The Brandon Trust

Queens Road Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an unannounced inspection of Queens Road Care Home on 12 July 2016. When the home was last inspected in July 2015 no breaches of the legal requirements were identified.

Queens Road Care Home provides personal care and accommodation for up to seven people. People at the home had learning disabilities. At the time of our inspection there were six people living at the home.

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

The home was not always safe as the external environment was poorly maintained. This meant it was not always accessible to people and posed potential hazards. Improvements had been made since our last inspection in July 2015 in the way medicines were stored and organised. Medicines were administered by staff who were trained and assessed for competency. However, clear guidance was not always in place for when 'as needed' medicines may be required. Staff could not always locate key guidance on how to manage people's health conditions safely. Safe recruitment procedures had not always been adhered to.

The home was not always well led as policies and assessments were not always up to date. Care records were not always clearly organised so staff could access the information they needed. The home had undergone a number of changes in the senior management team. The home was now ensuring that the senior team in place could make the improvements they had identified. Staff spoke positively about the changes that had occurred to make improvements. The staff team said they were involved in the home through meetings and were supported in their role. Steps were being taken to promote a positive culture and good practice through team building days. Notifications were sent to the Commission as required. Systems were in place to monitor the quality of care.

Staff understood the principles of the Mental Capacity Act 2005 and applied these in their role. Best interest decisions, when needed, were made in accordance with guidelines and with involvement from relevant people. Applications were made when appropriate in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care or need protecting from harm.

Staff had an effective induction process. On going training ensured staff were skilled and knowledgeable. Staff spoke positively about the training provided. Training specific to the needs of people living at the home was arranged. Regular supervision supported staff in their role.

Family and friends could visit the home whenever they wished and commented that staff were welcoming. We observed staff having a kind and caring approach to people. Staff knew people well and the things that

were important to them. Staff supported people's religious needs and personal preferences.

Care records were person centred. They showed how people wished to be supported. Activities of people's choice were offered within the home and the local community. Activities were being developed so people had more opportunities available to them. People could give feedback about the home through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

The external environment was poorly maintained and inaccessible to people.

Appropriate recruitment checks were not always followed before new staff began work.

Medicines were administered safely. However, guidance for staff on medicines and medical conditions was not always easily located.

Staff knew how to identify and report safeguarding concerns.

Is the service effective?

Good

The home was effective.

The requirements of the Deprivation of Liberty Safeguards were being met

Staff understood the principles of the Mental Capacity Act 2005 and applied this in their role.

Staff were supported in their role through effective induction, supervision and training.

People's health needs were met.

Is the service caring?

Good

The home was caring.

Positive feedback was given about staff. We observed staff speaking with people with kindness and respect.

Staff knew people's personal preferences and how people wished to be supported.

People's visitors were welcomed at the home.

Is the service responsive?

Good

The home was responsive.

People were offered a choice of activities within the home and community.

People's care records were person centred.

People had opportunities to give feedback about the home.

The home had an accessible complaints policy available to people.

Is the service well-led?

Requires Improvement

The home was not always well-led.

Records, policies and assessments were not always accurate and up to date.

Staff were engaged in the home through meetings and team days.

Audits were in place to monitor the quality of care. Action was being taken in response to identified areas.

Queens Road Care 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.

The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

The people at the home had autism and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with two people living at the home and four staff members, which included two senior staff members. After the inspection we spoke with three relatives of people that lived at the home. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of Queens Road Care Home in July 2015, we found that medicines were not always clearly organised and there was a risk people's medicines could get mixed up. At this inspection we found improvements had been made in the way medicines were stored. However, we found improvements were needed in the environment to ensure it was safe and accessible to the people living at the home.

The outside environment was poorly maintained. Plants and trees were heavily overgrown and the grass was long. Paving slabs along the path were uneven and had long weeds growing through. This could pose a trip hazard to people. The outside paved area had furniture that was in poor condition, for example a bench that had deteriorated and could be unsafe for people to sit on. There was rubbish on the paths and in the shrubs, a broken umbrella was lying around on the driveway, garden tools and a screwdriver were left out on the patio outside the doors. The main bins of the home were in front of the paved area and the lids were not shut properly due to being full. This created an odour in the area around them and could attract animals and flies. Several people at Queens Road Care Home required mobility aids, including wheelchairs. The garden and paving in its current condition meant there was nowhere for people to safely sit or walk around outside. One relative said, "People can't sit out in the garden much." Senior staff members told us that plans had been agreed to make improvements to the outside area. Also that new carpets and flooring would be laid in September 2016 to make improvements to the internal decoration.

We found appropriate recruitment checks were not always followed before new staff were appointed. One out of the four files we looked at had not obtained two satisfactory references in line with the provider's policy or documentation to show a legal change of name. It could be unsafe for people if a person was employed without their suitability for the role being thoroughly assessed. Staff files showed an application form, employment history and a Disclosure and Barring Service check (DBS) had been completed. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Medicines were ordered and stored safely. The home had a separate medicines walk in cupboard, which contained secure storage. Medicines were arranged in an organised way in the medicines trolley. People's medicines were kept together. Medicines were delivered to the home every four weeks. These were checked and signed on the Medication Administration Records (MAR) by a member of staff. The medicine file contained an up to date photo of people and included a description of how people wished to take their medicines. For example, '[Name of person] will take tablet out of staff's hand independently, will put in his mouth, a glass of water is then given to him and he will drink the water and swallow the tablets.' Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. Staff had an annual competency observation of their practice to ensure they were administering medicines safely and as directed. We noted that no temperatures were taken of the medicines storage cupboard. This may mean that medicines are not kept at the correct temperature for safe storage. A senior staff member said this would be addressed.

Some people had PRN medicines. These are medicines that are taken 'as needed.' We found there was not

always clear guidance to staff as to when people may require 'as needed' medicines. For example, the sign or symptoms they may display or how they may communicate they need these medicines. Also, when guidance had been produced senior staff members and staff did not know where it was located. This meant it was not always being applied and people were at risk that staff may not offer these medicines when needed and give as directed. However, in talking with staff they were knowledgeable about when people may require their 'as needed' medicines.

When people had a specific medical condition we found that information regarding the risks, management and protocols were not always easily located and were often stored in multiple places. This meant that staff may not be able to find the key information they required. For example, in one person's care record it referred to their 'epilepsy management plan.' However, staff were unsure where this was located. When this document was located it was not a recent copy and was dated 2013. Senior staff members had identified that having documentation clearly organised was important in keeping people safe. This was part of their action plan for improvements within the home.

At our last inspection in July 2015 there were a large number of staff vacancies, seven in total. At this inspection we found there was only one staff vacancy. Staff we spoke with said efforts had been made to recruit staff and they were now nearly fully staffed. Staff said that it had made a positive difference having permanent staff in place. One relative commented, "Staffing is stable again." We viewed the staff rotas from the previous eight weeks and the number of staff on duty was consistent with the planned staffing levels. Senior staff members, support staff and relatives all told us they felt a waking staff member was needed during the night to be able to safely meet people's needs. We saw that people's health needs had changed and that people required support in the night. This was in relation to medical conditions, continence and being able to mobilise safely. Some people required staff to respond quickly as detailed in their health protocols to ensure they were kept safe. It was also part of one person's Deprivation of Liberty Safeguards authorisation that this was introduced. One relative said, "Yes, there is a need for staff during the night." The home was currently taking steps to implement a waking staff member at night.

The provider had policies in place for safeguarding vulnerable adults and whistle blowing. This contained guidance for staff on the action they should take in response to any concerns identified. Staff told us they received training on safeguarding and this was seen in the training records that we reviewed. Staff could explain different types of abuse that may occur, how to recognise signs of abuse and the actions they would take. Staff said they were encouraged to speak up about anything that concerned them. One staff member said, "I feel comfortable to raise any issues." Staff were aware and knowledgeable about the policy on whistleblowing. When needed, the registered manager had reported concerns to the local safeguarding team and the Commission.

The home had systems to record accidents and incidents. We reviewed records which described the accident or incident and the action taken to deal with the situation. Staff we spoke with were knowledgeable about the process of recording incidents and accidents. However, we found that the section with follow up action on the form had not always been completed. For example, following an incident that occurred in May 2016 it was written in the person's health notes that a GP or district nurse would be contacted. It was not recorded in the health notes or on the incident and accident form if this had been completed and if so of any outcome. A senior staff member conducted a six monthly audit of any incident and accidents. This gave an overview and would identify any trends or patterns. Actions that had been taken were recorded. However, the final outcome and any changes needed was not always recorded. For example, an internal investigation was conducted following an incident in May 2016 and it was not recorded what the outcome of this was or if any changes were needed such as an update in the person's risk assessment.

If any changes in a person's physical well-being was identified, this was recorded on a body map. For example, a mark on a person's right knee had been recorded. We saw that in response to any change appropriate action was taken. For example, a GP appointment was made. However, as these incidents were not recorded on the home's incident and accident reports they did not then get analysed or overseen by a senior staff member. This meant that an incident requiring further investigation or reporting may get overlooked. A senior staff member said this would be addressed and included in the incident and accident reports.

Staff had regular training in fire awareness. Systems were in place to regularly test fire safety equipment such as the alarms, emergency lighting and extinguishers. The home performed practice fire drills to ensure they could evacuate the home safely. People had an individual emergency evacuation plan in their care records. This detailed the support people would require to stay safe. For example one plan said, 'I need my handling belt and wheelchair to help me evacuate quickly and safely.' A disaster plan was also in place which detailed procedures to follow in emergency situations, for example, a water leak or severe weather conditions.

We reviewed records which showed that appropriate checking and testing of equipment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, hoists, call bells and appliances. There were also certificates to show testing of fire safety equipment and gas servicing had been completed.

Individual risk assessments identified potential risks to people and gave clear guidance to staff on how to support people safely. Assessments included risks such as eating, personal care and moving and handling.

Good

Is the service effective?

Our findings

People told us they liked the home and were happy with the care they received. One person told us, "It is a lovely place." Relatives told us people's needs were met. A relative said, "On the whole it is excellent." Another relative said, "I have always been delighted with them."

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 found that when it was uncertain if a person had the capacity to make a particular decision it was clearly documented how this had been assessed and the outcome of the assessment. When a best interest decision was needed, records showed who was involved in the decision, the options that had been considered but disregarded and the final decision of the meeting. For example, the decision made for a person to buy a new television. The reasons why this decision had been agreed were clearly recorded.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for five people living at the home had been made. Three had been authorised and two were awaiting assessment from the local authority. Conditions set out in people's DoLS authorisations were being met or were in the process of being met. For example, for one person it was a condition that a friendship they had was supported and maintained. Visits to see this friend was included in their activity timetable. A senior staff member had notified the Commission as required when applications had been authorised and recorded this.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff told us how they implemented what they had learnt in their role. This included assuming people had the capacity to make a decision, respecting choice and being aware how people made their decisions. For example, we observed a member of staff lay out a selection of a person's DVD's. The person could then choose by nodding their head when the member of staff pointed at the DVD they wished to watch. Care records described how people made choices and decisions. For example one care record said, 'I will show you if I am happy for personal care. I will lift my arms and legs.'

New staff completed an induction programme when they joined the organisation. All staff we spoke with confirmed they had received an induction. The induction programme contained a corporate day, training

days in key areas, orientation of the home and learning modules aligned with the Care Certificate. For example, in infection control, first aid and food hygiene. Staff we spoke with said they shadowed a more experienced member of staff before they began working on their own.

Staff received regular training in a variety of subjects so they could care for people effectively. The training records showed staff had completed training in health and safety, medicines and diet and fluids. We saw that training specific to the needs of people living at the home had been completed. For example, in diabetes and epilepsy and the associated medicines used when people had a seizure. Staff commented positively on the training they received. One member of staff said, "The training is good."

Records showed that staff received monitoring and feedback through supervision with a senior staff member. We saw that new staff received supervision more frequently at the beginning of their employment to support them through the induction process. Staff we spoke with confirmed they received regular supervision. From the supervision records we reviewed we saw that staff's working arrangements and training were discussed, along with changes in the home and team. Staff had time to discuss any issues they wished.

People spoke positively about the food at Queens Road Care Home, saying it was very nice. One person said, "The food is nice. No grumbles. Always get a nice cup of tea." One relative said, "The food is very good." Staff told us they were trying out new food with people so they were able to offer a wider choice at mealtimes. Changes had been made so that people had their own storage space for snacks and drinks. This meant that people had their own personal preferences of snacks and drinks. The menu's showing the choices available had not always consistently been completed. A senior staff member said this would be addressed. When people required support with their nutrition and hydration, this was documented in their risk assessments and care records.

Records of people's healthcare were kept. Records were kept of appointments with the GP, at the hospital and dentists. We saw that other health professionals were accessed when the need arose. For example, the speech and language team and district nurses.

People had a 'hospital passport.' This was a document containing vital information about a person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as their current medication or known allergies. The document described the person's different behaviours and communications and how these may be presented.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "I like the staff, especially [name of staff member]. The staff are alright." Relatives told us that the staff were very caring, knew people well and went above and beyond by always doing more. One relative said, "The care is excellent. It is superb" Another relative said, "She is extremely happy. She has excellent relations with staff. They all know her well."

Some people told us about the care and support they received. One person told us they were happy living at Queens Road Care Home. They said, "I feel safe. I can choose what time I get up. I choose where I want to be, in my room or in the lounge." They said staff were attentive to their needs and made sure they made time to sit and talk.

Other people were unable to tell us about their experiences. We observed positive interactions between people and staff. We observed a member of staff supporting a person to engage in completing a puzzle. They gave encouragement and positive comments. When the person had finished the staff member said, "Shall we do this one now?" There were relaxed and friendly conversations between staff and people. We observed staff joking with people about who was going to do the washing up. One relative told us, "She has a good sense of humour. She enjoys people pulling her leg."

We observed people being treated with dignity and respect. We observed staff spoke with people in a polite and friendly way. Staff gave people the time they needed to communicate in their preferred way. Staff did not interrupt and listened to people carefully. We observed staff give people time and space to make decisions. For example, one person had planned to go out. They were resting and staff came to check if they still wished to go out. The staff member gave the person the time to make their choice and respected their decision.

Relatives told us how staff would always go the extra mile. One relative told us about when their family member was in hospital and how a member of staff had always stayed with them to reassure and comfort them. Another relative described how staff facilitated a holiday to the person's chosen destination. One relative said, "I am impressed with the attitude of staff."

The home had received one compliment in the last 12 months. It read, "[name of person] looked very smart and tidy. They were happy and smiling." Staff told us how people's appearance was important to them. One person said, "I like to look nice." They told us how they liked having their hair and nails done. They told us how staff spent time making sure they looked how they wished. One staff member said, "[Name of person] likes to look smart." The staff member told us how they supported the person to go shopping when needed and to make sure they were ready before they went out.

Staff knew people well. Staff knew people's preferred routines and the things that were important to them. People's religious needs were supported. For example, one person was supported to attend church and another liked to engage in prayer before retiring for the evening.

Family and friends could visit the home whenever they wished. Relatives told us they were always made to feel very welcome and did not need to inform the home they planned to visit. One relative said, "The staff are very welcoming." Another relative said, "I have always been very impressed at the care [name of person] receives and believe he is happy with your organisation."

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. Relatives spoke positively about the personalised care at Queens Road Care Home and how this had been reflected in adapting to people's changing needs. One relative said, "She has everything she needs and everything she wants." Another relative said, "I cannot fault the care at Queens Road." We observed staff being responsive to people's needs. Staff were observed supporting people to safely move around the home, making sure people had what they wished to eat and drink and ensuring people were spending their time as they wanted.

People had an activity timetable of their choice in an accessible format. This included activities such as visiting friends and going out for lunch. Staff told us that offering more activities and outings was an area they were developing. Staff said that having a stable staff team meant more activities could be explored. Senior staff told us that having more opportunities available outside of the home to people had been identified as needed. A senior staff member explained how changes had been made supporting people to access local facilities such as the hairdressers rather than having people come to the home. This gave people more links with the local community and people enjoyed time out of the home. One person said, "I enjoy going for walks in my wheelchair." We saw people being offered choices of what they would like to do during the day. We observed some people went out for lunch and to a place of interest. Another person played a game with staff at the home. The home was responsive to what people felt like doing that day. For example, one person was offered to go out but they chose to listen to the radio and have their nails painted instead.

Care records contained a photograph of people, essential information and their life history. This described people's backgrounds and interests. It showed how people living at the home had known each other a long time from other settings. This showed the importance of these relationships to people. Personal preferences were reflected in care records. For example, in one person's records it said, "I like to watch films to help me sleep." Another record said, "I like to be kept informed at all times." Care records described how people liked to celebrate important dates or times of the year, for example, their birthday or Easter time. Relatives confirmed they were always invited to reviews of people's care. One relative said, "They are very good at including us in things. We get invited to the service reviews." There were records to show when care records had been reviewed.

Staff completed daily notes about people. This gave information about the care and support people had received that day. For example, what they had been feeling like, what they had been involved in and any personal care given. This assisted staff in being well informed and continuing any further care needed. People also had specific records kept in response to any identified need. For example, in regards to health, eating or coughing.

People had a 'communication passport.' This described people's preferred methods of communication and gave guidance to staff about how people communicated. For example, one person's communication passport said, 'Take time to talk to me and wait for my response.' Another record said, 'I will show you if I am unhappy. I will tell you or choose not to interact with you.'

People had an allocated key worker. This meant that the staff member who was in the role of key worker took responsibility to ensure needs identified in the person's care plan were met. Keyworker's completed a monthly summary which gave an overview of the significant areas for that person. A senior staff member said that an allocated time for people to spend with their keyworker was going to be introduced.

People had personalised rooms. People had chosen how their rooms were decorated and furnished. People's rooms contained items that were personal to them. For example, photographs, ornaments and pictures. One person said, "I chose the colour. I like pink. I chose all my things. I like having pictures of flowers and all my cuddly animals. Sometimes I choose to have real flowers." A relative told us how staff supported their relative to change their room around when they wished, as they liked to change the view of where they sat.

The home had not received any complaints in the last 12 months. All the relatives we spoke with were aware there was a complaints procedure should they require it. The complaints procedure was in an accessible and picture format.

Regular residents meetings were held and people were fully involved. People were asked their opinion about the home, how they were cared for and supported by staff and if they had any concerns. One person had asked about their shower that was broken. The staff member fully explained when it would be mended. Another person said, "It's my birthday coming up. I would like to go out for the day." People's responses were recorded in the way people preferred to communicate. For example, verbally, through signs or by a gesture.

We saw that some people had completed a survey about their experiences of living at the home. People were asked about the food, their room, the environment and staff. Relatives confirmed they received annual feedback questionnaires from the provider.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of Queens Road Care Home in July 2015 we found notifications that the home must legally send to the Commission were not always being sent. At this inspection we found the home ensured relevant notifications to the Commission were being sent and this was monitored through auditing systems. The home had undergone a number of changes in the senior staff team. A new registered manager came into post in March 2016. At the time of our inspection the registered manager was currently seconded to another home within the Brandon Trust and a registered manager and a team leader from another service was in their place. The provider had made these changes to see if this was a more suitable management team to meet the needs of the people living at Queens Road Care Home.

Senior staff members had identified and were making changes to the way people's information was recorded and organised. Some people had up to five files containing information about their care. This meant that staff were not always clear where information was located. For example, important information about people's health or medicines. We also found that this could lead to inaccurate record keeping as there were too many locations where information could be held. For example, two people's files we looked at recorded their last chiropody appointment in January 2015. Their care records said they would see the chiropodist every three months and staff confirmed they had both been visited by the chiropodist since this recorded date.

We also found information that was not always up to date and accurate. A risk assessment relating to vehicle safety was dated 2013 and procedures relating to vehicle safety were from 2009-2010. If assessments and procedures are not kept up to date they may no longer be meeting the needs of people. A senior staff member said this documentation would be reviewed and amended.

Relatives spoke positively about how the home was managed. One relative said, "I always thought it was quite well managed." Relatives told us they were not aware of the changes of management and were unsure who was currently the registered manager and senior staff team. One relative said, "I am not aware of who the manager is." Relatives said it would be helpful if this information was communicated to them. One relative said, "Would be useful it we found out about the changes in management." However despite this, relatives said they were always kept informed of anything to do with their relative. One relative said, "They always phone me immediately." Another relative said, "They always call us and let us know anything."

Staff spoke positively about the changes that were in process. One member of staff said, "There have been a lot of management changes. But things are now being actioned. They are being developed." Staff said they felt supported and valued in their roles. One staff member said, "Team leaders and managers are always here now. I feel we have the support we need." One staff member commented on senior staff currently in place as, "A breath of fresh air."

Staff told us and we saw documents showing two recent team building days that senior staff had organised. Staff said these had been welcomed, had boosted team morale and had worked to bring the team together. One staff member said, "We have a new team in place, focusing on the care." Another staff member said,

"The team days have been useful, a chance to say where we are. Everyone is keen to get this right and make it work."

Information was communicated effectively to staff. Messages and important information were written down in the staff communication book and the diary recorded people's appointments. We saw details about health appointments and a hairdresser's appointment. Staff shared information through a verbal and written handover. However, we did bring this to the attention of senior staff members that this was not always consistently completed. Senior staff members said this would be addressed.

Senior staff members were now ensuring that regular team meetings were held. Staff spoke positively about the meetings and said they could contribute suggestions and ideas. One member of staff said, "We get a chance to discuss things and things get actioned." We saw that items such as staff training, staff responsibilities, and fire safety checks had been discussed.

Regular audits took place to check and monitor the quality of the service. This included audits of medication, care records and health and safety requirements. Senior staff also undertook a regular review of the home in line with the key questions that the Commission asks at inspections: is the service safe, effective, caring, responsive and well led. The document detailed what the home was currently doing and ways it could improve and how this would be achieved.