family members needs were being met and reflected any changes.

We joined a handover meeting where staff discussed each person's needs and any changes the staff starting their shift needed to be aware of. Staff told us they found these meetings helpful and they enabled them to develop a clearer understanding of each person's care requirements, for example, any changes in a person's mood, health or appetite.

We saw the registered manager and staff team supported people in maintaining their hobbies and interests. For instance, we met one person who lived in the home who told us they looked after the container plants in the garden. Another person told us and showed us the rug they were making. We saw their sense of pride as they showed us how they made the rug by going through each action they took. The registered manager told us rug making had helped people to retain good hand eye co-ordination and had purposeful benefits for people, such as people selling the rugs they made. On the morning of our inspection we saw people joined in a specific form of exercise which took into account their individual abilities and the physical and wellbeing benefits of people doing this. One person told us, "It is fun." We saw people chatted and laughed along with each other and staff. Individually people were proud to show how they had learnt some of the routines with staff clapping in acknowledgement of people's achievements. We also saw how staff had responded to people's choices of where they wanted to go on holiday so this could be planned. It was acknowledged by staff some people liked to go on outings and shorter breaks so this had been facilitated planned so people continued to live their lives in the way they wanted to. All relatives spoken with believed people had lots of opportunities to do fun and interesting things. One relative told us about the 'life' books where people would record their days out or any other events in their lives. They said this showed the registered manager and staff had been imaginative as this initiative meant people could include photographs which they could then show to their relatives.

We asked people who lived at the home what they would do if they had any concerns or complaints. All people told us they had no complaints about their care and if they did they would tell staff or the registered manager about any concerns they had. Relatives who we spoke with told us that they would raise any concerns or complaints' they had with the registered manager of the home, if they needed to. They told us they would feel comfortable in doing this and were in no doubt the registered manager would listen and take any actions needed. The provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it. In addition to this staff told us they would be able to tell from people's body language or behaviour they were unhappy. There had been no complaints raised at the time of this inspection but registered manager told us concerns and complaints were welcomed and would be addressed to drive improvements where necessary.

## Is the service well-led?

### Our findings

People showed us that they knew who the registered manager was. We saw the registered manager chatted with people who lived at the home and with staff. They had a good knowledge of the care each person was supported with. We saw there was warmth between people and the registered manager during conversations where people smiled, laughed and touch was used. The registered manager showed us that they knew about important points of detail, such as, which staff members were on duty and what they were supporting people with on the day of our inspection. This level of knowledge supported the registered manager to run the service effectively so people could be supported in the right way. A relative told us the management of the home was, "Very good, they seem to be well organised, right numbers of staff, not chaotic." Another relative said, "I think it is excellent (management), very good under [manager's name]." A further relative told us their family member was, "So well cared for. It's a wonderful place. [Registered manager's name] and [deputy manager's name] are doing a wonderful job. They are marvellous."

Staff we spoke with told us they provided people with opportunities of making their suggestions about what they liked and where improvements could be made. Staff told us they asked people on daily basis for their feedback and at meetings with people about the quality of the service they received. There were examples where people had been involved in making choices when improvements were made. For example, suggestions from people about their meal choices enabled meal planning to be consistently improved as people's tastes changed. In addition to this people had regular opportunities of being involved in their care reviews about the quality of the services they received.

The registered manager had worked at the home for many years which staff told us provided consistent leadership and they were supported in their role by deputy managers. The registered manager showed they understood their leadership responsibilities and were passionate about the support people received to achieve their goals in their lives. They led by example as their values and vision were shared by the staff team who consistently shared with us how they felt valued in their roles to enable them to provide a high standard of care. Staff spoke with told us they had opportunities to contribute to the running of the service through regular staff meetings and one to one meetings. Staff spoke positively about the leadership of the home. One staff member told us, "I love my job" Another staff member said, "We [the staff] all work well together." They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted on. Staff told us they felt confident they could speak with the registered manager about any concerns they had to fulfil their responsibilities in making sure people received safe care. However, they were also confident to use the provider's whistle blowing procedures if they felt their concerns were not addressed by the registered manager.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

We spoke to the registered manager of the home who showed good knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as registered manager. They showed us they had a responsive and accountable style of management. For example, they acknowledged the issues we found in relation to practices being consistent when following the MCA so people's rights were protected. They were eager to make the improvements and following our inspection told us how they were implementing these. In addition to this the registered manager assured us they would look at the administration of some people's medicines to ensure this was centred on each person and it met their choices. This was because some people waited outside a room in the home to be supported with their medicines in the morning which had become normal practices for some years.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw help and assistance was available from deputy manager and staff members to monitor, check and review the service and ensure people were provided with continued good standards of care and support. For example, checks were made on care planning, so the registered manager could confirm care was being provided in the way individual people wanted, and consider how people's changing needs affected plans for developing the service. The directors met regularly with the registered manager to review the quality of the care provided, and checked people were receiving appropriate support with their health and well-being. The directors regularly visited the home and they would provide their thoughts about the standards of care. One relative spoke with us about the directors and told us, "All residents love them. They (people who lived at the home) go and chat with them in their own ways." From speaking with the registered manager and looking at the quality checks they had proactively focused on the needs of the people who lived at the home and decisions about the future care needs of people. This showed their vision for the future was centred on the future needs of people who lived at the home. The registered manager had links with different organisations which provided specific guidance and training. This enabled them to follow best practice to make sure people received care and support which was enriched by changes and improvements made.