Lotus Care Management Services Limited

The Villa

Inspection report

Park Avenue
Madeley
Telford
Shropshire
TF7 5AE

Tel: 01952581022

Date of inspection visit:
21 July 2016

Date of publication:
01 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 21 July 2016. The inspection team consisted of two inspectors. The CQC registered the service on 18 February 2015 and this was the first comprehensive inspection.

The Villa provides accommodation for people who require nursing or personal care and/or treatment of disease, disorder or injury. The home can accommodate up to 33 people and on the day of the inspection, there were 32 people living at the service.

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

People were safe and risks were minimised by staff who understood how to keep people safe and identify and manage risks and safeguarding concerns. Staff employed by the service had pre-employment checks to ensure they could safely work with people. There were enough staff to provide safe and effective support. People had their medicines administered safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service did not have systems in place to assess people's mental capacity in line with the principles of the act. Where required the registered manger made applications to the authorising agencies for a DoLS. Staff understood the principles of the MCA and DoLS and could apply these when delivering care and support; however, the documenting of assessments and decisions required improvement.

People had support from trained staff who understood how to meet their needs and had the required skills to provide effective support. People had a healthy diet and could access food and drinks as and when they wanted. There was a choice of meals, which people enjoyed, and they could access support, as they needed it. People had access to health professionals and detailed care plans to support them to maintain their health and wellbeing.

People had support to develop positive relationships with other people living at the home and the staff. Staff respected people's privacy and dignity when providing care and support and encouraged people to be independent. People were involved in guiding their own care and staff encouraged them to be involved in their care delivery.

People's care and support was personalised and responsive to their needs. Staff understood how to meet people's needs and preferences and offer consistent support. Staff could follow detailed care plans, which supported people to receive responsive care and were, reviewed when things changed. People had a range of different things to choose from when deciding how to spend their time.

People could give their feedback about the service through formal meetings and through discussions with staff on a day-to-day basis. People felt listened to and their relatives felt involved. People and their relatives understood how to make a complaint and felt the registered manager would address their complaints and provide a response.

People were involved in the delivery of the service and the registered manager encouraged an open culture. The registered manager provided leadership for the service; they had support from team leaders and nurses in managing the home. The registered manager had systems in place to monitor quality and could show how these led to improvements.

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 safe; staff understood how to recognise abuse and what action to take to keep people safe.

People had assessments of risks and plans in place to manage them.

People received support from safely recruited staff and there were enough staff to meet people's needs.

People received their medicines safely; medicine was given as prescribed and stored appropriately.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Decisions about people's care were not always made in line with the Mental Capacity Act 2005.

People had their care and support needs met by trained and supported staff.

People had enough to eat and drink which met their nutritional needs.

People had support with their health needs. People had detailed plans in place to support them to maintain their health.

Is the service caring?

Good

The service was caring.

People received support from staff understood their needs and built good relationships with people.

People were involved in decisions about their care and staff made sure they communicated with people in a way they could understand.

People received support in a way that encouraged them to be independent and staff promoted dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received person centred care. Staff understood people's individual preferences and provided care and support, which met people's needs.

People could follow their individual interests. Staff offered people support to undertake individual and group activities.

People and their relatives understood how to make a complaint. The registered manger investigated complaints and made sure the service learned from them.

Is the service well-led?

Good

The service was well led.

The registered manager promoted an open culture that responded to people's needs and they understood their role.

People feedback about the service and the registered manager used this to make improvements to the service.

The registered manager had effective systems in place to monitor the quality of the care and support people received when using the service.

The Villa

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 unannounced inspection took place on 21 July 2016. The inspection team consisted of two inspectors.

As part of our inspection, we reviewed the information we held about the service including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used this information to help us plan our inspection.

During our inspection, we spoke with four people who used the service and one relative. We also spoke with the registered manager, four care workers, the cook, the nurse on duty and a visiting professional.

We observed the delivery of care and support provided to people who lived at the service and their interactions with staff. We reviewed a range of records, which included the care records of three people and two staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service. This included compliments and complaints records, accident records, staff rotas, staff meeting records, resident meeting records, monthly audit records and medicine administration records.

Good

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person told us, "I feel safe living here, I feel as though I can rest here, in other places it wasn't like this". A relative told us, "[My relative] is safe here I have no concerns". Staff were knowledgeable about safeguarding and had attended training. Staff understood how to keep people safe and they were able to tell us what they would do if they had a safeguarding concern. A staff member told us, "It's our role to protect people's rights and keep them safe from harm, neglect and abuse". Another staff member said, "I would report any issues which may be abuse to the registered manager". The registered manager told us any safeguarding concerns were recorded and reported to the local authority, and where required the police. The registered manager recorded actions taken and where appropriate family were informed. This showed us people who used the service, received support from staff with a good understanding of how to keep people safe and the registered manager took appropriate action to safeguard people.

People told us they had help to manage risks. One person said, "I use the lift to come downstairs". Another person told us, "I use a bath chair when I have a bath because it is safer". People had detailed risk assessments and care plans in place, which covered a range of issues in relation to each person's mental and physical health. For example, risks associated with safeguarding, breathing, eating and drinking, falls, going out alone, and conditions such as diabetes. These care plans contained information about the level of risk and actions staff should take in order to minimise risks. We saw care plans had detailed instructions for staff. For example, one person's risk assessment for fragile skin had good guidance for staff to follow to maintain their skin integrity. Staff understood how to support this person. Records also showed us staff followed the care plan. Staff told us they used the risk assessments and care plans to guide how they supported people taking into account people's capacity to understand and take risks. For example, staff told us about the risks for someone that sometimes chose not to manage a health condition in the right way and what actions they needed to take if this had an impact on the person's health. We saw the risk assessment and care plan for this person, which supported what staff told us. A staff member said, "Risk assessments and care plans tell you what action to take to keep people safe". The registered manager said, "We do individual risk assessments for people and put plans in place to help people manage the risks, these are updated when things change and reviewed regularly". We saw updates to risk assessments in the care plans we reviewed during our inspection, which took account of changes to people's needs. This shows us the registered manager had effective systems in place to manage risks.

Staff told us they understood what to do if someone had an accident. They explained people were checked and they sought medical assistance if needed. Staff told us all they recorded accidents and the registered manager investigated them. We saw accident and incident reports were completed and the registered manager took action to prevent further incidents where possible.

There was enough staff in place to meet people's needs. People, relatives and staff told us there was enough staff to support people. One person said, "The staff will help me with anything I need". Another person said, "If I need help in my room I can ring my buzzer and they come straight away to help me". A relative told us, "There is a great number of staff here; there is always a care worker in the lounge where people are sitting".

We saw staff available to support people throughout the day of the inspection, staff made regular checks on people who sat in their rooms or quieter areas and there was always a staff member visible in the main lounge.
A staff member said, "There is enough staff for us to provide a good quality of care for people". The registered manager said they checked staffing levels regularly and did not use agency staff.

People received support from safely recruited staff. Staff told us pre-employment checks including criminal records and reference checks had been undertaken before they started their role. The registered manager confirmed these checks took place before any new staff began their role; the records we saw supported this. The registered manager had sufficient systems in place to recruit staff safely.

People received their medicines safely. We saw nursing staff carried out all medicine administration and people had their medicine as prescribed. People's medicines were stored securely and according to the manufacturers guidance. For example, we saw medicines stored in a refrigerator and the records of daily temperature checks completed. We saw controlled drugs were stored correctly and accurate records of administration with daily checks carried out on stock levels. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

People understood what their medicine was for, we observed nurses explaining to people and recording when people took or refused their medicine. Medicine records included people's photographs, allergies and any special requirements about how they liked to take their medicines. There was a detailed record of when people needed medicine on an 'as required basis'. Nurses carried out daily checks on the medicines and investigated any issues and the registered manager carried out spot checks. The nurse told us the pharmacist collected medicines, which people had not taken as prescribed, on a monthly basis, records we saw confirmed this. This showed us people received their medicines safely.

Requires Improvement

Is the service effective?

Our findings

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

The provider did not always demonstrate the principles of the MCA had been followed. We saw that where staff felt people lacked the capacity to make decisions or to provide consent, they had not always carried out mental capacity assessments in line with the requirements of the MCA. Although staff had consulted with family members and health professionals, the decisions taken were not always documented to demonstrate principles of the MCA had been followed. In addition, the service had sought consent from people's relatives without ensuring they had the legal authority to provide this consent. One person needed to have their medicine administered covertly. Covert medicines mean people receive them in food or drinks without their knowledge. The registered manager had held a best interest meeting to discuss why covert administration of medicine was required. The doctor had signed a document, to allow covert administration of medicine following the meeting. However, the registered manager had not followed the requirements of the MCA, an assessment of the person's capacity to consent to medicine administration, had not been recorded. The registered manager recognised that improvements were required in how MCA assessments were completed and recorded and began to take steps to identify the actions they needed to take during the inspection. This showed us the provider needed to demonstrate whether people's capacity was assessed before making decsions in their best interest.

People who had the capacity to make decisions about their care told us that staff always sought their consent before providing care and support. We saw staff asking for people's consent before providing care and support and respecting people's descsion when they refused care . For example, we saw one member of staff asking someone if they would like to come and have a shave, the person refused, and the staff member withdrew saying they could come back later.
Staff could tell us how they asked people for consent to provide support. One staff member said, "People can give or deny consent in different ways, you have to look at the signs, for example if people can't communicate, look at their body language".

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 saw where the registered manager believed a person lacked capacity and they had been deprived of their liberty in order to protect them applications had been made to the Local Authority for authorisation. The records we saw showed approved DoLS however; the person's care plan did not include information on how to carry out the actions in the DoLS. When we spoke to staff, they understood who was subject to a DoLS and what this meant.

People received support from trained staff that had the knowledge and skills to provide effective support. One person said, "Staff help me with things I find difficult, they know I need help with some things". We saw staff follow training they had received from the speech and language therapy team in how to support people with eating and drinking. Staff told us they had received manual handling training and we saw staff supporting people using safe manual handling techniques. Staff told us they received an induction. A staff member told us, "When I first started I had an induction which included lots of training and shadowing". The registered manager told us they made sure they worked alongside staff during their induction and new staff shadowed existing staff. Care staff appeared confident with the training they received. A staff member said, "The training here is very good, it has helped me feel confident in what I am doing". Staff told us they received support from the registered manager and other specialists. We saw a training plan, which supported what people had told us. This showed us people received their care and support from staff that understood their needs and preferences and had the knowledge and skills to meet them.

People had a balanced diet and enough to eat and drink. Everyone we spoke to told us the food was good and people enjoyed it. One person said, "I had potatoes, broccoli, carrots and faggots today it was very nice". A relative said, "The food here is very good, [my relative] can have a choice of what they want". We saw freshly prepared meals that were well balanced and nutritious and people had a choice of meals. People chose where to have their meals and received help and encouragement from staff. One staff member said, "You are doing very well [with eating]". This showed us people were encouraged to maintain their independence and have enough to eat and drink. We people's care records included information about people's dietary preferences and nutritional needs. Staff knew which people had specialist dietary requirements and could explain how they met those needs. For example, people who needed finger food, pureed diets or diabetic diets. We saw people who needed these special diets received them on the day of the inspection. This showed us people had a choice of food and were encouraged to maintain a balanced diet.

People had access to health care services and support to help them maintain their health. One person said, "I am having new teeth this week from the dentist, it's going to change my life". Another person said, "I see the doctor when I need to staff arrange for them to come out to me". A relative told us, "The staff always tell me when [my relative] is unwell, I can see the records of visits from health professionals".

We looked at records relating to people's health. We saw records of the doctor checking people's medicines in the care plan. We saw people's care plans gave instructions for staff of what to look for and when to seek medical advice, for example, a behaviour management care plan was in place for one person which gave very clear advice on what staff should do and who to contact for help.

We saw people had access to specialist support with their health, for example care records showed people had support from the memory clinic, the optician, the community psychiatric nurse and chiropodists. Staff understood people's health conditions and could tell us about their diagnosed conditions. Staff told us people had support from health professionals, for example, they told us people had support to manage epilepsy and what action they needed to take if people had a seizure. Staff told us, "Everyone has specific health care plans which tell us how to monitor their health and what action to take." This meant people had support to ensure they maintained good health and managed their health conditions.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "I think the staff are caring, they are always checking to see if I am ok"" One relative said, "The staff are caring, they know [my relative] well". We saw people were happy to approach staff and the registered manager throughout the day. People smiled when staff approached them and spent time laughing and chatting with staff. We saw staff talking with people in a kind and caring way encouraging people to talk to each other. A visiting professional told us people seemed to have a good bond with the staff and people were positive about the service they received.

Staff told us they had good relationships with people who used the service. Staff said it was important to get to know people and understand their needs and they did this by spending time with people. Staff understood how to communicate with people who did not use verbal communication. For example one staff member told us; with [a person] you have to get to know what the hand gestures mean so you can understand what people want". The registered manager told us people had caring relationships with staff. They said, "I watch how staff talk to people who live here, I spend time with them developing relationships." We saw the registered manager was involved in the delivery of care and people who used the service were happy to talk with the registered manager. This showed us people had caring relationships with staff.

People were able to express their views and be involved in choices about their care and support. People told us they were encouraged to choose things for themselves. For example, one person told us, "I get to choose what I want to do; I can decide when I want a bath and where to eat my meals". A relative told us, "[my relative] is very strong willed and she makes decisions for her, staff encourage this". We saw staff encouraging people to decide things such as where to sit, what activities to do and what meals to have throughout the day. Staff told us people could make their own choices about how care was delivered. One staff member told us, "It is important to empower people and give people choices on a daily basis". Another staff member said, "We give people as much choice as possible such as what to wear, where to spend their day and what they want to do out in the community". This showed us people could choose how their care and support was delivered.

People using the service had their privacy and dignity respected and promoted. People told us they had their own private space and they could have a key for their bedrooms if they wanted one. One person said, "I can have a key for my room, but I don't like locked doors". Relatives told us, "[my relatives] dignity is maintained by the staff here, they always encourage [my relative] to do some things for themselves". We saw staff maintaining people's dignity throughout the day, for example staff made sure they were discreet when offering care and support. Staff took people to private areas to have conversations about their care and support. We saw staff knocking on doors and making sure, they adjusted people's clothing to maintain their dignity. People told us staff supported them to maintain relationships that were important to them. We saw staff finding a private area for someone to spend time with a family member who was visiting. The registered manager told us, "We try to make sure people are living a meaningful life". This showed us that staff respected and promoted peoples dignity and privacy.

People were encouraged to maintain their independence. People told us they were encouraged to do things

for themselves where they could. We saw staff encouraging people to do things for themselves during the inspection, for example, we saw people being encouraged to support themselves with eating and drinking. We also saw people being encouraged to go out for a walk on their own. Care records we saw described how people should be supported to do things independently, the records identified any risks and actions to minimise them. The registered manager told us they ensured people were empowered to live as independently as their individual circumstances allowed. The registered manger said, "People who live here are able to take risks and live an independent life, people are happier when there are fewer restrictions on them".

Good

Is the service responsive?

Our findings

People were involved in developing personalised care and support plans and decided what was important to them. People told us they were involved in all aspects of planning their care. One person said, "We have meetings sometimes to talk about how things are and what I want to do". A relative told us, "The staff have regular meetings to discuss [my relatives] care, we talk about the care plan and update it". We saw records of relatives invited to attend care plan review meetings.
We saw staff knew how people liked to receive their care and support, staff could tell us about people's preferences, how they liked to communicate and how people's care and support was delivered in a person centred way. We saw people could have the support they needed when they asked for it and in a way that suited them. We saw staff check with people how they wanted their care delivered. For example, we saw staff checked if people wanted to go out or spend time doing an activity. We saw staff arranging for people to have a bath and talking to people about their planned outings later in the day. We saw staff could communicate with people to find out what they wanted and we saw some staff understood people methods of communicating their likes and dislikes when this was not through speech. Staff told us they involved people in their care and support planning. One staff member said, "You have to know people and listen to them find out about what they like and how they prefer things to be done". Although staff had a good understanding of people's needs and personal preferences, this information was not always recorded in people's care plans. We spoke to the registered manager about this and they said this would be reviewed and the information that staff knew about people would be recorded. People were involved in making decisions about the care and support they received and staff knew how people liked to receive their care and support.

People's care plans were well organised, informative and covered people's physical health needs. The care plans gave staff detailed information on how to meet people's health needs. Plans included information on eating and drinking, breathing, personal care, continence, mobility, falls, sleeping, skin care, and specific health conditions such as epilepsy and diabetes. For example, we saw staff following the advice in one plan that described risks to skin associated to spending time in bed and gave advice on how to keep skin safe from pressure sores. The registered manager reviewed and updated care plans when people's needs changed. This showed us the registered manager had developed care plans that supported people's health needs and staff used these plans to provide care and support.

People told us activities took place in the home. One person told us, "I can't walk very far so the staff take me out in a wheelchair". Another person told us I like to spend time in the quiet lounge on my own". A relative told us, "[my relative] goes out to the local village with staff, they really enjoy it". People told us they had support to access places of worship to practice their religious beliefs. On the day of the inspection, we saw people taking part in activities throughout the day. We saw one person supported to go for a walk to the local shops to buy flowers. We also saw the activities coordinator take people out to see the chickens in the grounds of the service. The activities coordinator was catching the chickens and giving them to the person to hold, we saw them laughing and enjoying the activity.

Staff told us, they had time to spend doing things people enjoyed. One staff member said, "We spend time

with people every day, we make sure we work around everything else to spend time with people". We saw staff spending time with people talking about things that mattered to them. The registered manager told us there was an activities coordinator on duty most days and they arranged individual and group activities for people. The registered manager also told us about people who come in to the service to do activities such as someone who visited with animals and someone who came in and took people on a guided healthy walk. People told us they really enjoyed the guided walks. This showed us people had support to follow their interests and take part in social activities.

People and their relatives told us they could approach the staff and the registered manager if they had any concerns and they felt listened to. One person said, "I would tell the registered manager if I had any problems". Another person said, "I think staff listen to me, they always do the things I ask of them". A relative told us, "If I had any complaints I would speak to the registered manager about it, I have never had any cause to complain while [my relative] has been here". We saw people talking to staff and the registered manager throughout the inspection asking questions and talking about their day. People told us they understood how to make a complaint. We reviewed the complaints file and saw one person had made a complaint about a change to a person's hairstyle without any discussion with family members. We saw the registered manager had responded, and took action to address the situation.

Staff told us they understood the complaints procedure and could deal with people's complaints about some things themselves and they showed us examples of records in the daily notes showing how they had managed issues. For example, where someone said they did not like a particular meal, staff recorded this so they could have alternatives in the future. The registered manager told us they investigated formal complaints and responded to people. They also said they communicated any learning from the complaint to all staff, the records we saw supported this. People were able to express their views about the service. People told us they could talk to staff and the registered manager about the service and people said they felt listened to. Relatives told us they had invites to attend regular meetings to share their views on the home and these meetings led to changes. For example, one of the meetings discussed the furniture and decorating in the dining room and the registered manager purchased new dining room furniture. The registered manager told us they made sure they were available to speak to people and operated an open door policy. This showed us the service had systems in place to listen to people's feedback and learn from any complaints.

Good

Is the service well-led?

Our findings

The service had an open and inclusive culture. People and their relatives told us the registered manager was approachable and would listen to them. One person said, "I know [the registered manager] will always sort things out for me". Relatives told us the service was open and staff empowered people to do things for themselves and direct their care and support. One relative said, "[The registered manager] can't do enough for you". We saw people and their relatives were comfortable in approaching the registered manager during the inspection. Staff told us they found the registered manager approachable and supportive. One staff member said, "I love it here, it's a great place to work, I think that's the first time I have ever said that about a place". Staff told us they had plenty of opportunities to raise things with the registered manger and they felt as though the registered manager would consider their suggestions. The registered manager told us they had a 'no secrets' policy amongst staff, working to deal with any issues in an open and transparent manner. Staff knew about the policy and told us they felt comfortable using the policy to raise any issues. This showed us the culture was open and inclusive and staff and people felt empowered.

A registered manager was in post. The registered manager had mostly notified CQC about significant events they were required to. We received notifications about safeguarding, serious injuries and expected and unexpected deaths. We had not received notifications of the approved DoLS from the registered manager. We spoke to the manager about this and they told us they knew they should have submitted a notification and it had been an oversight, which they would correct the next day. We received the notifications about DoLS the day after the inspection.

We saw there were effective systems in place for staff to communicate any changes in people's health or care needs through handover meetings. These meeting facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns; there were care worker handovers and nursing staff handovers in place. The management and staff structure provided clear lines of accountability and responsibility. Staff knew how to get help or support and who to ask for it.

The registered manager undertook an accident investigation and the type of seating a person used was thought to be a factor in causing the accident. The registered manager took action to ensure the person avoided using this type of seating. The updated care plan showed what seating to avoid and the handover reporting system made sure staff were aware. This showed us the registered manager had systems in place to review incidents and accidents in order to prevent them from reoccurring.

Staff received supervisions with the registered manager. Staff told us supervision took place every 6 months but they could always speak to the registered manager about things. Staff told us they could talk about their role and any training needs during their supervisions. Staff told us staff meetings took place monthly and they could discuss any problems concerns or changes needed during the meetings. Staff also told us the daily handover meetings gave them a chance to discuss things on a daily basis about their role. This showed us the registered manager had systems in place to ensure staff were supported to understand their role and responsibilities. The registered manager regularly carried out monthly audits to review health and safety practices such as fire safety, equipment checks, medicine audits and analysis of accidents and incidents.

The audits were used to identify any areas of concern, minimise the risk of reoccurrence and plan on-going improvements. The records we saw supported this. This showed us there were effective management and leadership systems within the service.

People who used the service told us they were encouraged to share their views and were able to speak to the manager when they needed to. One relative told us, "We attend quarterly relative meetings to talk about the quality of the service and how things are run". The registered manager told us they had resident meetings monthly to talk about all sorts of different things such as planned changes, activities and meals. The registered manager said, "When people attend the meeting a copy of the meeting notes is placed on their file showing how they were involved". The records we saw supported this. The registered manager told us they observed staff and worked alongside them to ensure the quality of the care people received was good.

The registered manager told us they had developed positive relationships within the local community. For example, they had encouraged young people to undertake work placements at the service and maintained links with a local voluntary service that held coffee mornings where people could attend and meet people from the local community.

The registered manager told us about plans for changes to the service, which would involve building work to improve the layout of the building and the facilities available. The registered manager said they would discuss the planned work with people and their families and the individual impact considered. The registered manager had kept a vacancy in the home to help them with managing the work when it began. This showed us there was effective management of the service and there was a positive culture, which led to the delivery of good quality care.