Somerset Care Limited

Southlawns

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Southlawns is a residential care home providing personal without nursing to 39 older people at the time of the inspection. One of these people was completing a short stay at the home. The service can support up to 40 people. Some people would come to the home during the day as a social opportunity. These people were not receiving a regulated activity.

People's experience of using this service and what we found
People told us they were happy living at the home and they felt safe. However, medicine was not always being managed safely. Medicines were administered safely. Most risks had been identified with ways to mitigate them in place. Although some training and guidance was not in place for people with specific health conditions.

The provider and management had completed a range of audits to identify concerns and issues at the service. They strove to be open and constantly develop and improve the support people were receiving. When audits had identified issues, actions were being taken to rectify them. When concerns were raised during the inspection the management found solutions. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported by enough staff to meet their needs. Although there were some mixed opinions from staff members. Staff had received a range of training including specialist in health and social care. People were comfortable in the presence of the staff.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. The management had recognised further work was required to capture all the detail staff members knew about people. There were good links with other health and social care professionals and one health professional complemented the responsiveness of staff to their suggestions.

Staff were kind and caring and knew the people living at the home incredibly well. Staff respected privacy and dignity throughout the inspection. Links were being developed with the community to have a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 23 February 2017)

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report. We have made one recommendation about medicine management.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Southlawns

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
Southlawns is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection took place on 14 and 15 August 2019 and was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and four visitors including family members and a health

professional. We spoke with the registered manager and the operations manager. We also spoke with six members of staff who were either care staff, activity staff or ancillary staff.

We looked at four people's care records. We observed care and support in communal areas. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection
During the inspection we asked for further information including about training and an update on concerns we had found. The registered manager also sent additional information in relation to their service. All the information was provided in the time scales given and the information has been included in this report.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Medicine was not always managed safely. Most people had their medicine administered safely, on time and in line with their preferences. One person told us, "It is the supervisor's job to give medicine and do it everyday. I never have to ask for medicine. They know exactly what I have".

● However, one person had their medicines administered and they started to chew the tablets. Guidance regarding one of the medicines stated it should not be chewed. The registered manager informed us the person should have medicine administered a specific way to reduce likelihood of chewing. They would send a message to all staff about this. As well as this, they would monitor it and get a medicine review should it become a regular behaviour. Other people did not have their medicine patches for pain rotated in line with the guidelines. This meant the absorption rate could be affected leading to overdose. New instructions were provided for all staff by the deputy manager when this was identified on inspection.

● Electronic medicine administration records flagged up if any medicine was missed or not given at the correct time. However, antibiotics had not been spread evenly for one person over three days meaning the clinical effects could be compromised. There were occasions the person had gone 15 and 16 hours between each dose.

● Most medicine was stored safely in people's own bedrooms. All medicine requiring additional security checks had been stored in line with legislation. However, medicines stored in the fridge, including insulin, was not being stored safely. Fridge temperatures had been repeatedly recorded as being below the safe range for fridge medicine. Following the inspection, the registered manager updated us with action they have taken to rectify the situation.

We recommend the provider seeks current guidance in relation to safe medicine management and takes action to update their practices.

Assessing risk, safety monitoring and management

● When people had complex health conditions it had not always been recognised staff required training or guidance. One person with a specific health condition told us they were rushed in the morning by some staff which could cause pain. Their care plan did not contain guidance.

● Another person had communication difficulties which could lead to behaviour which could challenge. Little guidance was in their care plan on how best to communicate to prevent this. Other people had limited information about their pressure care needs in their care plans. We fed this back to the registered manager who told us there was already work going on with the care plans. They would consider other ways to support staff to understand these health conditions better.

● Risks which were identified had been assessed and ways to mitigate them found. The focus was always on

people being independent. Risks had been identified such as eating and drinking, accessing the community and falls.

● The registered manager promoted positive risk taking. One person who used to be able to go into the community had been suffering from dizziness. The registered manager and staff were working hard to help them still access the community independently. Another person tended to donate their glasses to a charity when independent in the community. A risk assessment was created to try and mitigate this risk whilst the person maintained their independence.

Systems and processes to safeguard people from the risk of abuse

● People and visitors told us the home was a safe place to live. People said, "I feel safe, I think it is because everything just feels 'right' here and it is happy" and, "I'm definitely safe, I've got an emergency bell and the staff treat me well". One health care professional was very positive about the service. They told us they had never seen anything which caused them concern during their visits.

● People were supported by staff who knew how to recognise potential abuse. All staff were aware of who to report concerns to and felt something would be done if they reported it.

● Systems were in place to manage any concerns. The registered manager and operations manager were both aware of their roles around safeguarding. They knew the external bodies which should be notified if any concerns occurred.

Staffing and recruitment

● People were supported by enough staff to meet their basic needs. Although there were times staff were rushing around because of staff absences. One person explained staff levels were usually alright. They recognised that recently, with staff on holidays, it had not been as good. They said, "Every time I need someone I have my call bell. I can nearly always get someone". Another person told us, "I am not really sure if there are enough staff, I do not remember seeing a lot of people waiting a long time for help. I know you can wear a call bell pendant if you need it. I am
pretty independent, and I feel staff are always around if needed".

● Staff had mixed opinions about if there were enough staff yet did not feel it impacted upon the people. One member of staff said, "Sometimes staffing is not so good" and explained they had seen new staff starting.

● The provider was supporting the registered manager to find enough care staff to work in the home. They were being proactive in finding ways to retain the staff they already had. This included looking at incentives and speaking with the staff.

● Staff went through a recruitment process to check they were suitable to work with vulnerable people. Checks were carried out with previous employers and to make sure they did not have a criminal record.

● The registered manager prided themselves on having high standards for their staff. They told us, "If the staff are not good enough for me then they are not good enough for the residents". This meant they were selective about the quality of staff they were willing to employ.

Preventing and controlling infection

● People were supported by a management and staff who understood how to reduce the spread of infection. Staff had access to gloves and aprons. Specialist bins were in place for waste more likely to expose people to infections.

● Throughout the inspection the home smelt pleasant and appeared clean. One person said, "The cleanliness of my room is very good, and I am happy with the laundry service. I have my shower and they take my laundry from the box there and bring it back clean".

Learning lessons when things go wrong

● Lessons were learnt when things went wrong, and this led to systems changing. When incidents occurred in the home the situations were reflected upon with staff and, if appropriate, people. If it was identified something could be improved, then action was taken.

● Relatives told us they were always informed when accidents occurred. They explained action was always taken to reduce the risks of it happening again. One relative said, "When [family member] had a fall, we were informed straightaway and I know they did an investigation. The care plan did not need to change much, but [family member] is reminded to walk with the frame".

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving into the home to ensure their needs could be met. One person told us, "She [the registered manager] came to see me in [name of hospital]". The registered manager explained how time had been spent talking through what her needs and likes were so these could be communicated to staff.
- Care plans were regularly reviewed by people, their relatives and staff to make sure they reflected up to date information. One person told us, "They come every month with some books and ask the same questions". Another person said, "I feel that the staff understand my needs, I do not need anything much, but if I did, I know they would sort it out".

Relatives were positive about the assessment of people's needs. One relative said, "They [staff] have taken the time to get to know [family member] and I feel they know [family member] very well. They know what makes [family member] tick. These days they are dealing with a lot of residents with additional needs, and they do it well".

- People could attend the home as a day service and over time complete short stays and move in. This helped the management develop care plans which were accurate and reflected the person's needs and wishes.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed all the training considered mandatory by the provider. This included safeguarding, equality and diversity, health and safety and moving and handling. One person said, "The staff are very well trained and helpful, I observe how they help other people and they seem to know what they are doing".
- Senior staff received training in additional tasks they were expected to complete such as medicine management and administration. All these staff had received routine competency checks annually to review their skills.
- Staff had the opportunity of completing additional qualifications in health and social care to increase their knowledge.
- New staff had a thorough induction which had recently been improved by the provider. It included a mixture of training in the classroom, on site and shadowing of more experienced staff. The induction was in line with current guidance for staff new to working in care to make sure specific standards were met.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet. They confirmed if they did not like the main

options then alternatives would be offered. One person said, "There is lots of fruit and vegetables with meat" and, "Of course they would make something else" if they did not like it. Other people told us they had choice of two things each meal and told us, "The food in here is marvellous" and, "The food is excellent, there's absolutely enough of it". The kitchen staff expressed how important it was for them to sit down with people and talk through the food options. This positive interaction by the kitchen staff was seen throughout the inspection.

● Systems were in place to provide the right support for people with specialist diets. One person had recently returned from hospital on a specialist diet. The staff were all aware of this change and taking precautions in line with it. For example, storing special thickening powder securely when not in use.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were able to access other health professionals in a timely manner. When it was necessary staff supported people with this. One person told us when they were feeling unwell, "Supervisor ladies came and said doctor will be coming to see you". They also told us about the specialists they saw every six months for health conditions they had.

● Staff worked with other health and social care professionals and followed their guidance. One health professional said, "Staff always listen very carefully to what we say" and continued to describe how they put it into practice.

They also worked with people's family, when appropriate, to ensure people's needs were met. One person who could be secretive about a decline in their health was supported in a compassionate way to help them feel better.

Adapting service, design, decoration to meet people's needs

● People were able to have bedrooms personalised to their needs and wishes. One person enjoyed collected and repairing things. Staff had worked hard with the family to facilitate this in their bedroom. This had included putting up photographs the person had taken. Another person said, "I have got my room laid out as I want it. I have got a talking clock up there, magnifiers and microscopes. I can get around in here, because I am used to the layout and can find my way about quite easily". Other people had pictures and memorabilia around their room. These all provided conversation opportunities for staff which was important as some had memory difficulties.

● Communal areas had recently been redecorated to provide pleasant spaces for people to spend time. People had been involved in choosing the colour of the carpet and providing ideas for pictures being put up in corridors. During the inspection some pictures had arrived, and we could see the people enjoying looking and talking about the selection being put up.

● Some consideration had been made around the home to provide visual prompts for people with memory loss. Signs included pictures to help people navigate around the home. Bedrooms had symbols or pictures chosen by the person, so they could identify where their room was.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA

application procedures 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 had the appropriate legal authority and were being met.

● People and their relatives told us choices were offered and consent was sought. One person said, "You do get choices about what you do and when. Nobody makes you do anything
you do not want to". One relative told us, "The staff always seek consent" they gave an example of this and continued, "So they would not have done it without consent. We discussed it and worked together with [family member] to find a solution".
● Staff assumed people had capacity to make decisions for themselves and facilitated opportunities for them to maintain choices. Two people regularly went out into the community. The registered manager told us, "They just buzz to come back in" by pressing the door bell.
● People who lacked capacity for a specific decision had their best interest and least restrictive options considered. Although records did not always reflect these considerations. Especially for people who had capacity which could fluctuate.
● DoLS had been applied for when a person lacked capacity and there was a risk their liberty would be restricted. When conditions had been applied to authorised DoLS action had been taken to meet them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who treated them with respect. One person told us, "They have all been very, very helpful" and, "They are lovely people [staff]". Other people said, "The staff are very good", "Staff are pretty good" and, "The staff treat me well. I cannot grumble about anything because they are very attentive and kind". One relative told us, "It is a very welcoming place and that is what I was looking for…all the staff are lovely, not just with the residents but with family too". One health professional said, "Staff are very friendly…they are always respectful".
- All people were comfortable in the presence of staff. Staff showed great respect for people they were supporting. One member of staff said, "The customers always come first. We do what customers want". Throughout our observations we saw staff being attentive to the people's needs.
- Staff knew to respect people's diversity, and this was led by the registered manager. One person from another country who had dementia spoke another language. Staff had worked closely with the person's family to identify key words. During the inspection the registered manager led by example communicating with the person in a compassionate and caring way.

Supporting people to express their views and be involved in making decisions about their care

- Choices were offered to people and staff respected the selections made. Some people chose to stay in their bedrooms and not socialise with others. Two people regularly accessed the community independently and staff facilitated this choice.
- However, at key times of day when staff were under pressure choices appeared to be limited. For example, around medicine administration people were taken back to their bedrooms where their medicine was stored securely. Little choice was offered at this time. The registered manager told us they would review this practice as it should always be the person's choice.
- People were routinely consulted about their care and staff respected their views. Some people told us how staff spoke with them about their care plans to make sure they were up to date.
- Cultural and religious needs had been considered for each person. Opportunities were created for people to attend church services in the home. One person had reverted to a previous culture through their dementia. Staff worked hard liaising with family members to find out ways of embracing differences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff members. One person said, "The staff definitely protect your dignity and privacy. You can be privately in your room, there is no problem. They always knock on the door and ask if it is alright to come in, and the staff are polite and listen to what you have to say".

Staff always knocked on bedroom doors and waited for a response before entering. One staff member said, "[Staff] always treat residents with a lot of dignity and respect".

● Staff were aware of how to maintain people's privacy and dignity when supporting them with intimate care. One member of staff told us they, "Always gain people's consent" and, "Try to encourage them to do as much as they can".

● People were encouraged to remain as independent as possible and help with the running of the home, so they felt valued. One person had a name badge and helped with the post each day. Another person had some daily 'chores' they helped with including visiting the laundry. One person told us, "I am left to be independent, but there's help there if I want it. I help out with my voluntary 'job', of setting the tables for lunch and tea". During the inspection we could see how happy these additional roles made people.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which outlined their individual needs and wishes. Information included their life history. This was important because not all people could express themselves fully due to their health conditions or memory loss. There were occasions staff demonstrated a wealth of information and knowledge about a person and the care plan did not reflect this knowledge. The management had already identified this, and the deputy manager was leading a project on rectifying this.
- Staff were aware they could seek guidance about a person from their care plan. One member of staff said, "The care plan has information". Others were able to talk about people in great detail and with affection. One member of staff explained about the photographs in a person's bedroom and talked us through how that had happened.
- Care plans were in place for people who were living at the home on a short stay. These contained important information, so staff had guidance on how to support them.
- Handovers at the beginning of every shift were used as way to communicate between staff about any changes which occurred for people. Named staff were then responsible for updating care plans in line with these changes.
- Care plans were reviewed with people, and when appropriate their family members. When changes were required these were made. One relative said, "I have been through the care plan and had a review, I feel happy that it reflects [family member's] needs and that they know [family member] really well".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management found a range of ways to share information with people who had communication differences or difficulties. For example, for one person unable to speak English due to their dementia, a range of strategies were utilised by staff to communicate with them. They used objects to symbolise things, basic signs and body language plus taking the person to the thing they were trying to communicate.
- Other people had magnifying glasses or people who would sit and read information to them.
- Improvements could be made with the menus on tables at meal times because for some people the print was too small.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Activities were sourced in line with people's likes and hobbies. The activity staff spent time talking with people and finding out what they would like to do. Activities were held in the home and trips into the community. One of the activity staff told us, "The team assess likes and dislikes individually with people and their families, creating a life history. As well as feeding into the main programme, this information is used for 1:1 work".
● Opportunities were sourced to promote social experiences and people keeping active. Recently, people had participated in a pilot scheme for a new type of exercise bike which allowed people to go on a multisensory journey without leaving the home. This included being able to cycle to a visual scene and have music playing. Accounts of the impact this had on people included it had created a more social atmosphere. People were able to reminisce about places they had visited when younger or explore new places. Also, people had increased their mobility. One person's account said, "I am quite thrilled with it. It is a really good thing. I try to keep busy and am still quite active, but I think for others who are less mobile it's really giving them encouragement that they can still do things".
● People were supported to maintain contact with those who were important to them. One person told us, "I text my daughter daily and she is here every week". One relative said, "There is 24/7 access for families which is one of the things we felt was really important, that it was an open place".

Improving care quality in response to complaints or concerns
● People knew who they could complain to and felt action would be taken. One person said, "I have never had any reason to complain. I am very sure if something bothered me I could have a word". Another person said, "I feel able to raise things and I know [registered manager's name] would listen and do her best to sort it out".
● Systems were in place for people to raise concerns or complaints. No formal complaints had been received since the last inspection. The registered manager and operations manager demonstrated knowledge about what to do if any were raised. The registered manager was clear they tried to catch the 'niggles' before they became complaints.

End of life care and support
● At the time of the inspection no one in the service was receiving end of life care and support. Information in people's care plans had started to be captured about their end of life wishes. The deputy manager and registered manager told us this was part of the project to make sure information was up to date.
● Staff valued the support they could offer to people nearing the end of their life. They wanted to celebrate people's lives and support any family. Staff would attend people's funerals and when there were no family members find ways to support them. One person who had passed away had a memorial garden created by staff as they had no family.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the registered manager was, and most were positive about the home. One person said, "She [the registered manager] is very good, very friendly. She knows her job as manageress. She is very, very good". Another person told us, "I have been able to talk to [registered manager's name] about my situation and feelings. She is easy to talk to and really makes time to listen"
- Staff were positive about the management of the service and working at the home which they described as feeling like an extended family. People joked with us as they were walking down the corridor. One member of staff said, "I love it. I have come from [working in] retail after 35 years. You come to where your family are". Another member of staff told us, "[The registered manager] is very fair".
- The management of the home promoted an open, person-centred and inclusive culture. One member of staff said, "We always make it [care] person-centred".
- The registered manager was very knowledgeable about all the people living at the home. Any concerns we raised about a person they were able to tell us in detail about the history of that person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their legal responsibilities about being open and honest when things went wrong. They gave some examples of how they had followed this up in relation to a recent incident which was investigated internally.
- The management knew their responsibilities to notify external bodies in line with statutory requirements.
- The registered manager was clear about their roles and responsibilities. They told us, "Ultimately, we are all here to look after the residents" and described how they managed staff as "Firm but fair".
- All staff felt supported and the registered manager was aware of any improvements required in relation to this. One member of staff told us they were regularly supervised. They said, "If I do not understand I can always go to her [the registered manager]. Her and [name of deputy manager] are very good".
- The provider had introduced a new system for all of management to monitor the quality and performance of each service. Through this they were able to identify where any shortfalls had been identified and at provider level follow them up on their next monitoring visit. At management level the registered manager was able to monitor their service including any weaknesses. One issue which had already been identified was their care plans and improving the details within them. However, their new auditing tools had not identified all the concerns raised at the inspection around medicine management.

● During the inspection, any concerns raised were responded to quickly by the registered manager to rectify the issue or take action to follow it up.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider and management felt it was important to engage people, their relatives and staff about the running of the service.

● Staff had recently been consulted about ways to improve the vacancies and staff levels. Discussions had included looking at incentives for current staff and finding out what motivated staff to provide the best care for people. One staff member told us they had come forward with a new way of working. The registered manager had embraced this and let them try it out with other staff.

● The registered manager had found ways to involve people in the recruitment of new staff. They felt this was important to ensure that people were happy with new staff who would be supporting them. People helped to give tours of the home and spent time with potential candidates in the communal areas.

● People and relatives were regularly engaged with by the management. There were regular meetings with them. One person said, "[Registered manager's name] puts on a good agenda. It always covers all the aspects that require attention. Things we talk about that we want to improve do happen, not everything as at times it's more difficult to implement changes. I definitely feel my voice is heard and respected and I do feel involved in the running of the home".

Continuous learning and improving care

● The management were continually looking for ways to improve the support and care people received. One recent example was the fundraising which was carried out to purchase an exercise bike after the trial project had been successful. People and staff had managed to raise a considerable amount of money to purchase their own multisensory bike.

● Another provider led scheme had been begun to look at how to find ways to make people happy. One of the initiatives which had emerged from this was a 'gentleman's afternoon'. This was designed to provide opportunities and activities specifically focussing on the male residents' hobbies.

Working in partnership with others

● People were encouraged to help arrange and attend fetes held at the home to build links with the local community.

● Links had been developed with some of the other provider's homes and nursing home very close by. Recently, there was an event at one of the provider's homes which many people attended. One resident regularly visited their relative at the nursing home next to the home.

● Intergenerational links were being developed with local schools. Pupils had participated in craft events and sung at the home.