Deverill Estates Limited

Elroi Manor

Inspection report

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Wincanton
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 17 December 2016 and was unannounced. It was carried out by two inspectors. Elroi Manor had closed for a period of time and re-opened in February 2016 with conditions on its registration. There was a condition in place that it can accommodate a maximum of 18 service users at the location and another that it must not accommodate service users in a closed of section of the service which has a further 16 bedrooms. The conditions were put into place by CQC and were both being met at this inspection.

Elroi Manor currently provides accommodation and personal care for up to 18 people. There were three vacancies at the time of inspection. The service is located in Wincanton and is a detached single storey building. There is a large communal lounge and separate dining room and people have access to a covered patio space and open gardens. At the time of inspection, the service was not providing nursing care for anyone living at the home.

The service did not have a registered manager at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager at the home had moved into the post a few months previously and was in the process of applying to register with CQC.

Medicines were stored safely and given as prescribed. We saw that one medicine which required additional checks had an error when it was recorded. There were audits in place to ensure that this did not reoccur.

People were supported by enough, safely recruited staff to meet their needs. Staff were aware of the risks people faced and their role in reducing these risks. Where staff had required training or updates, these had been provided and staff had the necessary knowledge and skills to support people.

People were supported by staff who understood their role in protecting adults from abuse and were able to tell us about the signs of abuse. Staff received training in protecting adults and were confident to report any concerns or to whistle blow if this was required. Staff also received supervision from the manager and were able to discuss any concerns, practice issues or development opportunities.

People were supported to make choices about all aspects of their daily life. This included what they wanted to eat and drink, what activities they were involved in and how they wanted to be supported. Staff understood peoples individual likes and dislikes and how they preferred to receive their support.

Staff sought consent from people before providing support and they were aware of the principles of the Mental Capacity Act and had received training in this area.

Staff were kind and caring and we observed that people were relaxed and had a clear rapport with staff. Staff were familiar to people and supported people in a way which was respectful. Relatives and people were involved in planning and agreeing what support people received and felt that staff knew people well.

People had access to healthcare services when required and we saw that the service had referred to a range of different health professionals to ensure that they were supporting people effectively.

People were supported to have enough to eat and drink by staff who understood what support they required. People had choices about what they ate and drank and mealtimes were a relaxed, social occasion.

People had individualised care plans which reflected what support they needed and how they wished to receive their support. The service was in the process of transferring care plans to use a more holistic approach. Where these were in place we saw that they were personalised and provided a clear picture of the experience of the person receiving support.

Relatives felt included and welcomed by the service. They told us that they were updated about their loved ones and felt that the service provided by the home was of a high standard. People were involved in, and enjoyed a range of activities and there were plans for increased activities with a clear dementia focus.

People and relatives told us that they would be confident to complain if they needed to and we saw that there were clear processes in place to manage this. We saw that relatives and people were comfortable talking with the manager, the owner and care staff.

Communication between staff and management was positive. Staff were encouraged to raise issues and discuss queries and felt valued in their role. There were informal team meetings daily where practice and ideas were discussed.

People, relatives and staff described the service as well led. Staff spoke positively about the management of the service and were supported in their roles. They felt encouraged to raise ideas and that they would be listened too. They had a clear understanding of their roles and responsibilities

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 were assisted to manage their medicines and received them as prescribed.

People's individual risks were identified and staff understood their role in managing these.

People were supported by staff who understood their responsibilities in protecting people from harm.

People were supported by staff who were recruited safely and had undergone appropriate pre-employment checks.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported safely to maintain a balanced diet and had choices about their meals and drinks.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

Staff respected people's privacy and dignity.

People's information was stored confidentially.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood and were responsive to people's individual and changing care needs.

People had a choice of a variety of activities and told us that they enjoyed these.

People and relatives were aware about how to complain and told us that they would be confident to do so.

Is the service well-led?

Good

The service was well led.

Although there was not a registered manager in post at the time of inspection, the manager was in the process of applying through CQC to become the registered manager.

Staff told us that the manager was approachable and that they were encouraged to discuss any issues or concerns.

There was a development plan for the service and staff understood their roles in improving the service.

Elroi Manor

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 17 December 2016 and was unannounced.

We had requested and received a Provider Information Return (PIR) from the service . The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also contacted the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with seven people using the service and nine relatives. We also spoke with four members of staff, the manager and the owner. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care records of four people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment, training records and registration of trained nursing staff. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Good

Is the service safe?

Our findings

The service was safe. Medicines were stored securely and given as prescribed. We looked at the medicines administration records (MAR) for people and saw that they corresponded with the medicines which had been given. Where people had medicines that were 'as required' these were clearly recorded and the manager told us that they had been working with the local surgery to ensure that people's medicines were reviewed. This had meant that some people did not need some of their medicines as often and we saw that this was reflected in the MAR. For example, one person had a medicine which after being reviewed, was needed less often and we saw it was now prescribed 'as required'. This demonstrated that the service had communicated with the GP surgery to ensure that people were prescribed medicines which were appropriate and safe. Some people received medicines which required additional safety checks. We saw that there had been an error in checking the quantity of one of these medicines. Senior staff told us that they checks the quantity of the medicines weekly and we saw that this was in place, however the additional safety checks for this particular medicine were done every time it was administered and the error had not been picked up. The manager acknowledged this error and gave us assurances that the checks would be done robustly to prevent any further recording errors.

People told us that they felt safe with the support they were receiving. One person said "It is safe here, it is very nice here". Another person told us that the home was "very good…..If I need help, I get it". A relative told us "I feel my loved one is safe here with the support and I would recommend it to anyone". Another relative told us that they were able to leave their loved one knowing that they were ok and said that "If my loved one is happy, I'm happy." We observed a member of staff walking arm in arm with someone and ensuring that they walked safely to the dining room for their lunch. We also saw the manager gently reminding a person to use their stick so that they were able to move around safely.

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse. They were aware of the possible signs and said that they would be confident to report any concerns. Staff had received safeguarding training and we saw that inductions for staff included checks about whether they understood how to report any concerns of abuse and whether they were aware of how to whistle blow if they needed to. A staff member told us that they would be confident to whistle blow if they had concerns and would speak with the manager.

Staff were aware of the risks people faced and their role in managing these. For example, one person struggled with breathlessness. Staff were all aware of what support they needed at night to ease their breathing and what medicines they had in place to assist if their breathing got worse. Another person was identified as being at high risk of falls. Staff explained that they supervised the person when they walked and ensured that they used their frame for support. We observed staff supporting the person in the way they had described. Risks were recorded in people's care plans and the manager told us that they were in the process of changing all the recording for people. We saw two of the new care plans and saw that the risks people faced were clearly identified, and gave detailed support to manage the risks.

There were enough staff available to support people's needs. The manager told us that they used a ratio

based on people's needs to ensure that there were sufficient staff. One person said "staff are there if you need them". Relatives told us that there were enough staff available to support people and that people did not have to wait. We observed that staff were observant and responsive and there were enough staff to respond to people's needs quickly. For example, a staff member was supporting someone with their meal and another person needed assistance. The staff member quickly noticed that the person needed support and assisted them. Another member of staff promptly took over so the staff member could return to assist the person with their meal.

Staff were recruited safely and records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. Where needed, verbal references or additional reference information had been sought to ensure that these were robust.

Fire evacuation procedures were easily accessible and each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were clear plans of where the nearest fire exits were for each person's room and these were kept where staff could easily use them in case of an emergency.

Good

Is the service effective?

Our findings

The service was effective. People felt that staff had the necessary skills and training to support them. One person said "staff are very good, very helpful, very kind and very obliging". A staff member told us about a person who had been having difficulty sleeping. They were able to tell us what they had observed, what advice they had sought and the difference that it had made to the person who had slept well the previous night. The relative of the person also told us about the work staff had done to recognise the problem and seek a solution which worked for the person. The manager also told us about another person and the improvements in their physical and emotional health since they moved to the home. Staff had worked together and involved other professionals to encourage the person to feel comfortable and to improve their physical mobility. The person was now very sociable and enjoyed spending time in the communal areas chatting to people and staff, they were able to walk with some equipment. The relative of the person told us that they had seen a huge difference in their loved one since moving to the home and that they were more confident and sociable and very happy at the home. The staff had used their skills and knowledge to ensure people received the appropriate care and support.

Staff received training in various areas and spoke highly about the support they received. Some staff had received previous training in related areas but told us that they had been given refresher training when they started in their role which had been of benefit. We saw that staff undertook training in a number of areas which the service considered essential. These included infection control, moving and assisting people, medicines and dementia. The manager explained that they were working with an external trainer to make training bespoke to staff at the service. They explained that they followed staff understanding about training when they had supervision to evidence what staff had learned. One staff member told us that they took a lead role with regard to the activities available for people and that they had been offered training to further develop their knowledge and understanding about dementia friendly activities. Training records were up to date and staff told us that they had other opportunities for development. One staff member explained that that were currently working through level four of the Qualifications and Credit Framework(QCF). The QCF is a national framework which replaced the previous NVQ qualifications. Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work. The manager told us how they were ensuring that training reflected the 15 standards of the Care Certificate.

Staff received supervision regularly with the manager and told us that it provided them with the opportunity to discuss practice and any ideas or suggestions about how to improve or develop the service for people. Staff told us that they felt valued and supported by management.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the principles of MCA and their role in supporting people to make decisions about their support. We observed that where people were able to make decisions, they did so throughout our inspection. A staff member explained that they "support and encourage people to make a decision, take time and don't rush". They told us that they provided people with the information they needed to make a decision and gently refreshed this information if people were unable to recall it. Where people were not able to make decisions this had been assessed for the majority of people and decisions made on their behalf reflected the principles of the MCA. The manager explained that they were in the process of ensuring that every person's record clearly reflected information about people's capacity and we saw that some records were partly completed as the manager had described. Where people had arranged for someone to have legal power to make decisions on their behalf, this was recorded.

The home had applied for Deprivation of Liberty Safeguards (DoLS) where necessary. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. We saw that there was a clear record of people for whom DoLS applications had been made and which applications had been granted. The manager had a clear understanding about DoLS and was able to tell us about an authorisation they had received for one person and the conditions attached to it. The service was meeting the conditions as set out in the DoLS.

People and relatives spoke positively about the food and told us that they had a choice about what they ate and drank. One person said "Dinner's nice and we all enjoy what we are eating". Another person said "food is very good, things I don't like - they know that and I don't get them". Some relatives told us that they had eaten meals at the service with their loved ones and spoke highly about the food. The chef was competently able to explain if people had special dietary requirements or if people required a fortified diet. We saw that the chef knew people well and was aware of what foods people preferred and kept a record of people's likes and dislikes so that they were able to provide foods which were appropriate for people. The service had a 24 hour snack area where people were able to choose from a variety of foods including cakes and fruit if they wanted. The chef told us about one person who used this area to snack on foods and this meant that people had opportunities to choose and access other foods in between their main meals. Staff also offered regular drinks and snacks during the day.

We observed a mealtime at the service and saw that it was a relaxed and sociable time. Nearly all the people at the home chose to sit together in the dining area and we saw that people engaged in conversation with each other as well as staff during their meal. We saw that one person received their lunch and did not eat it. Staff spoke with them and they told staff that they didn't want the option they had chosen. Staff asked what they would like and the chef made and served the alternative meal quickly. We also saw that one person needed assistance to eat their meal. A staff member sat with them and chatted with them whilst providing the assistance they needed.

People were supported to access healthcare services when needed. The manager told us that they had worked hard to ensure that people had involvement from a range of health and other professionals and

gave us examples of referrals they had made to Occupational Therapy, Speech and Language Therapy(SALT), GP's and District Nurses. The home had referred one person to SALT because they needed a special diet but had been asking for other foods. SALT assessed and provided new guidance for the person which meant that they were able to eat a wider range of foods with different consistencies. This demonstrated that the service had listened to the person's wishes and sought appropriate guidance to ensure that they were able to provide the person with a more varied diet which was safe for them to eat.

Good

Is the service caring?

Our findings

The service was caring. People and relatives spoke with warmth and affection about the home and the support they received from staff. There was a Christmas party planned during the inspection and we had opportunity to speak with a large number of relatives and friends who came to the event. There was a welcoming atmosphere and we observed that guests arriving were greeted warmly and that staff knew people's relatives and friends well.

Staff were kind and caring and had a good rapport with the people they supported. One person told us about a member of staff describing them as "lovely, very kind". They also said that they would recommend the home and that all the staff were "very nice". Another person said staff were "very friendly and kind". A relative described the home as "really collaborative" and explained that staff had taken time to understand how some difficult changes in their life had made them feel and had been caring and supportive. Another relative described staff by saying "they care, loving care and go out of their way" for their loved one. We observed the manager speaking with one relative and arranging for them to come and stay at the home with their spouse over the festive period. The relative told me that they were looking forward to staying with their loved one and it meant that they would not be alone at home for Christmas but able to spend it as other married couples would do.

Relatives and the local community had been involved in designing and making a remembrance garden in the grounds of the home. Local communities donated equipment to the project and families and volunteers worked to create the garden which could be used by people living at the home. The service was proud of this achievement because it had involved families and the local community.

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. A staff member explained that they ensured that they supported and encouraged people to make choices about their support and provided them with appropriate options. One person had been assessed by a health professional as requiring a special diet and thickened drinks to be able to eat and drink safely. The person had capacity to make decisions and chose not to eat the types of food recommended. Staff were aware of, and respected their right to choose what they ate. They explained that they reminded and encouraged the person to eat different foods, but respected their choice and monitored them closely to reduce the risks associated with this decision..

Staff were aware of peoples likes, dislikes and preferences. A relative told us "they know how we like things done". Another relative said "they have got to know them and I can see how they interact with them, good rapport". We saw that one person had been upset about people being able to access their room. Staff had understood the person's history and why this was important to them and found a solution which the person was happy with. A relative explained that they had been given the opportunity to bring things from their loved ones home and set up the room before their loved one moved in. This was important to the person as it helped them to settled because they had familiar belongings around them.

People were supported to maintain their privacy and dignity. Staff explained how they supported peopled

with intimate care in a way which was respectful. We observed a staff member discreetly guiding a person to access the bathroom. People's records included what kinds of clothes people liked to wear and whether it was important for the women or men to have jewellery or make up, or be clean shaven. Where people had identified their preferences, these were respected.

People's independence was promoted by staff. For example, a staff member told us about a person who was able to manage some support independently, they explained that they encouraged the person to manage as much as they could themselves and supported where needed. A person who had lived at the service for a short period explained that staff had encouraged them to be involved in the day to day tasks which they had enjoyed. A relative explained that staff encouraged their loved one to manage what they could themselves and if they were less well, they provided increased support.

People's information was stored confidentiality and we observed that when staff updated information in people's records, they were securely locked away again and not left out in any communal areas. Other confidential information was also stored securely. Important information about people was kept in areas accessible for staff but anonymised so that only staff were able to identify information about people.

Good

Is the service responsive?

Our findings

The service was responsive. People had individualised care plans which reflected what support they needed and how they wished to receive their support. For example, they included whether people had a preference of a male or female member of staff for support and information about how the person liked to spend their day. The manager told us that they were in the process of changing people's care plans and they were spending time with people, getting to know them well and then creating holistic care plans with involvement from people, their loved ones and staff. We saw one of the holistic plans which included clear guidance for staff not only about what to do to support the person, but about how to support them in a way which was personal to them. For example, information about the person's history indicated that they had lived a life of purpose and this was seen in the home when they wanted to try to help with tasks. The plan encouraged staff to facilitate the person taking part in tasks if they wanted to do this and providing them with the necessary equipment to manage the task they had chosen. The plan stated that it was "important to look after their care holistically and their physical health will affect their mental health". The manager had completed several of the new holistic care plans and was in the process of completing ones for the remaining people at the home. They explained that it took between two to three weeks of observation and interaction with the person for them to create a holistic plan and this investment of time with people was reflected in the quality of the plans we saw.

Visitors and relatives told us that they were welcomed at the service and visited whenever they chose. We spoke with as many relatives and visitors as possible during the inspection and they all spoke extremely positively about the home and the staff team. One told us "we've been very impressed, they are very welcoming and friendly". They went on to tell us that their loved one had a mental health condition which had not been evident since they moved to the service which they felt reflected the support their loved one received and that they were happy at the home. Another relative told us that staff were very good and kept an eye on them as well as their loved one. They said "I visit whenever I like, stay as long as I want and feel welcomed". Another relative said that they had visited unannounced to look round the home before their loved one moved in. They explained that staff "couldn't have been more welcoming when we looked around" and said that they now visited when they wished and were always welcomed. Visitors were offered drinks and to stay for meals if they wanted and we saw that the home had encouraged people to invite people who were important to them for the Christmas party and that everyone was welcomed with drinks, food and entertainment provided.

People enjoyed the activities at the home and there were enough staff to support people with a range of interests. The manager explained that they were aware of people's histories and backgrounds and used this as a basis to consider activities for people. Care records included pictorial prompts for people to consider what interests they had or activities they would like. Activities included regular physical activities included skittles, exercise and dancing/singing. There were craft activities, beauty therapy sessions for women and card games with cider for the gentlemen. The manager explained that they used principles identified by a leading psychologist to consider the needs of people with dementia. These five principles formed the basis for the activities arranged at the home. The manager was working on using more holistic therapies and talking with people and we saw that plans included Thai Chi, meditation and creative activities, story telling

and family days.

We observed people taking part in a skittles activity which was arranged by staff and saw that staff had spent time with people preparing for Christmas and making gifts and cards for their loved ones. People had made their own baubles for the tree and some wreaths which were displayed around the home. We observed a member of staff singing and a person joining in with them. A staff member showed us a card someone had made for their relative and we saw paper chains and other decorations which people had made.

Relatives told us that the home kept them updated and communicated effectively regarding the care of their loved one. One explained that their loved on had been unwell and the home picked up on this quickly, rung them to let them know and kept them up to date with how they were. Another relative told us that the home contacted them with any problems and had taken their loved one to hospital appointments if they had been unable to support them. Another relative told us that the service was like "a home from home, nothing is too much".

People and relatives knew how to raise any concerns and told us that they would feel confident to do so. During our inspection people and relatives were comfortable talking with the owner, manager and care staff. One person told us that if they were not happy with anything they would speak to the manager. Another relative told us that they had been given information about how to raise any issues but had not needed to read it. We looked at complaints the service had received and saw that they had been investigated and responded to quickly. For example, one person made a complaint and was saw that the manager spoke with them and found a solution the person was happy with which was put into place within two days. We spoke with the person's relative who knew what issue had been raised and was very happy with the response. We also saw that some residents had complained about a particular meal, this had been passed to the chef who had removed it from the menu immediately.

Good

Is the service well-led?

Our findings

The service was well led. People, relatives and staff spoke highly about the management of the home and that the manager had a clear vision for the service. A staff member explained that they had re-joined the service when it had reopened because the manager had told them about their plans for the home. Relatives told us about the improvements at the home and how impressed they had been at the service their loved ones were receiving. Everyone we spoke with was enthusiastic about the home and eager to tell us what a good service they felt it was.

There was no registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The manager had started in post a few months before the inspection and was in the process of applying to be registered with CQC. This was appropriate as they had needed to undertake significant work since their arrival to understand what was required at the service and to start to form plans for changes to be made.

People, relatives and staff spoke highly about the manager of the service and felt that there had been clear improvements to the service since it reopened. One relative told us that the manager was very thorough and another said that the manager was always "on hand and knows what's happening with each person". Another relative explained that the manager specialised in dementia and had been helpful in assisting them to understand how dementia was affecting their loved one. Another relative explained that the manager was nice and listened to them, if they had any issues and the manager was able to make changes, then this was done promptly.

The manager was able to competently explain the work they had undertaken to date, and had clear and detailed plans for what they were currently working on and future developments. For example, the manager and senior staff had ensured that all medicines were checked and worked with the pharmacy and surgery to ensure that people received reviews of the medicines and that deliveries were co-ordinated so that MAR for people were consistent. This had resulted in reductions in medicines for some people and increased accuracy with medicines administration and recording. The manager had also identified that staff needed a variety of training updates and refreshers. They had arranged for staff to receive training and an additional session was booked for any staff who had missed the previous sessions or for staff who had any further training needs. The manager had met with the trainer and was arranging for training to be bespoke to staff at the service by discussing what observations of staff had demonstrated and using this as a basis for identifying development needs. This demonstrated effective leadership because the manager had improved service delivery for people living at the home.

Staff were clear about their roles and felt that their ideas and suggestions were welcomed and acted upon. A staff member explained how the shifts worked and that staff had different roles with responsibilities attached. These included senior carers who allocated work to staff for each shift. People also had key workers for whom they had day to day responsibility and were a contact point for people if needed. A staff

member explained about some of the plans for the service and was positive about the improvements that had been made so far. A staff member told us that shifts were rotated for staff so that all staff worked both day and night shifts. This gave staff an understanding of people's holistic needs and ensured that work was shared fairly amongst the staff team. A staff member gave us an example of a suggestion they had made regarding staff socialisation which had been listened to and actions taken as a result. Staff also spoke positively about the manager working alongside them and observing people and practice.

The service had a clear aim which was to provide a secure, relaxed and homely environment in which people's care, wellbeing and comfort was of prime importance. The manager explained that they wanted the home to have a strong dementia focus and had plans to look at the environment for people and provide staff with further training to better understand how to provide an environment which would be most effective for a person with dementia. There were also plans for staff to receive further training in providing activities with a focus on people's cognition and on stimulation for their mind. We saw that the business plan included a planned phased introduction of some evidence based therapies including aromatherapy, massage therapy and mindfulness. This demonstrated that the service had taken steps and had further plans for the implementation of a positive dementia care model which would improve the quality of the service people received.

Staff had daily informal team meetings where they discussed practice issues and updated about people using the service. The manager based themselves in an office close to the communal areas so that they were able to observe and support staff and we saw that they worked with people and provided support alongside staff. This meant they were able to drive best practice and improvements. Staff felt supported by the manager and we saw that people, and relatives, knew them well and were comfortable with them.

There were quality assurance measures in place to ensure that the service was being delivered safely and we saw that the manager had placed a priority on auditing health and safety at the service shortly after starting in post. Changes were made to the fire procedures and the home had been visited by the fire service. Work was undertaken in the kitchen to ensure they complied with food safety standards and another health and safety audit had just been completed which identified areas where actions had been completed and others which the service were still working on. The manager showed us plans for observational audits which focussed on the experiences of people with dementia and on ensuring that interactions with staff were positive and holistic. This demonstrated that the manager had taken steps to assess and improve the quality and safety of the service people received.