CareSmart Limited

Kent Farm Care Home

Inspection report

Caresmart Limited
Kent Farm Care Home
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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: Kent Farm is a residential care home providing personal care for up to 17 people aged 65 and over. 16 people lived there at the time of the inspection.

People's experience of using this service:
People were supported by staff that were caring, compassionate and treated them with dignity and respect. Kent Farm provided a friendly, welcoming and homely environment for people and visitors.

People received person centred care from staff who developed positive, meaningful relationships with them. Staff knew about people's life history and their personal circumstances.

Since we last visited, some aspects of the environment had been improved. Some pictorial symbol/signage had been introduced to help people find their way around and locate toilet/bathroom areas independently. The redecoration took account the importance of colour contrast for people with dementia. Further redecoration and the upgrading of downstairs bathroom facilities were still needed.

People were encouraged to socialise and pursue their interests and hobbies. Care was more personalised and improved care plans were detailed, personalised and up to date about people's needs and preferences.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People were supported by staff with the skills and knowledge to meet their needs. Improved training provision meant staff felt confident in their role. The service worked in partnership with local health and social care professionals to keep people healthy.

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.

The service was well led. People, relatives and professionals gave us positive feedback about the impact of the new registered manager and on the quality of care. They said they were approachable, organised, and acted on feedback. Quality monitoring systems included audits, observation of staff practice, and regular provider checks of the environment. Continuous improvements were made in response to findings.

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

Rating at last inspection: Good. (report published June 2017).

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was Well-led.

Details are in our Well-Led findings below.

Kent Farm Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector visited the service.

Service and service type: Kent farm is a 'care home.' People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (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. We visited the service on 20 January 2020.

What we did: The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We used all of this information to plan our inspection.

We met everyone who lived at the home, spoke with six relatives and a person's friend and asked them about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people.

We spoke with the registered manager, and with seven members of staff which included care, housekeeping and catering staff. We looked at three staff members files around staff recruitment, induction, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners and health and social care professionals who worked with staff at the home. We received a response from three of them.

Good

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.

Assessing risk, safety monitoring and management;

● People said they felt safe with the staff who supported them. There was a friendly and relaxed atmosphere, people spent time with staff and enjoyed their company. People's comments included; "Of course I feel safe," "They check on me all through the night to make sure I'm alright" and "I like living here." Relatives said, "[Person's name] is settled here, they trust staff who supports them" and "I never have a worry about anything."

● People were protected because staff had good awareness of how to keep people safe and protect them from avoidable harm. For example, when we visited the weather had turned cold. Staff had turned up the heating, people sitting in the lounge were offered extra blankets to make sure they kept warm. We identified a small radiator in the quiet lounge area which wasn't covered to prevent accidental burns. The registered manager had already identified this, and was getting a bespoke cover made, so people in wheelchairs would still be able to access this room.

● People had risk assessments to promote their safety, independence and social inclusion. These included measures to minimise risks as much as possible. For example, where people were unable to use a call bell, staff visited them regularly to anticipate their needs and keep them company.

● People lived in a home which was maintained to a safe level. Staff undertook health and safety training. Regular checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

● People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported were listened and responded to.

● Where potential safeguarding concerns had been identified, the provider worked in partnership with other agencies to protect people.

Staffing and recruitment

● There were enough staff to meet people's needs, although there were some vacancies with ongoing efforts being made to recruit staff. Any gaps in the rota were covered by existing staff working extra shifts or by using agency staff. A small number of regular agency staff worked at the home, to promote better continuity of care for people.

● Where people's needs changed, and additional staff were needed, these were provided. For example, for end of life care, or to accompany people to appointments or on trips out.

● Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they

started working with people. For example, criminal record checks, and obtaining references from previous employers.

Using medicines safely

● People received their medicines safely. Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.

● Medicines management was audited regularly with systems in place for investigating any potential medicine errors.

● Some people were prescribed medicines, such as medication to manage pain, on an 'as required' basis. Protocols in place gave staff information about when these medicines should be given. Where people were unable to communicate, staff used an evidence based 'Abbey pain tool' to assess if they suspected a person was in pain.

Learning lessons when things go wrong

● Staff reported accidents and incidents which the registered manager analysed reports to identify trends, make changes and improvements to prevent recurrence.

● Learning was shared through discussions and handovers between staff and at staff meetings. For example, in relation to medicine errors.

Preventing and controlling infection

● The service was clean, although some areas needed vacuuming. There was a long- term vacancy in the housekeeping team which meant people's rooms were not always cleaned daily. Care staff helped as much as they could. During the inspection, a new housekeeper was appointed and was due to start the following week.

● People were protected against the risk of the spread of infection because staff received training in good infection control practices.

● Staff used personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection.

Good

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the previous inspection, we recommended that the service take further steps, to improve the general décor of the home and make the environment more suited to the needs of people living with dementia.

● Since we last visited, some aspects of the environment had been improved and further improvements were planned. People appreciated that visual pictorial and symbol signage has been introduced around the home to help them move around the home independently. The dining room and lounge areas had been painted in yellow to brighten them. Attractive murals and pictures and photographs of recent events were displayed in several areas. An electronic sensory fish tank situated in the lounge was popular. Brightly coloured crockery had been purchased to take account of research showing people living with dementia find them easier to see and stimulates their appetite.
● People's rooms were personalised with photographs, pictures and items of furniture from home. Where people spent a lot of time in their rooms, staff had introduced potted plants and bird feeders to add interest. Several staff identified personalising people's rooms further by decorating them as an area for further improvement.
● Some areas of the home still looked "tired" and in need of redecoration. Most people's rooms still had numbers but no other identifying features, which might assist people living with dementia to find their room independently. Plans to convert a downstairs bathroom to a wet room haven't yet gone ahead, so most people who did not like using the bath hoist, still do not have a shower option. The registered manager said they hoped to do this as soon as finances allowed.
● The registered manager outlined plans to gradually redecorate other areas of the home this year. The plans included using themed/ contrasting colours to help people easily locate bathroom/toilet areas. Discussions were ongoing to consider how best to help people with memory problems find their own rooms. For example, the service was considering whether to display personalised pictures or artwork or by getting people's bedrooms decorated a colour of their choice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People's needs were fully assessed before they began to use the service. Assessments were comprehensive and involved people and families. They were regularly reviewed and updated as people's needs changed.
● Since we last visited a new assessment tool had been introduced which help staff focus on all aspects of people's needs, physical, psychological, spiritual and social wellbeing. Care records showed staff followed

evidence-based practice in relation to moving and handling, nutrition and pressure area care.

Staff support: induction, training, skills and experience
● People were well cared for by staff that had the training, knowledge and skills to meet their needs. Most staff had qualifications in care. Where staff were new to care, they completed the care certificate, a nationally agreed set of standards. The staff training programme included moving and handling, infection control, fire safety, safeguarding and dignity training.
● Training methods had improved to include online, the use of assessment booklets to check knowledge and understanding and more face to face training and competency assessments. This helped to make sure staff had the right skills to provide the care each person needed.
● Staff had opportunities discuss any further training and development needs through regular supervision, appraisals and at staff meetings. Staff comments about training included; "Good training and induction" and "the [registered manager] is really supportive."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had their healthcare needs met. Staff worked closely with local health professionals who confirmed they recognised changes in people's health, sought professional advice appropriately and followed it. Professional comments included; "They are really great. Staff are welcoming and follow advice."
● People were encouraged to improve their health and wellbeing. For example, by taking regular exercise, eating a well- balanced diet and by attending regular appointments with their GP, optician and dentist.
● Staff spoke confidently about how they supported people with their health care needs. The registered manager had a nursing background and used a nutrition/hydration workbook they had developed to train staff on the importance of eating and drinking well on improving the health of older people.
● Staff offered people regular drinks throughout each day. They promoted better hydration for people reluctant to drink by incorporating foods with extra fluids. For example, jellies, milkshakes, fruit and ice cream. Staff knew about signs of dehydration to look out for which might indicate a person was developing an infection and what action to take.
● The service had taken account of the recent national guidance about oral healthcare in care homes. Each person had an oral health care plan which informed staff about the support they needed to maintain oral hygiene and care for their teeth/dentures.

Supporting people to eat and drink enough to maintain a balanced diet
● People said they enjoyed their food and received meals in accordance with their wishes. People's comments included; "I love the home cooking, all from local sources"and "The food is good here." Relatives said; "[Person's name] has put on weight and looks much better" and "[Person's name] loves the food." Another relative appreciated the person had been helped to lose some weight.
● Staff discussed meals with people and incorporated their choices in menu planning. They knew people's individual food preferences and any dietary needs. For example, any allergies, people that needed a reduced sugar diet due to their diabetes and which type of cup each person preferred or found easiest to use.
● Since we last visited changes had been made in the layout of the dining room, which had improved the social aspect of people's dining experience.
● At lunchtime staff supported people who needed help to eat and drink patiently and with dignity. For example, offering to cut up food for a person, covering clothing if needed, to protect from spills. A special birthday tea with a lovely home-made cake had been prepared to help a person celebrate their birthday with others.
● Where people needed food of a softer consistency and their drinks thickened because of choking risks,

staff had been trained to manage this safely. For example, staff knew a person needed to sit upright at mealtimes to help them swallow safely and remain in that position for about 20 minutes after their meal.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Several people, who lacked capacity were subject to some restrictions for their safety and wellbeing. We checked whether the service was working within the principles of the MCA, and found they were.

● People's consent was sought before staff supported them. For example, about personal care and how they wished to spend their day. Where people were able to make decisions for themselves, staff respected their decisions.
● People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of bedrails, medication and personal care. Records relating to people's capacity and best interest decisions showed how staff could help people participate in decision making, they captured who else was involved in any decisions made.
● The registered manager regularly discussed MCA/DoLs with staff relating to people who lived at the service. This helped increase staff knowledge and confidence in using the guidance.

Good

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 remained the same. 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

● People had built strong relationships with staff and enjoyed spending time together. There was lots of fun and laughter. People's comments included; "I like living here," "Staff are good, really great" and [Name of staff member] is a dream." Relatives said; "Staff are friendly, its small, homely and has kept the personal touch," "Staff are so patient" and "Staff know [person] and genuinely care." Several people had grown up locally and enjoyed reconnecting with others they knew in the past.

● People were encouraged to keep in contact with family and friends who felt welcomed and appreciated the family atmosphere at the home. Relatives said people always looked well presented. For example, people's nails were kept clean, men were shaved, and people wore their preferred clothes or jewellery.

● Staff spoke about people with respect and affection. They adapted to people's changing needs and abilities to ensure everyone was valued and treated with respect. A staff member said, "Staff are like a second family to people. They try to make their day better."

● We observed staff sitting and chatting companionably with people. A staff member complemented a person on their lovely nails and received a lovely smile in response. When a person became anxious, staff knew they could distract the person by offering them reassurance and a cup of tea or by getting them to help by folding some laundry or laying the table.

● People's care incorporated a human rights'-based approach, which included promoting people's dignity, treating them fairly and empowering them. The registered manager had undertaken a 'train the trainer' human rights course and incorporated their learning in day to day practice at the home. Staff regularly discussed ways to uphold people's human rights, particularly for people living with dementia. The registered manager had updated the Equality policy and added consideration of protected characteristics to people's pre-admission assessment.

● People's religious and cultural needs were captured in personalised care plans. For example, staff regularly read prayers to one person, using a dementia friendly worship book. A 'Safe to be me' resource guide was made available for all to promote diversity. A cultural needs resource folder was available to help staff support people's cultural needs.

● People's privacy and dignity was respected. Staff were discreet when supporting people with personal care. Care records captured what aspects of care people could manage independently and what they needed staff support with. For example, one person's care plan encouraged staff to prompt a person to walk, even if they could only manage part of the way to help them retain their mobility.

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

● People were supported to express their views according to their ability. For example, when a person with deteriorating dementia struggled to process what staff were saying, staff explained they sometimes tried pictures or wrote down the information to help communicate effectively with them.
● Several people with memory problems had been given a communication book to encourage them to write things down when they thought of it, which staff checked and read regularly. For example, one person wrote they needed a button sewn back on and stated their preferred breakfast choice. In turn, staff also used these books to write down what action they were taking in response, or to remind a person about something they regularly forgot and got anxious about.
● People, families and professionals were consulted and involved in making decisions about people's care and treatment.

Good

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 outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
● People received personalised care responsive to their individual needs and choices. There was a focus on treating people as individuals, a staff member said, "Everyone is different."
● Staff knew people well, about their life, family history, likes and dislikes, hobbies and interests. In the last 12 months, the service had placed more emphasis on finding out about each person, their experiences and values, so staff could offer people more person-centred care. A 'What is important to' and a 'Pen picture' captured personalised details about each person such as important family members, previous lifestyles and careers. For example, one person had a farming background, liked training and competing with their horses. Families had been asked to bring in photographs which were put in an album, to help staff engage in conversations with people about their lives.
● Staff had a good knowledge of the people they supported and were familiar with their likes, dislikes and preferences. Staff confirmed they had time to read people's care plans, and that they were detailed and accurate about their care and support needs.
● People's care plans were detailed and up to date about their individual physical, emotional and cultural needs. They included detailed information for staff on how best to support each person with personal care, eating and drinking, and the care people required to manage their health needs and any long-term health conditions. Daily records captured details of the care people received, their wellbeing and how they spent their day.
● There was a staff handover meeting at each shift change where key information was shared. This helped ensure staff shared information about changes to people's individual needs and details of how people had chosen to spend their day. A written handover sheet also provided staff with detailed up to date information about each person, any risk issues or recent changes. This was particularly helpful for agency staff.

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
● People were encouraged to socialise and pursue their interests and hobbies. There was a wide variety of other activities to interest and engage people. A part time activities co-ordinator started the day with some exercises and engaged several people in a quiz. In the afternoon, a member of staff confidently engaged a group of people in a chat about cars, using a blackboard to visually capture key information people shared. A massage therapist visited regularly, which several people said they gained therapeutic benefit from. Regular external entertainment was also provided, for example, musical entertainment and pet therapy visits.
● More structured and person centred one to one activity based on each person's life history had been introduced. Staff were expected to spend time interacting one to one with people each day. This meant staff engaged with everyone daily, which prevented people becoming lonely or isolated. For example, one staff

member described how a person liked to chat with them about what was in the papers, they read poetry to another person. Staff showed us several photograph albums capturing key events in people's lives they used to regularly engage in one to one conversations with people.

● After learning that several people were keen gardeners, a new greenhouse had been installed in the courtyard garden. Last summer people enjoyed growing vegetables, herbs, flowers and fruit. There were plans to have wheelchair accessible raised planters this year, so people could grow more vegetables.

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.

● Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of people who relied upon hearing aids or glasses to enhance their communication.

● Bespoke information could be produced in different formats to accommodate communication needs if required.

● People had detailed communication care plans about their specific needs. For example, staff used a picture/word card to assist communication with simple prompts. The person could choose to indicate if they were too hot, cold, in pain or wanted something to eat or drink. The communication plan of another person gave prompts about ways to engage with the person. It said, '[Person's name] sleeps a lot, will rouse when spoken to. Use smiles, eye contact and touch to interact and engage with [person]. Face person and speak clearly. Explain what is going to happen in a calm, reassuring manner.'

Improving care quality in response to complaints or concerns

● People's concerns and complaints were listened and responded to. The registered manager spoke with people regularly and encouraged them to raise any issues. People said if they were unhappy about anything, they would tell staff. A relative said, "[Name of registered manager] is very approachable. If there is anything wrong, they are straight on it, they don't let it get worse."

● The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person and displayed on notice boards. No formal complaints were raised in the past 12 months.

End of life care and support

● People were supported to have a comfortable, dignified and pain-free death. Staff worked closely with community nurses to support people to receive end of life care at the home.

● Some people had a Treatment Escalation Plans (TEP) which recorded important decisions about whether or not the person wanted life-prolonging treatment or admission to hospital, if their health deteriorated. People's advanced decisions about end of life care wishes or preferred funeral arrangements were captured in their end of life care plan.

Good

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; 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

- There was a positive culture which put people first and was caring and supportive to families. The registered manager had been in post just over a year. They said, "We have introduced clear visions and values to work to, such as valuing the person, upholding rights and choices, promoting independence and delivering safe and effective care. These values are the golden thread running through our service."
- People, relatives, professionals and staff expressed confidence in the leadership at the home and said it was well run. People and relatives said, "This home is second to none," "I am pleased," and "How very kind all the staff are." Professionals said, "Staff are lovely. It's a homely friendly home." and "No concerns, they are very open to feedback."
- Staff worked well as a team, praised improved training and said they felt well supported. Staff comments included; "We are all a little family, we look out for one another," "[Name of registered manager] is brilliant. We get on really well. She is very knowledgeable and explains things," and [Registered manager] knew what was needed, good team working. Very professional."
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and families, lessons were learnt, and improvements made. For example, the registered manager was currently updating the falls protocol to further reduce people's risk of falls within the home wherever possible.

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

- The registered manager set high expectations about standards of care. They worked alongside staff and led by example. They had an open leadership style and sought feedback and suggestions.
- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being.
- Where any concerns about individual staff performance were identified, these were dealt with proactively through additional training, supervision and support.
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular surveys were undertaken with continuous improvements made in response to findings.

● The manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed their previous CQC inspection rating in the home and on their website.

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

● People were consulted and involved in day to day decisions about the running of the home through regular meetings. For example, when a person said they would like fresh flowers on the table, staff responded positively and provided fresh flowers right through the season, which the person said had a positive effect on their wellbeing.

● A recent survey of people and relatives showed they were happy with their care and feedback about any suggestions for improvement were implemented. For example, suggestions about more activities including reminisce based sessions and planning a social get together for people and families.

● Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. Minutes of meetings showed equipment, training, equality and diversity issues and professionalism were discussed. Also, staff were praised for ongoing changes and improvements.

Continuous learning and improving care; Working in partnership with others

● People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.

● The registered manager kept up to date with best practice developments. For example, as a registered nurse, through researching up to date guidance provided by the National Institute for Care and Excellence (NICE) and Skills for Care. They were also a member of the local authority registered managers group.

● The registered manager had recently attended a leadership development programme and was continually looking at ways to improve practice. For example, they were planning sessions to improve mental health for workers. Also, by getting staff to take on more responsibility through introducing lead roles to champion dignity, nutrition and hydration, as well as medicines management.

● New partnership working links between people living at the home and the local community had been developed in the past 12 months. For example, groups of children from a local preschool and primary school visited the home regularly. Photographs seen showed people and children gardening together, doing arts and crafts and reading to people. People enjoyed chatting to and getting to know the children and looked forward to their visits.

● An improvement plan captured ongoing improvements. For example, further improvements to the environment, the introduction of values-based staff recruitment and internet provision to expand activities and embrace technology.