

HC-One Limited

Dale Park

Inspection report

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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

About the service

Dale Park is a residential care home, providing accommodation for persons who require nursing or personal care. The service provides support for up to 54 people; younger adults, older people and people living with dementia. At the time of our inspection 18 people were using the service.

The property is set over 2 floors with lift access to the upper floor. There were several communal areas both downstairs and up, multiple shared bathrooms and an accessible rear garden. Aids and adaptations were in place to meet people's individual needs.

People's experience of using this service and what we found

We spoke with people, their relatives and staff at Dale Park. Most told us the standards of the home had improved since our last inspection.

Changes to the management structure within the service had been instrumental in the improvements found during our inspection. Staff spoke positively about managers and how they were approachable and supportive. People and their relatives told us they had seen improvements to the standard of care and were complementary about the management and staff team. One relative said, "One of the first things I noticed about the home is that all the staff care about [person], from the cleaners to the manager." A person living at Dale Park told us, "This is a good home, I am happy here. The staff are all friendly and supportive." People we observed seemed happy and relaxed during our visit, there was a calming atmosphere.

We observed increased staffing levels, resulting in a more person-centred approach. Auxiliary staff were recruited to support the nursing and care team with the running of the home; contributing to checks and ongoing improvements.

Care records were complete and up to date. Risks to people's health and well-being were appropriately assessed and detailed plans were in place to help manage these and keep people safe. Staff responded quickly to changes in people's needs and relevant referrals to external professionals were made in a timely manner. People told us they felt safe and relatives were confident people were well-looked after.

Accidents, incidents and safeguarding concerns were regularly reviewed and analysed by managers. Appropriate action was taken to try and prevent incidents from occurring in the future.

Medicines, including 'when required' medicines were managed safely by nurses who received regular reviews of their practice. People received their prescribed medication on time and relevant records were completed accurately.

Safe recruitment processes were followed, and relevant checks completed on new applicants to make sure they were appropriate for the role. Robust systems were in place to make sure that agency staff had relevant

experience. Staff training had improved since our last inspection.

The home was clean and hygienic and in the process of being refurbished. Staff received training in infection, prevention and control and were provided with regular updates following changes to guidance; particularly in response to COVID-19. The service supported family members to regularly visit their relatives safely.

People were supported to maintain a balanced diet and mealtimes were now a more relaxed, sociable occasion. There was still a lack of planned, quality activities but the provider assured us they would allocate more resources to activities and people's wellbeing following our feedback.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 January 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that 'when required' medicines guidance was kept up to date. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow Up

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Dale Park

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and 1 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 (dementia).

Service and service type

Dale Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dale Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We sought feedback from partner agencies such as the local authority. We referred to the information we had received about the service since the last inspection. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 people and 2 relatives about their experience of the care provided by Dale Park. We spoke with 1 visiting health professional. We spoke with 7 members of staff including the regional director, the area director, the registered manager, a nurse, carers and auxiliary staff. We walked around the home to check it was safe and fit for purpose. We observed people's interactions with the care they received. This helped us understand experiences of people who could not talk with us.

We looked at 3 people's care records, medication records and a selection of other records; including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

After the inspection

We looked at further information around training and supervision and continued to seek clarification from the provider to validate evidence found.

We looked at feedback from people's friends and relatives online, information from the home's electronic feedback system and most recent resident's survey. We spoke with 3 more relatives on the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection there was a lack of suitable and consistent staffing to ensure a good quality of care for people living in the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- DBS and reference checks were carried out pre-employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. One file for a long-standing member of staff was missing full employment history but the registered manager assured us they would follow this up.
- The provider told us staffing levels at the home were higher than what was recommended, to ensure standards continued to improve. Extra staffing had been put in place since our last inspection, so people's needs were met in a more person-centred way. Auxiliary staff were recruited and included on the rota daily.
- During our visits there were enough staff onsite. People were well cared for; we saw no signs people were rushed and staff responded promptly to people's needs. People and families gave mixed feedback on staffing levels but agreed staff were kind and compassionate. One relative said, "The staff are all very good. There are staff around at all times, but occasionally I think they could do with more." Another responded, "I feel there are good staffing levels, they can't do enough and are all very friendly."
- The provider did acknowledge ongoing challenges with recruiting permanent nurses and care staff. They were in the process of recruiting 2 nurses, a deputy manager and more care staff. To increase retention, they had put measures in place to up-skill staff and improve morale.

Using medicines safely

At our last inspection we recommended the provider regularly reviewed 'when required' guidance to make sure it is up to date. The provider had made improvements.

- An electronic system had been recently adopted to manage medicines. The system included details around people's health and medication including 'when required' medicines. The information we saw for 'when required' medicines was person centred and up to date.
- The provider employed qualified nurses to manage and administer medication. Nurses received regular competency assessments to check they followed best practice guidance. If agency nurses were used, enhanced checks were carried out with the Nursing and Midwifery Council (NMC). The registered manager ensured nurses had what they needed to carry out their role. One nurse said "[Manager] is a good manager

and gives me the support to do the best I can [for people]."

- Medicines were managed safely. People received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff and management understood their responsibilities for keeping people safe. Staff told us they had received safeguarding training and were able to tell us who they would report abuse to. There was a safeguarding policy in place.
- People and relatives told us that the home provided safe care and treatment and they would feel confident to raise concerns. One person said "I am safe here because there are lots of carers around all the time. I feel happy to speak to any of them". A relative added "I am very happy with the home for my wife. She is safe here".

Assessing risk, safety monitoring and management

- People had in depth, person centred care records covering a range of topics relating to health and care needs. There was a 'resident of the day' initiative and regular reviews carried out. Staff had access to care plans and changes were discussed at daily meetings.
- Detailed risk assessments were included in people's care records and kept up to date. Strategies were included to help staff provide appropriate support to people and reduce risk.
- There was a system in place to record and monitor accidents and incidents. This allowed the management team to oversee what had happened, why and the actions they needed to take in response.
- A maintenance person was now in post and carried out regular checks on the premises and equipment. Certificates were in place to evidence external testing and servicing. Actions identified had been carried out in a timely manner.
- The provider had a qualified dementia lead in post who could support the team with any new or emerging behaviours that the service may find more challenging.

Learning lessons when things go wrong

- Organisational learning meetings had recently been adopted to discuss concerns. Staff from each department attended. A wide range of information was reviewed with actions agreed in order to drive improvement.
- Following our last inspection, the provider was working closely with the local authority to seek advice and address concerns. One representative from the local authority said "[Manager] has turned the place around; we have good levels of communication and they will tend to ask for support if they need it."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating safe visiting in line with government guidance. Family and friends confirmed

they felt welcome any day or time and there were no current restrictions.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection there was a lack of regular training and supervision. Staff felt unsupported by management and morale was low. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff confirmed they had recently received supervision. They told us they now felt better supported and morale had improved. One staff member said, "It's a lot better than what it has been. I've gone from not wanting to return to work to enjoying work."
- Records evidenced good levels of training. The registered manager explained improvements made since our last inspection. Meeting minutes showed the ongoing drive to further improve training. Staff told us about training they had completed and how they could ask for additional training if they needed it.
- There had been delays securing end of life training and the now mandatory autism and learning disability training. In response to our feedback, the provider has organised end of life training. They explained they faced challenges securing recommended autism and learning disability training but sourced an alternative to be completed by the team soon.

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

- Our last inspection raised concerns around mealtimes and how these were 'institutional'. Observations and feedback showed improvements had been made. Staff spent quality time with people who needed support to eat. People who were more independent enjoyed the opportunity to socialise over meals, 1 person said, "I eat in the dining area as I can chat with a couple of the ladies."
- People were supported to maintain a balanced diet. Food, drink and snacks were available throughout the day. One person told us they could request a different meal if they did not want the choices on offer. Comments were positive and included, "The food is good; I get plenty to eat and drink." And, "[My relative] has put weight on since being in the home."
- Care records we looked at contained information around nutrition and hydration including support needs, choking risks or recommendations from health professionals. Records were kept in relation to people's weight with appropriate actions carried out if concerns were noted. People's dietary needs were met.

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

- The registered manager worked closely with families and the local authority to gather information about people, prior to moving in. People's preferences and choices were evidenced in care records we looked at. The registered manager told us if people had ongoing health needs, professionals were consulted beforehand.
- People's care records reflected their current health and care needs, and each was personalised to the individual. Care records were regularly reviewed and updated monthly or when people's needs changed.
- Care, treatment and support was delivered in line with current legislation, standards and evidence-based practice. Observations on the day of our inspection showed caring interactions, staff seeking consent and people having their choices and preferences respected.

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

- The registered manager worked closely with local professionals prior to new admissions, to ensure compatibility and assess whether people's needs could be met effectively by the home. The mental health team confirmed this during one of their visits.
- Care records reviewed, evidenced specialist professionals were consulted in a timely manner if concerns were raised around people's health or wellbeing. One relative said, "The nurse here knows how to liaise with other agencies to meet my wife's needs." The registered manager explained how she had sourced specialist services such as dentists who would visit the home, helping to minimise distress.
- Organisational meetings and daily handovers helped staff work together to identify concerns and agree actions around people's health and care needs. The local authority were contacted promptly if there was evidence people needed extra support.
- Staff knew people well which enabled them to observe changes in their health or wellbeing. One of the nurses told us, "[Carer] knows if [person's] tone of voice changes, they are in pain and they'll come to get me."

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

- The home was currently being refurbished. Corridors were bright and well-lit, communal areas were pleasant and comfortable and there were spacious bathroom and shower facilities with specialist equipment.
- People could personalise bedrooms with their own belongings. One person preferred to spend time in their bedroom, so the home provided a lounge area complete with sofa and television.
- The provider explained they used a dementia specialist to design the home's décor and colour scheme. Dementia friendly signage could be found on the bathroom, toilet and bedroom doors. Classical music was played which seemed to add to the calming atmosphere of the home.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service

was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were examples of people being assessed as lacking capacity to make specific decisions. Good practice was followed when making decisions in people's 'best interest'. Where people could not consent to certain decisions around their care or treatment, families were consulted.
- People who lived with an impairment of the mind or brain had been assessed for any potential restrictions to their liberties in line with DoLS. The relevant authorisation had been applied for in the care records we looked at.
- Throughout the inspection we observed people being offered choice and control by staff supporting them. One person said, "They talk to me each day about what I would like to do." A relative told us, "They have asked for my permission to do certain care."

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff observed were kind and caring, people and their relatives held them in high regard. When asked what they thought of the staff, 1 person said, "They [staff] are all brilliant." Electronic feedback from a relative stated, "All staff are very caring and look after [my relative] very well, always treating them with dignity and respect, they are thriving."
- People's individual characteristics were taken into account. We observed staff chatting with people about things that were important to them and respecting their specific preferences. One relative said, "I can't fault the carers. They do an amazing job. They have got to know [my relative] well and they talk about all sorts of things together".
- The atmosphere throughout the home was very calm and people told us they liked this. They appreciated how staff respected their privacy should they wish to be left to their own devices for a while. We observed staff knocking on people's bedroom doors and checking if it was alright to come in and people spending time on their own if they preferred. A relative told us "I feel the home is a happy, calm environment. The staff are kind and thoughtful."
- People were supported to maintain their independence. People and relatives told us about the tasks which people were able to continue to do for themselves.

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

- Relatives were involved in assessments prior to people moving in and confirmed they were consulted about people's care regularly. One relative said, "I have been fully involved in discussions about their health and care on a daily basis."
- People were spoken to about their day to day care and treatment and were involved in making decisions as much as possible. For example, people were consulted about medication if they felt anxious or in pain and one relative told us, "[My relative] gets offered a bath or shower twice a week, [my relative] does refuse them at times but staff never force them."
- Some people had been referred to the advocacy services for support with making decisions about different aspects of their lives.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Improvements had been made since our last inspection but there was still little evidence of planned, quality activities. One person said, "The activity coordinator is off at the moment, so not many activities are taking place." The most recent residents survey stated, "More stimulating activities would be beneficial for the residents." In response to our feedback, the provider told us they would allocate staff daily to lead activities and do more to raise the profile of activities and people's wellbeing.
- Relatives told us the home had celebrated special occasions such as birthdays, Christmas and the Queen's Jubilee.
- The home had a minibus used for people to access activities in the community, enjoy days out or attend appointments.

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

- Care records we looked at contained good detail and evidenced an individualised approach. They had been reviewed regularly when people's health and care needs changed.
- People received personalised care. We observed people receiving care based on their specific needs. People had a wide variety of mobility aids and support to help them get around. Some people had dolls or fidget books to provide comfort. People had different levels of care dependent upon whether they needed one to one support or were more independent.
- Staff were responsive. A relative told us, "The staff are very responsive to [my relative's] needs and have reviewed things several times." We saw staff respond quickly if people pressed their bell or called for help.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records we reviewed contained information about how people liked to communicate, and any preferences were recorded.
- The provider responded in their most recent PIR that information could be offered in a range of formats; verbal, sign, large print, easy read, alternative languages etc.

Improving care quality in response to complaints or concerns

- People and relatives spoken to said they knew who to go to if they had a concern, though not everyone could recall receiving a copy of the company's complaints policy. The registered manager re-sent this information out following our inspection. An electronic feedback system was also in place and the registered manager encouraged relatives to use this during their visits.
- People using the service told us they were given informal opportunities to raise issues by chatting to staff or speaking to the registered manager. One relative said, "If I had a complaint I would speak to the staff on duty."
- Feedback was discussed in organisational meetings with actions and improvements agreed. Oversight from management around concerns and complaints was in place.

End of life care and support

- The provider stated in their most recent PIR, "We have developed and built relationships with our local hospice and recently received a compliment regarding end of life care."
- The registered manager told us there was an in-house specialist who could offer support to the team and relevant healthcare professionals were consulted if someone was approaching end of life.
- People's end of life wishes had been included in their care records if they had chosen to share the information.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection there was a lack of oversight and management was inconsistent. As a result, there had been a drop in standards. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Practices were embedded with a commitment evident of continual improvement.

- Management oversight of the service was good. A range of quality audits and checks took place to monitor the service and drive improvement. Issues were actioned in a timely manner, for example, there was a faulty fire seal identified on a door and a new one was fitted the same day.
- The provider used Datix (a risk management information system) to monitor different aspects of people's health, incidents and accidents. The system identified trends and emerging concerns, alerting the registered manager so they could decide on appropriate intervention. Results were accessed by upper management and shared with staff at team meetings.
- Care records we looked at were up to date with the 'resident of the day' initiative and nurse oversight prompted regular reviews.
- Management was now more consistent. The registered manager took time to get to know people and their relatives and the culture of the home was improving. Staff we spoke to thought highly of management. One staff member said, "I think we have a good management team." Another told us, "[Manager] is lovely, it's a good place to work."
- The management team spoke about concerns raised at our previous inspection. They were proud of improvements made to the staff team, the home environment and the care provided and were committed to continue raising standards. People, relatives and staff we spoke with acknowledged the positive changes made. One person said, "The home is being improved all the time."

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

- People were positive about their care and support and described a happy, caring environment. Relatives told us about improvements to people's health and well-being since being at the home, and support provided by staff during difficult times.
- People and relatives were complimentary about the registered manager and staff. One relative told us, "The home is well managed. The staff are all very good at the jobs they do." Another said, "The manager is

friendly and approachable, and staff work well together as a team."

- Staff said their views and suggestions were listened to and they felt valued by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had recently registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Staff were clear about their roles and caring interactions were observed. Staff confirmed they had received a full induction, carried out appropriate training and attended meetings to enable them to understand their roles and responsibilities well. One staff member told us their induction was, "Very informative."
- The service had a clear staff structure. Auxiliary staff had been employed since our last inspection to cook, clean and maintain the home. This eased pressure off the nursing and care team and helped improve overall standards. One staff member commented positively about their auxiliary colleagues, "The laundry's the most efficient I've ever seen."
- People and staff spoke about how well the home now operated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had engaged and was frank and co-operative throughout the inspection process.
- The registered manager understood our statutory notification process. This process is something providers must follow to inform us about certain things such as a change in management, a serious incident or instances of suspected or actual abuse.

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

- A resident's survey was completed in June 2022 and was due to be sent out again. Relatives could also provide feedback as and when using the home's electronic system. Recent feedback had been discussed in team meetings; and during our inspection we observed some of the bedrooms being redecorated after being highlighted by a relative.
- The registered manager recently implemented a schedule of staff meetings including daily flash meetings and more regular team (operational learning) meetings. All staff felt welcome to contribute and share ideas.
- People and their relatives confirmed they were consulted and kept informed.

Working in partnership with others

- The registered manager worked closely with the local authority to improve overall standards and had a good working relationship with the care home team.
- During our visit, the registered manager spoke about how they worked closely with a number of professionals including the mental health team, speech and language therapists and district nurses. This was in order to review people's care and support needs to improve their health and wellbeing.