Stilecroft (MPS) Limited

Rosecroft Residential Home

Inspection report

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Workington
Cumbria
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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 21 August 2017 and was unannounced. It was carried out by two adult social care inspectors and an 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.

Rosecroft is a residential care home that provides care and accommodation for up to 51 people. The home is a purpose built property that has been updated and improved on by the provider. It is situated in a residential area of Workington near to local amenities and with good access to public transport. Accommodation is in single rooms. The home has suitable outdoor areas for people to enjoy. The home has a specially designated area for people living with dementia. This area is secure to ensure people can be as safe as possible.

The home had a suitably qualified and experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We judged that the staff team understood the safeguarding of vulnerable adults. They knew how to protect people from harm and abuse. The team had received suitable training and were able to talk to senior staff about any concerns.

Staff were recruited appropriately with checks and references taken up prior to the new staff member having contact with vulnerable people. The home was suitably staffed and rostering ensured that staff were available to meet people's needs.

Medication was being managed correctly with suitable systems in place for ordering, storage and administration. Staff received training on the use of medicines.

Staff development was high on the agenda of the registered manager and the home's trainer. Staff displayed good levels of skills and knowledge. Supervision, training and appraisal were up to date.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were asked about consent. Where people found this difficult a 'best interest' meeting was held to ensure the person had help with decision making. Where staff had judged a person to be deprived of their liberty suitable authority was sought so that the team followed the legislation.

People in the home were very complimentary about food on offer. People were helped to get suitable food and fluids. Where there were problems the staff called on health care professionals and included guidance in care plans.

The staff team called on health care professionals appropriately. We met nurses and a GP who were satisfied with the health care support given to people.

The home was clean, orderly and well maintained. We noted that all areas were well decorated and suitably furnished. The provider had made improvements to the property over the years.

We observed staff interactions with people in the home. We judged the team to be very caring. We saw polite and patient interactions. People were treated with respect and given suitable levels of support to ensure dignity was maintained. The team could access support from advocates if necessary. The staff helped people to stay as independent as possible.

Health professionals told us the team worked well with them to ensure end of life care was done appropriately. We had evidence to show that the team helped people, and their families at this time.

Care planning was up to date and most of the care plans gave suitable guidance for staff to give people good levels of care and support.

We made a recommendation which would enhance care planning. We recommended that nutritional planning would benefit from more detail and that, for some people, contingency planning would be of benefit.

Activities and entertainments were varied and regular. People were looking forward to a short break holiday.

There were no complaints or concerns when we visited. People told us they understood how to make a complaint and the provider had a suitable complaints procedure.

The provider had a quality monitoring system and we saw that improvements had been made because this system had alerted the registered manager and the provider when people wanted change or where systems were unsuitable.

Records were of a good standard and were stored appropriately.

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.

Staff understood how to protect vulnerable people from harm and abuse.

Staff are suitably recruited and deployed.

Medication was appropriately managed.

Is the service effective?

Good

The service was effective.

Staff were suitably skilled, experienced and qualified.

People were happy with the food provided.

The home was clean, well decorated and comfortable.

Is the service caring?

Good

The service was caring.

The staff treated people with dignity and respect and gave them privacy.

We observed caring interactions with staff treating people with affection and sensitivity.

Independence was promoted where possible.

Is the service responsive?

Good

The service was responsive.

Care planning was suitable and people's needs and wishes were recorded.

People were happy with the activities, outings and entertainments on offer.

There had been no formal complaints but people told us they understood how to complain if necessary.

Is the service well-led?

Good

The service was Well-led.

The home had a suitably qualified and experienced manager.

Quality was being monitored and improvements made.

Records were suitably detailed, up to date and secure.

Rosecroft Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on Monday 21 August 2017 and was unannounced. The inspection was carried out by two inspectors and an 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. All members of the team were experienced in the care of older adults and in the care of people living with dementia.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the provider for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the local social work team, the local authority commissioners and with health professionals about the delivery of care and services. On the day of the inspection we met three health care professionals.

We walked around all areas of the home including the kitchen, laundry and communal areas. We looked at arrangements for food and fire safety. We checked on infection control around the home. We were also invited into bedrooms.

We met all the people in residence during the inspection. We spoke with people in groups and also spoke in depth with fifteen people. We met eleven relatives, friends and other visitors. We spoke with thirteen members of staff including the registered manager, her deputy, six care assistants, the activities organiser, two kitchen staff and two housekeeping staff. We spoke with the area manager after the inspection.

We read nine care files in depth and we looked at all the medication administration records. We also looked at the fire and food safety records, the records of maintenance in the home and at two records of money

kept on behalf of people in the home. We looked at records of activities and entertainments. We saw records of meals taken and the menus. We saw audits of falls and of medicines and care plans contained in the reports made monthly by the area manager.

We also undertook a Short Observational Framework for Inspection (SOFI) which is a recognised tool for observing the well being of people living with dementia.

Good

Is the service safe?

Our findings

People told us they felt "very safe...nothing wrong here". One person told us, "I had to come because I fell at home, I miss home but I am safer here". A visiting relative said, "I am very happy that (my relative) is safe here. I've seen places where there has been abuse and it doesn't happen here..." Two other relatives told us, "It is always fine, always a member of staff about when I come in" and "There is always staff about and they are so good with (my relative)".

We spoke with staff who confirmed that they had received training in how to protect vulnerable adults. They said they could report any concerns to the registered manager or to a senior member of the company. We spoke with someone who was quite new to the senior care assistant post and they could explain how they would deal with any actual or potential safeguarding. They understood how to keep people safe in a timely and appropriate manner. We had evidence to show that senior staff knew how to make a safeguarding referral and whom to contact. The organisation had a whistleblowing policy but staff said they would talk to the registered manager first who was "very approachable".

We walked around all areas of the home and found the premises to be orderly and secure. We did not see any hazards on the day. The manager had suitable arrangements in place to deal with any emergencies and was in the process of updating the emergency plan if the premises ever had to be vacated.

The registered manager kept a log of accidents and incidents. We had evidence to show that she reported these appropriately to the local authority and to CQC. She also analysed things like falls and asked for the support of social workers if necessary. We had evidence to show that staff would call the GP or an ambulance if necessary.

We asked for a copy of the last four weeks of rosters. We saw from these that there were sufficient staff by day and night. We spoke to staff who said they preferred the way they worked by day. Most staff worked three 12 hour shifts one week and four 12 hour shifts the next. They felt this gave continuity of care and gave them a good work/ life balance. One or two people worked shorter shifts and they had negotiated this with the manager as their preference. We saw that one care assistant would start at 6 a.m. to assist the night staff. We also saw that the catering rosters allowed for kitchen cover for all three main meals in the home. We judged the rostering to be flexible to meet the needs of the people in the home whilst giving staff a beneficial work pattern.

We also noted that staff were suitably deployed. Staff told us that there was always a member of the team around in all the lounge areas, that each person knew their responsibilities on each shift. The staff told us that this meant they could keep a good eye on what was happening and that they gave people the right levels of support. Staff were directed by senior staff but also organised themselves and made sure that the people in the home were not left unattended.

We looked at recruitment files and we found that checks were made on potential new staff to ensure that they were suitable to work with vulnerable people. References were taken up, medical fitness checked on

and checks made to ensure the candidate did not have a criminal record nor had been dismissed from another care service. The organisation had suitable policies and procedures covering matters of competency and discipline. We had evidence to show that disciplinary matters were suitably managed by the registered manager with support from her line manager.

When we last completed a comprehensive inspection in April 2015 there had been some problems with medicines management. At this visit we saw that medicines were well managed and that the registered manager had some new ideas that would make this task even more person centred. We look forward to seeing how this develops. Medicines were stored securely and audited routinely. We observed staff giving people their medicines and this was done with care and staff explained the process to people where necessary. When people needed 'as required' medicines this was recorded and guidance given for when to administer. Sedative medicine was not routinely given to people. Where people were living with dementia prescribing was often done by psychiatrists or on the advice of specialist nurse practitioners. The manager said that people in the home had prescribed medicines and that if homely remedies were used a protocol for this was used and the medicine checked with the doctor and the pharmacist.

There had been no major outbreaks of infectious illness in the home. The company had an infection control policy and the registered manager was developing the local policy. All areas of the home were clean, fresh and orderly. Staff were aware of how to prevent cross infection. Personal protective equipment was readily accessible. Staff had attended training in these matters. The expert by experience noted that staff used equipment appropriately.

Good

Is the service effective?

Our findings

People told us they judged the staff were appropriately trained. One person said, "They know how to help me move and how to get me into the bath and into bed. They are doing some training today and I don't mind new ones moving me".

We also spoke with people about consent. We were told by one person, "I am always asked what I want and the staff explain things to me...". A relative told us, "I am involved with care plans and things and they always ask permission from [my relative]".

We had lots of positive comments about the food. "It's really good", "Very nice and plenty of it...I get bigger portions as I have a good appetite." A relative said, "The meals are good, I stay sometimes and eat with (my relative)".

We observed staff who were suitably skilled. We saw staff re-orientating people who were living with dementia, using hoists and other equipment and supporting people with personal care and with eating and drinking. We judged that staff were skilled and knowledgeable in their roles. We observed staff being mentored and their practice subtly and sensitively discussed. We saw staff moving and handling practices being observed and discussed.

We asked the manager about training in the home and we were sent a comprehensive training plan and a record of training attended. We saw that staff received suitable induction training when they started to work at Rosecroft. It also showed that the registered manager ensured that staff attended the mandatory training and that updates for refresher trainer were suitably planned. We noted that a senior person with experience as a trainer took the lead on training and that training covered a wide range of topics. Catering, housekeeping and maintenance staff also completed mandatory training so that every staff member had a good understanding of basic skills and knowledge related to the care of people in the home. Mandatory training covered subjects that the registered provider judged staff would need to do their jobs. These included moving and handling, food and fire safety and the protection of vulnerable adults. We heard from staff that they were encouraged to gain qualifications. On the day of the inspection a number of staff were meeting with their external assessor to discuss their progress.

We also looked at the supervision and appraisal notes for a number of staff. We saw that staff received formal supervision on a regular basis where they sat down with a more senior person to discuss their work and look at their development needs. These records were of an appropriate standard. We saw that the management team also observed practice as part of individual development. The registered manager told us that the senior team had focussed on improving standards of care delivery but were planning to look in more depth at individual development as they felt that the staff team were all working very well and that their skills and knowledge had improved. The registered manager was now moving on to support staff with individual training needs and preferences. Both she and the trainer for the home were working on a training needs analysis that they were building from the information taken from staff meetings and individual supervision.

We looked at consent and we met people who told us they were always asked for consent for any interaction. Some people had signed care plans and other forms that proved they were asked about consent. We also saw that the staff recorded where people had formally or informally delegated matters of consent to relatives. We met relatives who had powers of attorney and they told us they were always consulted along with the person concerned. People had been, where possible, asked about their wishes at the end of life or where resuscitation was necessary. Formal documents were in place and readily accessible in the event of an emergency.

Staff had received training on the Mental Capacity Act 2005.The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spent time with people who were living with dementia and who might have issues around consent and decision making. The registered manager ensured she followed good practice when a person lacked capacity in independent decision making. We noted that 'best interest' meetings had been held and that, for some people, the team had assessed where a person was being deprived of their liberty. A best interest review was held during the inspection.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found that the authorisations were in place, where necessary. The management team were aware of their responsibilities.

We visited the kitchen and met two very skilled and experienced cooks and we learned that there was a cook and a kitchen domestic on duty from early morning until after tea time. This meant that care staff had support in providing meals at the three main meal times. The kitchen was well organised and the food was being prepared 'from scratch'. There were good stores of fresh food in the kitchen and plenty of food to have as snacks. Care staff were observed preparing the morning coffee trolley and people were offered (and took up) fruit as well as biscuits. One of the inspectors and the expert by experience ate at lunch time. Both choices were well prepared and well presented. People ate well and asked for something different if they didn't like the two main choices. People had homemade soup at tea time and this was made with stock and fresh vegetables. We judged that food was of a very good standard. This was confirmed by people and visitors and in surveys we saw. One person in the survey wondered if sometimes food might get cold in the dementia unit. The area manager had noted this and a further hot trolley was on order.

The expert by experience saw people being supported to take sufficient fluids and she also saw a fridge in the corner of the large communal sitting room labelled 'the Rosecroft bar' with a list of prices for wine, beer and spirits. People told us they could have "a tipple" if they wanted. People could also have soft drinks and staff said these were ordered so that people could be tempted to keep up their fluids.

Staff understood people's need for special diets and a comprehensive list was prominent in the kitchen. Nutritional planning was in the care plans and the manager said they hoped to make some of these a little more detailed. Staff kept records of food for almost everyone in the home but the manager hoped to refine this and focus on detailed records when people had special needs. People saw the GP, community nurses, dieticians and speech and language therapists when they had nutritional or swallowing needs.

We met a health care practitioner on the day and he told us that the care delivery had improved since the registered manager came into post. He judged that the staff team managed some very complex physical and mental health needs very well. He said that the staff called on his team appropriately and followed their advice. We saw from records and talking to people that they also had support from chiropodists, opticians, occupational therapists, physiotherapists and dentists. One person, who found verbal communication difficult, told us about a visit to the dentist and how this had helped with pain levels. They told us the staff were "good" at giving support throughout the treatment. We also met nurses from the elderly frail community team who were satisfied with the care provision.

Rosecroft was a purpose built 1960s building that had been adapted and improved to meet the needs of people who lived there. The registered manager told us that the company had installed a new heating system and had made improvements to the main kitchen. The home had a dementia care unit with a secure garden and an area where people who were mentally and physically frail could be given the right levels of support. This was an innovation that benefitted everyone in the home as it split the large lounge area and several people told us they had asked for this.

All areas of the home were clean, fresh and orderly. We saw that the whole home had been redecorated and that furniture was of a high quality. Bedrooms were tastefully decorated and beds and bed linens of a good quality. This house was well appointed and people were relaxed in "our house". Staff told us the manager was "very particular" about the environment.

Good

Is the service caring?

Our findings

We measured this outcome by talking with people and by observing them in the home. We used our observation tool (SOFI) on the specialist dementia care unit as some people found it difficult to talk about how caring staff were. We saw a number of good staff interactions, and people were seen to be encouraged to talk and take part in activities such as singing, reading the paper and general chat. One person was encouraged to play a portable keyboard for a short time, during which people were seen to sing and one person danced. The atmosphere was positive, and staff were seen to be kind and caring in their approach.

We spoke with people in the home and their relatives. We met one person who told us, "I am a quiet person and I find the staff understand that and they are polite and kind. I trust them...". Another person said, "It's very nice here, I'm quite comfortable, the girls are very nice without being over familiar, if you see what I mean". One person sitting having afternoon tea with family said, "I've decided to stop, they are so nice to me, so helpful, they help me to get up and go to bed, so nice". Their relatives said "[Our relative] has told us they are stopping... wasn't so sure at the beginning, but has settled and likes it now...they seems very happy".

Our expert by experience spent a lot of time talking to people, listening to interactions and observing the way people were cared for and cared about. She observed a lot of laughter and plenty of discreet and sensitive interactions. The inspection team noted that people were confident and assertive and keen to engage with us. People sought out team members to tell us that they felt the team were caring.

One of the inspectors met some people who had come from other homes and they told us, "It is much better here...I am quite happy. The staff are not cheeky or rude and they do care about some of the less able people". We observed that these people looked very settled and looked well and relaxed. We judged that the move from other services had been done well and with sensitivity.

We saw staff patiently explain options to people. We saw that they would put things to people in different ways as they understood their needs. Staff spoke clearly to people who had difficulties understanding options. They also listened and gave people time to talk to them. Staff were good at understanding the pace and depth people needed when information was exchanged.

Staff knew people well and understood their place in their family, friendship and community groups. Relatives told us that the registered manager took the lead in this and, as one team member said, "She makes it her business to understand the people and who is important to them". Many of the relatives acted as advocates but arrangements were in place to access outside advocacy, where necessary.

People's dignity and privacy were maintained and staff had received training on equality and diversity. We read notes and care plans that were non judgmental. We also saw people being treated as individuals with their own preferences and needs.

We noted that a number of people left the building and made independent choices. We saw that risk

assessments were in place. Some care plans showed ways to support people to maintain or increase their independence. Staff were aware of the risks but were also keen to ensure people kept skills where possible. One staff member also told us, "Our residents are encouraged to keep an independent streak, no matter how frail they are".

We saw some 'thank you' cards from relatives of people who had died in the home. We also spoke to staff and to a visiting health professional. They told us that the team worked well with health care professionals to ensure people were comfortable, pain free and suitably cared for at the end of life. Some staff had received training on this type of care and the staff we spoke with had a good understanding of how to support people and their families at this time.

Good

Is the service responsive?

Our findings

People told us that they were happy with the way care was delivered. One person said, "The staff asked me what I needed help with when I first came in. I have a care plan and they check with me that it all still applies". Other people confirmed that, "We are often asked about our care". We met a relative who told us, "We are having a meeting this afternoon as [my relative] has been having some difficulties..."

People told us they had "no complaints" and a visitor said,"They let us know if there is anything [wrong]... We're really happy with[our relative's] care. If there has been anything we just go and see them in the office and they put it right straight away".

We asked about entertainments and activities. One person told us, "There is stuff to do if you want to, I've got my own entertainment, I've got TV, radio, Wi Fi, world radio service and scanners but I like to sit by the front door and keep an eye on things, it's good here". Another person said, "There is plenty to do if I want...I keep myself busy with crosswords, I won two prizes on the bingo this morning, it's fine". We also spoke with a person who told us about a holiday they had and their plans for the next break. "I had a really good time last year on holiday...the staff were so good with us and we had a nice time so I am going again. Never thought I would get a holiday again."

We looked at a number of care files and we read some files in depth. We saw that these were generally of a good standard. We saw some very good documents that assessed people's needs, wishes and preferences. Initial assessments of need were of a good standard and people's needs were reassessed on a regular basis. The staff team looked at each care plan at least monthly to ensure the plan still met people's needs. The manager reviewed the care delivery and made suggestions to updates to the care plans. People were aware of their care plans and told us they had been asked about their needs.

We noted that although most of the care plans were of a good standard there were some areas where further work would benefit the delivery of care. Most plans had really detailed and sensitive guidance for staff so that people would get the care they needed and wanted. We spoke with the registered manager about some plans which would have benefitted from a little more detail. We noted, for example, that staff were really good at supporting people with their nutritional needs but one or two of these care plans needed a little more depth. We also judged that some contingency planning would be useful where people might have potential difficulties managing their emotions or behaviours. The manager said she was planning more training to be delivered on both these topics and would be updating the care plans as their skills developed.

We recommend that care planning is reviewed and a little more detail is put into some of the plans, especially where there are behavioural challenges or where people's nutritional status could be compromised.

We judged that staff were delivering very good levels of personal, emotional and psychological care. We saw people who were being helped with the emotional and behavioural challenges their condition might bring

and we saw people with a learning disability or a mental health need being helped to be relaxed and comfortable in the home. People were well groomed and were supported to dress in a way that they preferred. Hairdressing services were weekly and people said they enjoyed the support they were given to make the best of themselves.

People were happy with the extensive range of activities on offer. The home employed an activities organiser who kept a record of the varied activities on offer. She told us, "We have local schools come in regularly and we have singers or dancers at least once a month. We go on outings, for shopping or go to garden centres or to the coast for an ice cream". She told us "I try and make it as diverse as I can, so everyone gets something and you get to know people and what they like to do. If people spend time in their bedrooms I make sure they get some individual time with me".

People spoke about an up and coming holiday to Blackpool which was being arranged for when 'the lights' were on. Several people spoke about the previous holiday a group of people had enjoyed. We spoke to staff who told us that they, as workers, had enjoyed taking people away and had "learned so much" by doing this. The staff team told us that they also took people out for local day trips and encouraged the community to visit the home.

No one we spoke with had any concerns or complaints on the day. People told us they would speak directly to staff if there was a problem and as one person said, "I trust the staff...I have no complaints but if anything was wrong I could speak up". Several people said, "I would tell the manager...she asks us all the time anyway". We also spoke with a relative who said, "I have no worries about making a complaint. I never have but the manager is so engaged with relatives and the old people that she would deal with any worries". There was a suitable complaints policy in place and people had access to the complaints procedure. The registered manager said there had been no complaints received.

Good

Is the service well-led?

Our findings

The inspection team spoke with people in the home, staff and visitors about how well-led the home was. We had very positive responses. One person said, "The manager is very good and I trust her. She makes sure things run properly. She listens to ideas we have".

We also spoke with relatives. One person told us, "I wasn't sure about [my relative] coming to the home as it used to have a poor reputation. I came to look around and met [the registered manager] and straight away I felt confident in her. She hasn't let us down and, as a family, we all rate her highly. We trust her to care for our relative. The home has really improved under her management".

We also spoke with a visiting health care professional who said, "There is no comparison to how it was some years ago...we are very happy with the way the home runs and we have a good relationship with the management team. They manage some very complex people and they work well with us to achieve good outcomes. The manager has made a difference".

The staff we spoke with all confirmed what people in the home and visitors had said. The team told us that they were "much happier", "really enjoy the job now" and one person said, "It is nice to work somewhere that is properly managed and run on behalf of the people in the service". The deputy manager told us that she judged, "The home is as good as it has ever been. The registered manager has made such a difference. Staff are caring and highly motivated. We are very well organised and things run smoothly".

The registered manager was suitably qualified and experienced to manage the systems, resources and staff in a care home. We had evidence to show that she had worked hard to improve all aspects of the home. She was enthusiastic and highly motivated and had ideas about how the home should move forward. She was also considering her development needs along with those of staff at all levels.

The registered manager's plans were in the process of being formalised and were as a result of the quality monitoring that went on in the home. There were regular staff meetings, relatives and residents meetings and the provider ensured that questionnaires were sent out to all interested parties. The registered manager also ensured that she spoke to people in the home, held regular reviews of their care and involved families appropriately. People in the home, their visitors and professionals told us they felt that they were consulted about quality.

They told us that there had been a number of changes after these consultations. There were more activities, more trips out and the home had been redecorated. Changes had been made to where people spent their time in the home because this had been asked for. We also learned from staff that new systems had been introduced and that changes had been made to some areas. The kitchen had needed an upgrade, which had been identified and was carried out to a good standard.

We also saw evidence to show that the registered manager audited systems in the home. We saw audits of medicines delegated to senior carers and these, in turn, were checked by managers. We saw care plan

audits and checks on daily notes. We also saw that money kept on behalf of people was suitably audited. The management team were in the process of reviewing their quality monitoring and were discussing ways to continue to improve this with the area manager and the company directors. The area manager checked on these audits and carried out her own checks.

We were told that there had been a lot of changes in the home because the new manager and her senior team had help staff to have the right sort of caring values. We saw this in practice on the day. We met people who were assertive and confident and who wanted to discuss the home and the improvements. We also met staff who understood the principles behind their work. We had evidence to show that the registered manager discussed the values of the company with staff and ensured that the team displayed the caring culture that she promoted. She was considering using these values to base changes to the approach to quality monitoring and supervision and appraisal.

We looked at a wide range of records in the home. Most of these were detailed and all were up to date. We noted that records were stored securely if they were paper based and some information was kept electronically and this too was secure. We discussed archiving some materials and the management team were also planning to destroy some materials that were no longer needed.