Prime Life Limited

# Prime Life Limited - 50 Stoneygate Road

## Inspection report

50 Stoneygate Road
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Date of inspection visit:
08 November 2016

Date of publication:
10 January 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 8 November 2016, and the visit was unannounced.

50 Stoneygate Road provides accommodation and personal care for 19 people who have specific mental health needs. The accommodation comprises of 19 single en-suite rooms. There were 18 people living in the service at the time of our inspection.

50 Stoneygate Road had a registered manager in post. 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.

Staff felt there were enough staff to keep people safe and ensure, as far as possible, people could go out when they wanted to. Staff worked as a team to ensure people received the appropriate level of support to keep them and others safe. Staff developed some people's life skills to enable a transition back into live independently in the community. The provider had recruitment procedures that ensured staff were of a suitable character to work with people at the home. Most staff had received training in the areas the provider considered essential for meeting the needs of people in a care environment safely and effectively. Planned training was in place for the remainder of the staff to ensure all staffs' knowledge was up to date.

Tests to ensure that the environment was safe were undertaken regularly, and there was a business continuity plan to ensure the effective running of the service in an emergency.

New staff received an induction which included working alongside more experienced staff. This helped them get to know people's needs and establish a relationship with them before support them on a one to one basis. Staff had been provided with safeguarding training and the registered manager understood their responsibilities to manage any safeguarding concerns raised by staff.

Risk assessments and management plans covered all aspects of people's needs and included safety when outside the home, travel, finances, health and daily routines. There were appropriate arrangements for the recording and checking of medicines to ensure people's health and welfare was protected against the risks associated with the handling of medicines.

Staff worked within the principles of the Mental Capacity Act 2005 and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly.

Care plans and support records were personalised and each file contained information about the person's

likes, dislikes, preferences and the people who were important to them. Care plans also included information that enabled the staff to monitor the well-being of people. There were systems in place for staff to share information through detailed daily records for each person.

Audits and checks of the service were carried out by the management team and the provider. These checks ensured the service had continuously improved. The provider ensured all notifications required by law had been sent to us in accordance with the legislation.

## 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.

Some areas of the home required safety improvements to ensure people were safe at all times. Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them or their relatives to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Staff were employed in numbers to protect people's safety. Medicines were ordered, administered and stored safely.

### Is the service effective?

Good

The service was effective.

People received an effective service that mostly met of their dietary choices.
Most staff had completed essential training to meet people's needs safely. Remaining staff had their training planned.
Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005 and asked for people's consent to care before it was provided.

### Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals, recognising their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way, people were encouraged to make choices and were involved in decisions about their care.

### Is the service responsive?

Good

The service was responsive.

People received tailored support that met their needs and they and their families were involved in planning how they were supported. Staff understood people's preferences, likes and

dislikes and how they wanted to spend their time. People told us they would have no hesitation in raising concerns or making a formal complaint if necessary.

## Is the service well-led?

Good

The service was well led.

The home had an open and friendly culture. The provider used audits to check people were being provided with good care and to make sure records were in place to demonstrate this. People using the service, their relatives and visiting professionals had opportunities to share their views and influence the development of the service.

# Prime Life Limited - 50 Stoneygate Road

**Detailed findings**

## Background to this inspection

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

The inspection visit took place on 8 November 2016 by one inspector, a specialist advisor and expert by experience. The visit was unannounced. A specialist adviser is a qualified social or healthcare professional. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both our specialist advisor and our expert by experience's area of expertise was the care of people with mental health needs.

Before the inspection visit we looked at our own systems to see if we had received any concerns or compliments about 50 Stoneygate Road. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We considered this information when planning our inspection to the home. We spoke with commissioning staff from the local authority who told us they had undertaken a quality monitoring visit, and found the provider was operating effectively.

The provider is required to send us a Provider Information Return (PIR). This allows the provider to provide some key information about the service, what the service does well and improvements they plan to make. This provider completed and returned it to us in a timely fashion.

During this inspection, we asked the provider and registered manager to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home following our previous visit. We also asked the provider to forward more information following our visit, as some documents were not available on the day, and these were

forwarded the day following the inspection.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported. We used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

To gain people's experiences of living at 50 Stoneygate Road, we spoke with nine people. We also spoke with a director, an associate director, the registered manager and four support staff. We looked at five people's care records to see how they were supported. We looked at other records related to people's care such as medicine records, daily logs, risk assessments and care plans. We also looked at quality audits, records of complaints, incidents and accidents at the home and health and safety records.

Good

# Is the service safe?

## Our findings

People told us that they felt safe and staff cared for them safely. One person told us, "I feel safe here; but I can't lock my door when I am not in the room, I am concerned about my property."

Staff were able to tell us about people's individual needs, and the support they required to stay safe. People's care records included risk assessments, which were reviewed regularly and covered areas related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided clear guidance to staff in respect of minimising risk. People told us they were involved in discussions and decisions about how risks were managed.

The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm and had a good understanding of what abuse was and their responsibilities to act on any concerns they had about people's safety. Staff knew the different types of abuse and how to identify them. Staff were aware of the whistle blowing policy and told us how they could use it if their concerns were not acted on. They also knew about the companies' own internal whistleblowing contact telephone number, and which authorities outside the service to report any concerns to if required. That ensured staff were aware how to safely support and protect people. The registered manager was aware of their responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required.

We spoke with the staff about what they would do if they suspected someone was being abused at the service. One member of staff said, "If I felt the service user wasn't safe or was vulnerable I would discuss it with the manager. If I felt he couldn't resolve it I would contact safeguarding or whistleblowing. I wouldn't be afraid to take it further."

Care plans we viewed were sufficiently detailed to enable staff to support people safely and consistently. Care plans contained an 'all about me' section which included details of the person, their life history, likes and dislikes as well as contact details of people important to the person. However one care plan for a person who had previously self-harmed and staff had recorded they still had thoughts of harming themselves or others, there was no risk assessment or support plan in place to minimise this risk. On speaking with the registered manager they stated that the self-harm was a historic risk however the care plan had not been updated to reflect this.
Risk assessment paperwork stated they were to be reviewed every six months. Not all risk assessments we saw had been reviewed in this time frame. Of the five files we reviewed some had not been updated since December 2014 and others in January and March 2016. Nutritional risk assessments were available in the care files for people with diabetes but these had not all been completed in full. That meant staff did not have the latest information on the risks people presented with that ensured their safety.

One person said to us, "I have a key for my bedroom door." This meant this person was able to ensure their property was safe.

The premises were generally safe and well maintained. However one person told us they were concerned about their property. We spoke with the registered manager who said they would ensure all locks were in working order. During the visit we also saw some of the window sills were a low height. The provider had put some precautions in place, but still left people at risk from, for example, tripping or falling onto the window and suffering cuts from broken glass. The registered manager sent us information that additional safeguards had been put in place, the day following the inspection.

Health and safety audit checks showed that water temperatures had been checked. There was servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place though there was no evidence to indicate that all staff had received practice in a fire drill situation in the past 12 months. This meant the provider took steps to ensure people were supported in a safe environment.

Our observations confirmed that staff were employed in numbers to promote peoples' safety. Staff confirmed there was a senior and four support staff in a morning, afternoon and evening, and two waking support staff at night. Staff told us they believed staff were employed in sufficient numbers to ensure people were cared for safely.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for four staff. We found that the relevant background checks had been completed before staff commenced work at the service.

We spoke to people at the service about their medicines. One person told us, "I have my medication at meal times."

People we spoke with said support staff supported them with their medicines. We looked at the medication administration records (MARs) for six people. We saw there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. The support staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. People who were planning to move back into the community were risk assessed to hold and administer their own medicines.
Support staff who administered medicines were observed regularly by one of the management team to ensure that they were competent and administered, stored and recorded the medicines in a safe manner. We saw staff used a list to ensure people had their medicines at the correct times, and this detailed who's medicines were due at any of the eight administration times.

People in receipt of 'as required' or PRN medicines had instructions added to the MARs to detail the circumstances these should be given and included the maximum dose the person should have in any 24 hour period. We observed the lunch time medication round and heard people being offered pain relief which was prescribed on an 'as required' basis. That demonstrated that staff understood when and how these medicines should be offered.

We found that medicines were stored securely in a temperature controlled room. A record of storage temperatures for the medicines room and medicines fridge had been kept by staff. Staff knew the storage temperature limits and what to do if these exceeded or fell below the recommended maximum and minimum.

Good

# Is the service effective?

## Our findings

People told us they were happy with the staff that supported them and felt they understood their needs and how they preferred to be cared for.

Staff said there was enough training and they did not feel they had any gaps in their knowledge. There was evidence staff had received induction training after they commenced their employment. This was followed by training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and mental health awareness. Training was reviewed regularly and staff were supervised to ensure their practice remained at a high standard.

Staff felt communication and support amongst the staff team was good. There were daily handover meetings which provided staff with information about people's health and wellbeing. Staff also told us they felt supported through regular staff meetings with the registered manager. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group. Supervision benefited the people using the service as it helped to ensure staff were more knowledgeable and able to care and support people effectively.

The registered manager, nursing and most care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involved consulting closely with relatives and with health and social care professionals who knew the person and had an interest in their wellbeing. Records showed that all the people's files we viewed had mental capacity assessments in place with regard to making certain choices and decisions.
There were no people that had DoLS authorisations in place. The registered manager was aware when they would need to apply for the necessary authorisation from the local authority.

One person told us they were subject to a 'curfew'. The person explained this was voluntary, where they agreed a return time to the home so their safety could be assured. Staff also kept in contact by mobile phone so they could alert the police if they had not returned by their agreed time. Other people had voluntary restrictions in place. Where people had capacity these were agreed by the person in advance.

One member of staff said, "If I felt the service user wasn't safe or was vulnerable I would discuss it with the manager. If I felt he couldn't resolve it I would contact safeguarding or whistleblowing. I wouldn't be afraid

to take it further."

Meal provision was in the main effective. Some people told us they were happy with the meals provided. One person said, "The food is great!" Another person said, "Food is nice, good healthy food." Another person told us they enjoyed the food and were able socialise at meal times. However, one person said, "I don't like the food, it's the way that it's cooked and brought in." The person clarified that they preferred to purchase items and cook their own meals. The lunch time meal was produced by a central kitchen. The provider used this to provide meals for a number of homes in the Leicester area. We saw there were few people who ate in the home at this time, as most people chose to eat their lunch whilst out of the home.

We looked at the service's meal provision and how staff ensured that people received a nutritious diet and maintained a healthy weight. Menu preferences for the remaining meals were discussed at regular meetings between people using the service and staff. The choices put forward by people were then used to provide choices at the breakfast, evening and supper meals. Information on people's likes and dislikes were recorded in their care plans, and distributed to staff. For example, the catering staff were aware of these and any food allergies.

People had the choice of eating in the dining room, lounge or their bedroom. The atmosphere at lunchtime was relaxed. Staff were attentive and responded to people's requests. People told us there was a 'tuck shop' where they could purchase snacks, or were able to go out independently to the local shops.

We saw drinks such as water and cordial and fruit were freely available in the dining area at all times. We observed staff provided choices to people throughout the meal, in terms of choices of meal, type of drink and where to sit in the home or dining room.
We asked a staff member, what actions they would take if they found a person had lost weight. They said, "We do weigh people regularly, when they agree. If I suspected they had lost weight, I would tell the manager so they could follow it up."

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP or dietician. This ensured any changes to people's dietary needs was managed to meet people's needs. The registered manager said if they had concerns about the health of anyone, they would seek further medical advice. This approach helped to ensure that people received effective support to keep them healthy.

The registered manager and staff were effective in ensuring people's healthcare ensured people were able to maintain good health. People told us their health and medical needs were met, and they were happy for the staff to arrange GP and health appointments for them. People's care records showed that people received health care support from a range of health care professionals and when necessary were accompanied to external medical appointments by relatives and staff. The records we viewed confirmed most people were subject to regular health checks by their GPs, specialist health professionals' and hospital consultants.

One member of staff said, "Sometimes it can be a battle to sort out the healthcare they need. One person I think is deteriorating, they argue with themselves." When I rang social services they had not been reviewed for a while and they had been discharged. We had to go to the GP and be referred again. It can be frustrating. The consultant people have is leaving and they will have a new one. They have a temporary one now but it can distress them not knowing who they are going to see. Continuity is so important."

Information recorded in care plans following visits to health professionals did not always contain enough

information to inform care staff of any changes to their care. For example, it was recorded that one person visited their consultant psychiatrist in May 2016, and the record stated, "Took them off some of their medication." The records did not continue to explain which medicines had been stopped. That did not reflect an effective service that communicated fully with staff, and could have led to complications in the person's health.

Good

# Is the service caring?

## Our findings

People told us the staff were caring and approachable. One person said, The staff are brilliant, the manager is understanding and good." Another person said, "The staff do a lot for me, they are worth their weight in gold, and added, "They are caring, and know where I am coming from." Another person said, "It's a wonderful place they look after us really well."

We observed staff interactions with people throughout the inspection which showed that staff had been supportive and reassuring.

The registered manager and staff understood and promoted respectful and compassionate attitudes by the staff team. We observed that staff spoke quietly and reassured a person who was upset. The member of staff later revealed the person needed regular support in this way. This demonstrated the member of staff supported the person with compassion and a caring attitude.

Some people were unable to fully express their views and opinions, and records showed that some family members and advocates had been involved in care plan reviews. An advocate is a person independent of the person's relative or the home who represents the best interests of the person. There was information in care plans to ensure people were referred to by their preferred name.

Care records were seldom signed by people, though staff told us care plans were read to people and their comments recorded. People confirmed this, and one person said, "I know about my care plan, I'm not interested." The registered manager said care plans reflected people's needs and were reviewed regularly and changes made when required.

We observed that staff checked on people's well-being throughout the day, and knocked on bedroom doors before entering. Individual choices, preferences and decisions made about peoples care and support needs were recorded. This demonstrated that staff supported people's decisions about how they wanted to be supported.

One person said to us, "It's like a family here, it's nice." Another person told us they had the choice of their family visiting.

People told us their privacy was observed and they were treated with dignity. We observed that people were allocated a laundry day. That meant that only that person's clothes were washed at that time. That demonstrated a caring and dignified way to ensure laundering was completed with individual people's preferences.
Staff understood the importance of caring for people in a dignified way and they described to us the caring qualities staff had at Stoneygate Road. They said the staff team knew about people's needs and worked as team.

When we asked staff how they made sure they provided a caring service for people, one person said, "I

always make sure I have time for the service users. You learn to leave personal problems outside of work so they don't impact on you. They appreciate having time to talk to them. If I can't do something I always explain why and that reassures them they I am not just saying no. We include homely touches so it is welcoming. We go and sit with people when they're watching a film. It helps people to feel that they are at home and not in an institution." This told us that staff had a caring nature.

Good

# Is the service responsive?

## Our findings

We saw that people received personalised care that was responsive to their needs. People told us they felt they were being supported and prepared for a life back in the community. One person told us, "I can get up and go to bed when I want. I like to go to bed late." Another person said, "I sometimes need prompting to bathe, the staff remind me." Another person said, "I've just had a tattoo for my birthday. I designed it myself and my keyworker helped me, and took me to have it done today. They [staff] are really good here. They know what is important to me."

Another person explained that they were encouraged to keep their flat clean, and said, "It was explained that I need to do chores like cleaning my room, so I am ready for (living in) the community." Staff also explained that people were also advised about cooking, budgeting and administering their own medicine to equip them to live independently.

We looked at five care plans which included pre-admission assessments. The registered manager explained that pre-admission assessments were important to ensure that staff could meet the person's individual needs.

Care planning was linked to people's needs which ensured care plans were individual to each person. We saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and information about peoples' lives and family histories. We also saw detailed information about one person's dietary intake. This information explained to staff about the dangers of this person having too little or too much to eat, and what help they may need to maintain their health.
Staff had access to people's plans of care and received updates about their care needs through daily handover meetings. The care files we viewed were comprehensive, and revealed regular reviews, demonstrating the care process has been responsive to people's changing needs.

Staff were able to explain, and demonstrated through the care we observed, the specific support that people required. One support staff said, "Each person is different, with most you can spot if someone is becoming upset or anxious. You can sit and talk to them before it escalates. If a person is not comfortable with another service user we will suggest that we go out for a coffee. If we're unable to diffuse a situation staff are available to prevent physical violence."

People were offered activities that responded to their individual needs. One person said, "Since I moved here, I have had no problems with staff or residents. It's meant for people like me who want to move on." Another person said, "The staff used to go shopping with me to buy ingredients and cook shepherd's pie." We confirmed by viewing the person's care plan that staff intervention had reduced and staff checked at times through each activity, and so staff had encouraged this person's independence. People had further skills training and education from sources outside the home. One person was undertaking computer training. We saw where another had applied for part time employment. This showed us that staff had been responsive in developing peoples' independence.

Details of people's interests were included in their care plans and activities were arranged based on these interests. We saw that people had visited the library and local shops. One person had gone fishing and holidays had been arranged for people to Skegness and Ireland. One person had chosen to play pool and another person enjoyed completing arts and crafts. The showed us that care plans reflected peoples' individual person centred choices.

We saw people took part in activities which responded to their individual needs. Some people went out independently whilst others were supported by staff and engaged in activities in and out of the home. One person was taken shopping and we observed another played a board game with a support worker. Staff told us that some people were assisted in setting up self-help skills such as cooking which also formed part of the activities programme. We saw that staff supported people to reduce the effects of social isolation and were responsive and organised visits to families as far as Leamington Spa and Manchester. We looked at the minutes of service user and staff meetings which included discussions around the menu, activities and staff changes.

The provider had systems in place to record complaints. One person said, "If I had a complaint I would speak to [named the registered manager]." They added there was a complaints box in reception, but have not needed to use this as they felt able to speak with the staff. Another person also told us they would speak with staff if they had a problem.

People we spoke with said they knew how to make a complaint, and indicated they could rely on the support staff to deal with any issues. Records showed the service had not received any complaints in the last 12 months. The registered manager explained how he would investigate and deal with complaints. We saw this mirrored the most recent complaint in January 2015, where an outcome had been provided, and changes were made to the service as a result of this. Analysis by the registered manager did not reveal any patterns or themes with previous complaints. The information was fed back to staff though staff meetings or individual supervision sessions so that staff were aware of the issue and any change required. Issues picked up at service user meetings had been dealt with on an individual basis and recorded in people's care plan records.

Good

# Is the service well-led?

## Our findings

People told us they felt supported by the registered manager and staff team. One person said to us, "He [registered manager] is the most laid back guy I know, he will help with anything."

When asked if the management team were supportive, one member of staff said, "Definitely, if I have any problems, I could go speak to my manager."
People who lived at the home and their relatives were invited to meetings with the registered manager. We looked at a sample of the minutes of these meetings, and saw that people requested a weekend camping trip, to attend concerts at a local venue and Halloween festivities, with a planned fancy dress party, all which we saw evidence of at the inspection.

We saw evidence that people who used the service, their relatives and visiting professionals were asked to contribute to the quality assurance process. They were sent questionnaires, so were enabled to comment about the quality of service offered by the home. We saw 14 out of 19 people who lived at the home participated in the last questionnaire. We saw the feedback had been adopted by the provider, where more activities were arranged out of the home. That meant the provider embraced the quality assurance process and also provided evidence of a culture which was person centred and empowering.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The registered manager oversaw staff who carried out a range of scheduled checks and monitoring to provide assurance that people received the care and support they needed. The registered manager also held regular meetings with all staff a monthly basis. The associate director spent one day a month in the home, and was in regular telephone contact with the registered manager and staff. On the monthly visits they undertook some quality checks and discussed any changes. This ensured that people who lived in the home were safe and well supported. They also spoke with people and staff whilst in the home. This enabled people to have a say in how the service was run.

The provider understood their responsibilities and ensured that we were notified of events that affected the people, staff and the building. The provider had a clear understanding of what they wanted to achieve for the service and they were supported by the registered manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff had detailed job descriptions and had regular staff and supervision meetings. These were used to support staff to maintain and improve their performance. Staff confirmed they had access to copies of the provider's policies and procedures. They understood their roles and this information ensured that all staff were provided with the same information. This was used to provide a consistent level of safe support to people.

We saw a system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. Any issues identified had been attended to swiftly. The company maintenance person visited regularly and undertook repairs whilst on site.

We looked at the record of safety tests undertaken in the home. Most of these were done by the Prime Life's 'estates' team from the head office. The periodic test of gas appliances and electricity supply were up to date and were performed by appropriately qualified engineers. The fire alarm system was tested and re-set on a daily basis by support staff from the home, to ensure it was in good working order. There was a business continuity plan produced by the provider. This had information for support staff in the event of a significant failure of part of the building, water gas or electrical services. That meant support staff had information they could use to deal with a building emergency without undue delays.

Quality checks were undertaken by the registered manager and support staff from the home. These included checks on the fire and evacuation system, medicines, complaints and food temperatures. These were then overseen by the associate director when they visited the home. That ensured that quality and safety were seen as an essential part of the culture of the home.

The registered manager understood their responsibilities and displayed a commitment to providing quality care in line with the provider's vision and values. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required.