

Hambrook Care Limited

# Hambrook Meadows

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hambrook Meadows is a residential care home providing personal care and accommodation to 16 people. The service can support up to 20 people.

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

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.

There was a strong, visible caring culture of caring for people. People's relatives spoke in glowing terms of how exceptionally compassionate and kind staff were. Staff cared for people in ways which demonstrated a real empathy for them and this caring attitude impacted very positively upon people's lives. People expressed their views and were involved in making everyday decisions about their care. Staff respected people's privacy and dignity and promoted independence.

The registered manager and staff worked closely with healthcare professionals to ensure people's needs were met at the end of their lives. People had personalised care plans in place which detailed their physical and mental health needs, their personal preferences and social histories. People enjoyed a range of activities which had been designed to meet their individual needs.

The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people living at the home. People's needs were met by suitable numbers of staff. People received their medicines as prescribed. The provider had processes in place to reduce the risk of the spread of infection.

People's needs were assessed before they were offered a room in the home. People were supported by staff who had the appropriate training and skills. The registered manager had made changes to the home so that the environment met the needs of people living with dementia. People were supported to access healthcare professionals when necessary and staff sought consent to care in line with law and guidance. People were supported to eat and drink enough.

The provider had a complaints procedure in place. The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work. There was a clear leadership structure in place which included the registered manager and senior staff. The registered manager sought the views of people using the service, their relatives and staff and had a system of auditing in place to monitor the quality of the service offered. The registered manager and staff valued working with other professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 20 May 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally 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 ●

# Hambrook Meadows

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at the home, four visitors, two healthcare professionals who visited, five staff and the registered manager.

We spent time sitting with people in communal areas and observed how staff interacted with them.

We looked at a range of records, including care plans for three people, medicines records, recruitment records for three staff and audits.

After the inspection

We received written feedback from a further two relatives and one healthcare professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how and when to contact the local authority safeguarding team as necessary.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living at the home. These included risk assessments for equipment used to support people to move around.
- A relative told us, "[Staff] are very aware of people's safety. They know all the residents really well, they're very aware of their needs and disabilities." Another relative told us, "[Are they] safe? Oh definitely, I wouldn't want her to be anywhere else."
- People had call bells within easy reach which meant they could call staff if they needed support.
- There were personal evacuation plans in place should there be an emergency which meant people needed to leave the home suddenly.
- Systems were in place to ensure equipment was maintained and checked regularly, for example, the boiler, stair lift and hoists. A fire risk assessment was in place and staff had received fire training.

Staffing and recruitment

- People's needs were met by suitable numbers of staff.
- The registered manager calculated the staffing levels based on individual needs. They also responded to people's changing needs and identified areas of care which needed to be improved. For example, there was a time in the evening when everyone wanted to go to bed and there was also a greater potential risk of people falling. The registered manager extended the shift end time to ensure there was an extra member of staff on at that time.
- The rota was also changed to allow an additional staff member for three hours each morning as this had been identified as a time when more people wanted to have showers.
- A healthcare professional said, "There always seem to be staff dotted about and people doing things in the lounge." They also confirmed that they did not hear the call bells ringing for long periods of time or not being answered.
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and

support services.

#### Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored safely and securely, and records were completed appropriately.
- Staff were trained in administering medicines and their competency was assessed by the registered manager.
- Medicines were reviewed regularly, and other strategies were tried before medicines were prescribed for people who were anxious or unable to sleep well. These strategies included playing music people liked or putting different lights in the bedroom.

#### Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection. This included the completion of cleaning schedules and audits.
- Staff had access to personal protective equipment such as aprons and gloves.
- The registered manager and a named senior staff member had completed 'champion' training with the local authority regarding infection control. The registered manager told us this level of training provided a "much deeper" level of understanding of infection control issues. After the training they had looked more closely at the cleanliness of the home and had added specific tasks to the cleaning schedules. They audited the new schedules and ensured the areas had been cleaned.

#### Learning lessons when things go wrong

- The registered manager had systems in place to audit incidents or changes in people's needs. The registered manager was open to learning and development should anything go wrong.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before they were offered a room in the home. The registered manager visited the person in their current environment to ensure they could meet their needs. They also re-assessed people's needs, for example, after a stay in hospital, as their needs may have changed.
- The registered manager told us they had also updated the assessment form to include more diverse needs with regard to people's sexual preferences and gender. This would help people to feel more able to share personal information with the staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- All staff completed training which the provider considered mandatory, such as moving and handling and supporting people living with dementia. Other training was also provided which was relevant to the needs of people living in the home, such as stoma and catheter care.
- The registered manager told us they sought different training providers for the regular training, to ensure there was variety in the content of training courses. Some training was based on learning through experience, such as staff wearing a blindfold and being supported to eat.
- One staff member told us, "The training is good, very interesting. The oral care training was interesting." They told us this had resulted in one person being supported to clean their own teeth by using a two minute timer. They also noted that it was important to maintain cleanliness in a person's mouth if they wore dentures which would be cleaned separately.
- Staff were further supported in their work through regular supervision sessions where they could discuss issues important to them.

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

- People were supported to eat and drink enough to meet their needs.
- One person told us, "We have a choice of food" and a visitor told us their relative had put on weight and seemed to enjoy the food.
- Staff were aware of people's food preferences and the cook spoke with people about their choices. If people did not like what was on the menu they could have an alternative.
- Staff were attentive to people's needs, chatted with them and offered to cut up their food where necessary, and asked them if they wanted more food. Some people accepted the offer of more potatoes and a pot was brought to the dining room and offered to everyone. After the meal, the cook spoke with people about whether they had enjoyed the food.

- The registered manager had purchased new plates, in line with current guidance regarding the colour of plate which is helpful for people living with dementia. They said this had improved the amount of food people were eating.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked with other agencies to try to improve people's quality of life.
- For example, they liaised with and sought advice from GPs, community nurses, speech and language therapists, physiotherapists and occupational therapists.

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

- The registered manager had considered how the environment met the needs of people living with dementia. They regularly completed and updated a national audit tool which identified areas of good practice. In response to this, the registered manager had made changes to the environment. For example, a sofa had been removed as it was too low for people to sit on, seating arrangements had been changed after consultation with people living there and more lamps had been purchased.
- There were pictorial signs around the home which showed people where rooms were, such as the lounge and toilets. A digital sign showed the day, date and time and whether it was morning or afternoon. There was an art installation in the hallway which featured autumn leaves. This aimed to help people orientate themselves to the season.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when necessary. When people became unwell, staff observed and monitored people's health whilst they waited for the GP or nurse to visit them.
- A healthcare professional told us, "[Staff] are very good at alerting us, or the doctors, if they have worries." They gave us a specific example about how confident they felt that staff would monitor people's health when they were unwell.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the concept of best interests. A relative told us, "Staff [made a suggestion] to me, but they said so in a good way which showed their understanding of [my relative's] best interests and the way they said it did not offend me."
- Staff understood people could make everyday decisions about their care and support. A staff member told

us, "I always ask for consent, I say, 'is it okay to help you up? Can you wash your face, or is it okay if I wash your face?'" They went on to say how people liked to choose their own clothes, make-up and jewellery, which they supported them to do.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals.

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

- There was a strong, visible caring culture at Hambrook Meadows. People's relatives spoke in glowing terms of how exceptionally compassionate and kind staff were. Staff cared for people in ways which demonstrated a real empathy for them and this caring attitude impacted very positively upon people's lives. Staff were highly motivated and offered care and support that was exceptionally compassionate and kind.
- Staff were particularly sensitive to times when people needed more caring and compassionate support. Feedback from five different relatives included: "[My relative] spent their twilight years in Hambrook Meadows in great comfort, in a loving and caring environment. We personally rate their care as outstanding"; "[The home] is excellent, it is a very 'lived in' home, very caring, over and above what they need to do. The staff let you know anything that's going on, they phone me if they're worried. I can't fault them. They respect anything [my relative] says, they listen. [My relative] has been a challenge regarding their mental health. They don't make you feel it's over and above, they cope with it, manage it, they know her. They take dementia in their stride"; "Staff are so kind, they put in the extra mile, they take her on a walk when they are off duty. Staff would walk up the road and get the dog, come back for [my relative] and they would go for a walk"; "I am delighted with the level of care, they go the extra mile. [The registered manager and named senior staff member] visited her in hospital and brought her chocolates" and "I have never, ever, come across care that was lacking. [Staff] are thoughtful, incredibly friendly and helpful. They're desperately worried about [his health]. Staffing has always been excellent, we've never had a problem. They are really caring, I really take my hat off to them."
- A healthcare professional told us, "[Staff] are brilliant, they really care."
- We observed staff interacting with people in a caring and calming way. For example, one person was becoming agitated and the staff member stopped what they were doing, listened to the person, used touch to reassure them and spoke about the person's family members. We saw that this approach calmed the person and they became settled.
- There were creative ways of reflecting people's personal histories and cultural backgrounds. Staff knew that two people had a strong love of horses and had been around horses, professionally, when they were younger. One of the staff members owned a horse which they rode to the home so that people could stroke and feed the horse. The registered manager and staff told us, with real compassion, how much pleasure this had brought to the people concerned.
- One staff member had a rabbit which they sometimes took into the home, so that people could cuddle it, if they wished. During our conversation, they told us one person had recently asked how the rabbit was. The staff member was very responsive to the person's interest and said they were therefore going to take their rabbit into the home the next day.
- The registered manager told us they had gone to hospital with one person with complex health needs and

stayed there throughout the night to reassure them.

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

- People expressed their views and were involved in making everyday decisions about their care.
- Staff told us how they involved people in making decisions, such as what to wear, where to eat and when to get up and go to bed. One staff member told us, "People all have their own routine [for personal care], I remember them all." They went on to say that even though they knew people's routines, they asked them what they would like and gave an example. They told us, "I ask [person's name] her as she can then be in charge and I do what she wants." They told us that the person liked a particular brand of soap, preferred a bath to a shower and did not like lots of bubbles.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted independence.
- A relative told us, "[Staff] respect [my relative's] privacy and temperament."
- We observed a staff member ask one person who was eating their lunch, whether they could push their glasses up as they were slipping. This meant they could see and focus on eating their meal independently.
- Staff explained how they ensured people's privacy was maintained whilst they supported them with personal care, for example, using a towel to cover them. Each bedroom had a sign which staff used to show that privacy was required and that no-one was to enter. If someone needed support in communal areas, staff used a privacy screen.

## Is the service responsive?

### Our findings

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

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

#### End of life care and support

- People's end of life preferences and choices had been discussed with people and recorded in their care plans. The registered manager and staff worked closely with healthcare professionals to ensure people's needs and preferences were met at the end of life.
- The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care. The programme involves training and regular revalidation by end of life care professionals.
- A healthcare professional who worked closely with the home regarding the end of life care and the Six Steps Programme told us, "Hambrook Meadows is always a pleasure to visit, residents always appear happy, and the staff are welcoming, friendly, polite and helpful. They are open and will ask if they have questions or would like support, and I have been able to establish an ongoing good relationship with [the registered manager] and her team. [The registered manager] and her team, in my experience, consistently put into practice their learning for end of life care, and have shown me evidence of the standards of care that they have provided in the form of a portfolio of evidence, [for their continued revalidation]. We have also had many professional discussions, which have all given me the impression of excellent care and kindness. They have often gone beyond what I would describe as an expected high standard of care."
- A relative told us a number of their relatives had lived at the home and that, "All of them received superb and compassionate end of life care from all the staff at Hambrook Meadows." Another relative told us, "The care [staff] provided during the last days of her life was excellent."
- A staff member told us how the staff team supported people at end of life. This included making them comfortable and not in pain and supporting families, who could stay overnight if they wished.
- The service was responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their life. Where people had religious items, which were important to them, staff ensured they could hold these.
- Staff gave us an example of end of life care whereby a person had a love of a particular sport, so staff ensured coverage of the sport was on the television, in the background.
- Where people had made advance care plans with their end of life wishes, staff ensured these were adhered to. The staff member said, "We still talk to people when supporting them with personal care, they can still hear. Respect and dignity [is important], no matter what."
- The registered manager and staff were clear of the importance of people's recorded wishes regarding whether they were resuscitated when taken ill. For example, one person had become unwell, but an external healthcare provider had mislaid the relevant forms which stated the person did not wish to be resuscitated. The registered manager travelled to different places seeking a replacement form. The original was found, and the registered manager went to pick it up. They were concerned that without the form in place, the person may not have had their wishes met if they became very unwell.

- Staff took family style photographs of people living in the home. When a person died, staff used some of the photos to create a memory photograph album. They also added messages of support and memories they had of the person. The album was given to relatives when staff attended the funeral. The registered manager said that relatives found this emotional, but they felt reassured of the care provided at the home as well as the nice experiences people had whilst living at the home. The process also contributed to staff coping with loss.

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

- People had personalised care plans in place which detailed their physical and mental health needs, their personal preferences and social histories.
- The registered manager was in the process of transferring care plans from one format to another. A staff member told us, "It's a lot easier to find things in the new care plans."
- Part of the care planning process included monthly reviews, known as 'MOTs'. A staff member told us these were beneficial because, "I spend time with people, we chat and we can make changes to the care plan. There is time to just sit with them during the MOT, it forms a bond, I've learnt about their family and their past. Some have declined to talk but I just ask basic questions, like 'how are you today?'" This process also meant that changing needs to be addressed, for example, if people's weight was decreasing, their food could be fortified.
- One person had been going to bed late and was tired during the day as they liked to get up early. This meant that they were too tired to do much in the way of activities which they usually enjoyed. Staff felt that the person would benefit from going to bed earlier and so had started to offer bedtime support earlier in the evening. The person accepted the support earlier and this meant that they now spent the day reading a newspaper, singing and dancing.
- A relative told us, "[My relative sustained an injury] and [the registered manager] paid close attention when [relative] was in hospital. We were concerned that her immobility would be too much for staff to manage but the revival was huge and [relative] is getting much more mobile. They offer more than we ask for."
- A healthcare professional told us, "I love this place, [staff] are awesome, they know the residents inside and out."
- Staff were aware of the need to meet people's individual needs with regard to equality and diversity. Staff had completed training in the subject and five people living at the home had also attended. This had given people the opportunity to consider and discuss equality issues and review their long-held beliefs. This knowledge could benefit people in the way they interacted with staff and other people living in the home.
- People enjoyed a range of activities which had been designed to meet their individual needs.
- A relative told us, "Staff arrange social activities, for example, a summer BBQ for relatives. They are always doing things to make it more like a family." Another relative told us, "[My relative] takes part in activities. He is so bright, it is an effort to keep him stimulated."
- Papers and games were offered to people during the day and people had personal items on tables next to them in the lounge. However, staff found that some items became mislaid. This was addressed by some people having their own basket, so their items were kept together. The impact of this was that people could identify their own baskets and organise their possessions, so items did not get lost.
- One person was regularly attending a weekly social club. The usual mode of transport had become unsuitable, and after discussion with their family, the registered manager arranged for them to be driven by someone else who volunteered their time without a cost. The registered manager considered it was vital to the person's wellbeing they continued to attend the social club.
- People had been supported to make individual, handmade gifts for their relatives at Christmas and one

person had knitted gift bags for people.

- One staff member particularly liked to offer people manicures and was supported to attend a course. It was then agreed that the staff member worked one of their shifts each week giving manicures to people who wanted this.
- One person really loved the garden but had become less mobile. A suggestion was made the person might like to arrange some artificial flowers. The registered manager sat with the person and supported them to do this. They said the person had really enjoyed arranging the flowers.
- Group activities were also organised, such as visits to garden centres or entertainers visited the home.
- The home used technology to improve people's lives. A voice activated and interventional device had been set up in the lounge, which allowed a range of unlimited music to be played. One person enjoyed particular television programmes but there were not any on in the evenings. Staff set up a facility on the television so they could watch 'catch up' television.
- The home had made links with a local primary school. Children visited the home and played games with people, which people enjoyed. The school choir visited the home and there was a trip planned for some people to go to the school Christmas play.

#### Meeting people's communication needs

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

- People received information in a format they understood.
- A relative told us, "[Staff] took action as soon as [my relative's] hearing deteriorated. They suggested a referral [to the ear, nose and throat department]. [My relative] has a hearing aid and staff stand close to her and in front of her, as she can lip read."
- Staff told us that for one person who had some hearing loss, they wrote things down on a whiteboard and used this to communicate with them. There were also some picture cards available if needed. One person was able to read the subtitles if they were watching television. Staff were also aware of the need to stand directly in front of people and speak clearly.
- One person liked to talk with their relatives over the telephone, but had started to find this difficult due to their changing needs. The registered manager and staff had the idea of using a video call system. This had resulted in the person reacting, "amazingly, they spoke more than they would on the phone and on the day of the [regular] call, they are elevated in mood for the rest of the day."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- Where concerns had been raised by people, the registered manager ensured they were investigated and action taken to rectify the situation.
- A relative told us if they had any concerns they would speak to the registered manager.



# Is the service well-led?

## Our findings

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

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

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

- The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work.
- People, relatives, staff and professionals all spoke highly of the registered manager.
- One staff member said, "I could report any concerns to [the registered manager or named senior staff member], I know it would be dealt with and sorted. Any advice or concerns, they are there. [The registered manager] is approachable. I've never known a manager who looks after staff and residents. She knows her residents, she wants to be involved and for them to know who she is." Another staff member said the registered manager was, "very kind, good, at listening to us. She is always supportive, is easy to approach and talk to."
- There was a board in the hall with photographs of staff with information about them, to help people and relatives recognise staff. There was also information about dementia for visitors to see.

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 was aware of their responsibilities on the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a clear leadership structure in place which included the registered manager and senior staff.
- The registered manager notified the Commission of any specific incidents or accidents.

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

- The registered manager sought the views of people using the service, their relatives and staff, by giving them a questionnaire. The questionnaire for people living at the home included questions about whether people felt looked after and enjoyed the activities.
- The results from each questionnaire were positive. Comments from the staff survey included, "I feel I can approach all senior staff with confidence" and, "[The registered manager] goes above and beyond to help any of the team."

- The registered manager audited the responses and addressed any concerns or issues which had been raised.
- The registered manager also spent time talking with people and their relatives. One relative told us, "[The registered manager] keeps us informed of things, other staff too if [the registered manager] is not here. We can talk to anyone. They come to us with ideas, for example, around mobility, it is not us having to ask for things."

#### Continuous learning and improving care

- The registered manager had a system of auditing in place to monitor the quality of the service offered. This included auditing incidents, safety and cleanliness.
- The registered manager had created a 'service improvement plan' which identified areas of practice which could be improved as well as strategies for achieving improvement. The improvement plan was divided into safe, effective, caring, responsive and well-led to correspond with the questions we ask about services and the registered manager reflected on whether the service had gone 'above and beyond'.
- One example of this approach to improving the service related to the provision of oral hygiene training for staff. The registered manager evaluated the training and a plan was put in place to ensure each person had an oral hygiene care plan in their rooms as well as a new plan put in place for people who wore dentures. The registered manager ensured the action had been completed.
- The registered manager kept themselves up to date with current good practice through training and networking forums with organisations such as the local authority, professional organisations and commissioners. They also subscribed to professional magazines and received updates from the Commission.

#### Working in partnership with others

- The registered manager and staff valued working with other professionals to improve outcomes for people. This included community psychiatric nurses, psychiatrists and a local initiative working with homes who supported people living with dementia.
- A healthcare professional told us, "[The registered manager] and [named senior staff member] are on top of everything, they know people inside out. Any worries, they phone, they work closely with me."