

Alpine Villa Care Home Ltd

# Alpine Villa Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Alpine Villa Care Home is a care home providing personal care to people living with dementia. The service can support up to 15 people over the age of 55 years. At the time of the inspection there were 13 people living at the home.

Alpine Villa Care Home had accommodation on the ground and first floor. There was a communal lounge and dining area, a conservatory, and assisted bathrooms. People needed to be physically able to use the stairs as there was no passenger lift.

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

All areas of the home, including those less visible, were clean. However, the conservatory which adjoined the lounge and integral dining room, had been made into a smoking room to accommodate one person's needs. This had negatively impacted on others. During the inspection, some areas of the home were cold. One person raised this as a concern. The heating was adjusted once this was brought to staff's attention.

We made a recommendation to ensure the temperature of the home and smoking arrangements were reviewed and monitored, to ensure people were comfortable in all areas.

People felt safe and relatives had no concerns about safety. Potential risks had been identified and action taken to mitigate them. Staff had undertaken safeguarding training and were aware of their responsibilities to identify and report potential abuse.

Medicines were safely managed. Information showed when staff should administer medicines that were prescribed as required. This included interventions to be tried before giving as required medicine.

There were enough staff to support people and staff knew people well. Staff enjoyed their work and were well supported. The registered manager gave emphasis to learning and staff received a range of training to help them meet people's needs effectively.

People were fully assessed before being offered a service. A full review of the person's health and prescribed medicines took place, once the person began living at the home. Further assessments took place on a regular basis.

People received support that was tailored to their needs. Each person had a detailed care plan in place. The information reflected people's needs and preferences, and there were clear strategies to support people with any anxieties they might have. This minimised the risk of any escalation.

People were offered a range of opportunities to meet their social needs. This included going into town and group activities such as baking. People had a social activity plan in place which had had been creatively developed using pictures and photographs.

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 caring ethos which promoted a relaxed, family atmosphere. People's rights to privacy, dignity and independence were promoted.

The registered manager showed a passion for providing person centred care. They were enthusiastic and demonstrated ongoing development. A range of audits were in place to monitor the quality of the service.

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 and update

This was the service's first inspection following a change in legal entity.

Why we inspected

This was a planned comprehensive 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.

## 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### 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 

# Alpine Villa 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. 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

The inspection was undertaken by one inspector and an 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.

#### Service and service type

Alpine Villa Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The first day of this inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff, the registered manager and the provider.

We reviewed a range of records. This included people's care records and medicine administration records. We looked at staff files in relation to recruitment and training and a variety of records relating to the management of the service.

After the inspection

We contacted six health and social care professionals to gain their feedback about the service. One health and social care professional responded as a representative, after consulting with their team.

# Is the service safe?

## Our findings

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

This is the first inspection for this service due to the change in legal entity. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been appropriately considered. This included the risk of malnutrition and pressure ulceration. However, one person had an arrangement with nominated staff to access their money to do their shopping. Whilst the person had capacity and wanted this arrangement, additional safeguards were needed to ensure further safety. The registered manager told us they were aware of the arrangement but would ensure it was reviewed to maximise safety.
- Information within people's care plans, showed any support needed to manage anxiety and associated behaviour. Staff were aware of these strategies and said the risk of altercations was minimised by understanding the person, and the calm atmosphere of the home.
- The environment was well maintained and there were systems in place to regularly test or service equipment
- People and their relatives told us risks were identified and addressed. One relative told us staff regularly checked their family member in the night, to minimise their risk of falling.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and avoidable harm. The registered manager told us safeguarding policies had recently been updated and were in the process of being discussed with staff.
- Staff had undertaken up to date training in safeguarding. They said they would inform the registered manager or provider if they suspected abuse was taking place.
- The registered manager was aware of people's vulnerability. They said this was particularly so for those who were unable to verbalise any concerns.
- People told us they felt safe. One person said, "I feel safe, oh yes, no problems at all. It's important to feel secure, and I do, because the staff are helpful and kind." Relatives had no concerns about safety.

### Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us there were always two or more care staff on duty during the day, and a housekeeper, cook and kitchen assistant. At night, there was one waking night staff member and a 'sleeping in' member of staff, who could be called upon in an emergency.
- The registered manager told us the home was a family business. Some family members were employed and provided additional support wherever needed. This included accompanying people to go out or undertaking activities within the home.
- Throughout the inspection, staff were relaxed and spent time with people. People's requests were undertaken without delay and any required reassurance was given promptly.

- People and their relatives told us there were enough staff although one person said, "A couple of times, they've been short staffed, and they're stretched, but I can usually get help when I need it". A relative told us, "Yes there are definitely enough staff. There is always someone around with people." A health and social care professional told us, "We are always greeted at the front door by the staff and taken to the residents in their own rooms. The staff will stay if we request this, and the care staff always seem to have time to listen to the residents and never seem to be in a hurry to go to another resident."
- Robust recruitment checks were undertaken before a new member of staff was appointed to work at the home.

#### Preventing and controlling infection

- The home, including less visible areas were clean and there were no unpleasant odours. The registered manager told us, "I can't abide odours. If there's a hint of one, I want to know why, and it needs to be sorted. We pride ourselves with the home smelling nice."
- Records showed staff had undertaken training in infection control and regular audits took place.
- Disposable protective clothing was available in toilets and bathrooms, so staff could easily get what they needed.
- People and their relatives were complimentary about the standard of cleanliness and the laundry service. One relative told us "It's bright and clean, there's no smell, and it doesn't seem institutional." A health and social care professional told us, "The residential home is cleaned to a very high standard and the home never smells of urine."

#### Using medicines safely

- Safe medicine systems were in place. The registered manager told us people's medicines were now received in their original boxes, rather than the pharmacy dispensing them into a monitored dosage system. The registered manager told us they were encouraging staff to take extra time when administering medicines until they were familiar with the new system.
- Staff had appropriately signed the medicine administration record to show they had administered people's medicines as prescribed.
- There was detailed information to help staff administer "as required" medicines safely. Strategies to follow before administering the medicines were clearly stated.
- Medicines were stored securely. However, the temperature of the area, which housed the medicines, had not been consistently taken each day. This did not ensure the medicine's effectiveness.
- People's medicines were regularly reviewed to ensure they were needed and remained appropriate. A relative confirmed this. They told us, "They got [family member's] medication changed when they came in, and some of it was stopped, which has helped."

#### Learning lessons when things go wrong

- The registered manager told us they always reviewed any accident such as a fall. They said this involved looking into how it happened, and any action required to minimise further occurrences.
- Records showed the registered manager analysed all accidents and incidents monthly, to identify any themes and trends.



# 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.

This is the first inspection for this service due to the change in legal entity. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- On the first day of the inspection, some areas of the home were cold. One person raised this as a concern. They told us, "In the winter there's a problem with the owner who turns the heating off. You're sat here freezing, and you have to get the staff to put it back on again. It's annoying." Another person told us the owner seemed to be focused on saving money, and this affected the environment adversely. Staff told us there had been problems with the heating. The registered manager told us the temperature of the home would be monitored.
- Improvements had been made to the environment. This included re-decoration and new furniture. However, due to one person not wanting to go outside to smoke, the conservatory had become a smoking room. This restricted access to some and exposed people to smoke inhalation. One person told us they did not like this as they could not use the room. A relative said they did not feel smoking should not be allowed in a communal area. The registered manager told us they would consider how this situation could be resolved.

We recommend the temperature of the home and smoking arrangements be reviewed and monitored, to ensure people were comfortable.

- The bedrooms on the first floor were accessed by a flight of stairs as the home did not have passenger lift. This restricted some people's choice to use the home, and there was a risk of people falling, particularly as their mobility decreased. The registered manager told us plans had been drawn up to install a passenger lift.
- Each person's room was personalised according to personal preference and interest. There were personal possessions including photographs and additional features to add interest, such as bunting. One person told us, "This is my riser/recliner [chair], it's very comfortable. I didn't bring too much with me but chose a few pictures and some ornaments. They do try to keep the rooms nice, and recently they replaced all the furniture."
- The environment had some signage to help people find their way around. The registered manager had sought an environmental assessment, to show how 'dementia friendly' the home was. They said they had not yet completed the assessment but would be open to any recommendations.

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.

- People were supported to give consent and be involved in decision making. For example, a staff member suggested to a person that their photographs were put away before lunch so that they did not get spoiled. They explained to the person, and agreed together where to put them, so they were safe.
- Staff told us they encouraged people to make decisions. One staff member said, "We always encourage people to choose and help by showing things like clothing. We show meals, so people can see and choose more easily."
- Mental capacity assessments had been completed when there was doubt about a person's capacity. Records showed when and how decisions were made in people's best interests.
- Relatives were encouraged to support their family member with decision making, where needed. One relative told us, "I've been involved in discussing what to do in the future, if [family member] isn't well, about whether to have treatment, go to hospital, that sort of thing."

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

- People had enough to eat and drink. On the first day of the inspection, the main choice was fish and chips. Other people had various selections of ham, egg and baked beans. People ate well and said they enjoyed their meal.
- People were regularly asked if they wanted a drink. Drinks were placed within easy reach of the person and assistance was given where required.
- There was a weekly menu, which showed a varied selection of food. The registered manager and staff told us whilst the menu was in place, it was only a guide. They said as the home was small, people were able to have what they wanted.
- The registered manager and staff told us they cooked some meals, which were traditional for their culture and that of one person who used the service.
- There was positive feedback about the food, although two people said there could be more choice with their personal dietary needs.

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

- People received good support with their healthcare. There was regular contact with GPs, community nurses and the mental health team.
- The registered manager told us people's health was regularly reviewed. They said, "With many [professionals], we just ring, and they come out. We don't have to wait for long referrals to be processed. They're all really good."
- There was positive feedback about people's healthcare. A relative told us, "They recently noticed that [family member] had a water infection. They picked up on it and acted straightaway to get antibiotics." Another relative said, "There is access to foot care, someone comes here, and I think a dentist visits as well. [Family member] doesn't always open their mouth, but the staff do brush their teeth and they look

in good condition."

- A health and social care professional was complimentary about the management of people's health. They told us, "The [registered] manager is aware of wound care and the importance of diet and extra protein in meals and adapts diets to the resident's requirements."

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 place at the home. The registered manager told us they always ensured this assessment was thorough, to ensure the complexity of the person's needs could be met.
- The registered manager told us once a person was admitted to the home, further assessments took place. This included involvement from various healthcare professionals. They said staff monitored the person and found out what worked well, as well as possible triggers to anxiety.
- Records showed the person's assessment covered areas such as medical history, mobility and communication. There were details of people's preferences including the time they wished to get up and go to bed.
- People and their relatives told us about their initial assessment. One relative said, "Before [family member] came here, they came to see us at home and took a lot of details about [family member's] needs and likes and dislikes."

Staff support: induction, training, skills and experience

- The registered manager was passionate about training and were always looking at new courses staff could attend. They told us, "There is just so much out there and a lot of it is free so why wouldn't you put staff forward to develop."
- The registered manager maintained a record of the training staff had completed and when refresher training was due. They said some staff were undertaking various levels of National Vocational Qualifications (NVQs) and Health and Social Care Diplomas.
- Staff were happy with the training they received and said they were well supported. One member of staff told us, "We've done loads of training recently. We are kept up to date. We've done safeguarding, infection control, manual handling, food hygiene, diabetes. The list is long."
- One-to-one sessions, to support staff had been introduced. Staff told us these were helpful and productive. Records were maintained of all sessions, which showed topics such as training needs, and safeguarding had been discussed.
- People told us staff understood their needs. One person told us, "The staff have got to know me well. Since I came here they've got better educated about my [condition], and they deal with me well if I have a [symptom of the condition]. If I tell them I'm not feeling well, they take notice and do something."

# 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.

This is the first inspection for this service due to the change in legal entity. This key question has been rated 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

- The registered manager told us they had a great team, who cared about people and their wellbeing. They said most of the staff had worked at the home for many years. The registered manager gave examples of staff "going the extra mile" for people. This included, staff cooking a special meal for two people, with silver service.
- Staff interacted with people in a friendly, relaxed and light-hearted manner. Staff said there was a strong family atmosphere and it was like everyone was part of "the family". A relative confirmed this and said, "The staff are very caring. I feel [family member] is very much loved here, because of the way staff treat them when I'm here. I can also see the way other residents react to staff. I feel we're both part of the family."
- People and their relatives were complimentary about staff and said good relationships had been established. One person told us, "The staff are always very caring and helpful. They're always asking you if you need anything, and if they can get you this or that."
- Relatives told us people's individuality was respected. One relative told us, "I think because most of the staff are oriental, they can draw on their experience and they understand. Understanding the culture does help see where [family member] is coming from. They do that here."

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

- Staff told us they encouraged people to be involved in their care. They said they used their knowledge of the person and their preferences, if the individual could not express their wishes. One member of staff told us, "We try to get people to choose even if it's a small thing like the colour of a jumper."
- People had mixed views about whether they could follow their own choice of routine and care preferences. One person told us, "I can follow my own routine, well mostly. It's a bit affected by staff and other people and who wants to get up first. You have to be flexible."
- People and their relatives generally told us they were involved in care planning. One person told us, "I have been through my care plan, and we talk about it as and when necessary."
- Visitors were encouraged at any time. A relative told us, "There's no restrictions, you can come in at any time. The staff are pleasant and usually I'm offered a drink."

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable when talking about people's rights to privacy and dignity. One member of staff told us respect was at the centre of promoting people's rights. Another said helping people to be well groomed, promoted dignity.
- People were positive when talking about their rights to privacy, dignity and respect.

- People had their photograph taken for their care plan and medicine administration record. The photograph showed the person smiling or undertaking an activity they enjoyed. This portrayed a positive image of the person, which promoted dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service due to the change in legal entity. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was tailored to their needs. There was emphasis on recognising the person's individuality, what they wanted and any potential triggers to anxiety. Staff told us people were encouraged to get up and go to bed when they wanted, choose their meals and spend their time as preferred.
- Staff were attentive to people's needs and responded in a timely manner. One staff member attentively supported a person to eat. They took their time, informed the person what they were about to eat and checked the person was happy with this. The staff member talked to the person throughout and assisted them to have a drink at regular intervals.
- Each person had a detailed care plan. The information reflected the person's needs and how best to support them. The information was well written and respectful. Daily records showed people's mood, how they presented, and any activities undertaken, as well as the physical care they received. The registered manager told us they had done a lot of work with staff to ensure records showed the person holistically rather than just being task orientated.
- People and their relatives were happy with the care provided. One relative told us, "I'm really happy with standards of personal care. It's resident centred here, you feel that people come first. It's not institutional, and there's a family atmosphere."

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.

- Staff told us they were familiar with people's communication needs. They said they took notice of people's body language as well as their verbal speech. One member of staff told us a person communicated with their eyes and smiled to confirm a choice.
- People's communication needs were described within their care plan. This included talking to a person clearly by short, concise sentences and gaining eye contact.
- The registered manager told us determining the best ways to communicate with people was an important part of staff's role. They said this was helped by staff knowing people well.
- Pictures were available to support written text with areas such as menus. This helped people to make informed choices.

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

- Clear focus was given to people's social needs. This included supporting people within the community

and offering a range of group and individual social activities. One person told us, "I join in everything, I like cooking and crafts and going on outings. There's plenty to do. I use my iPad and [staff member] helps me to do shopping online when I need things."

- Staff told us people were involved in the day to day activities of the home. This involving picking fruit and vegetables from the garden and then using them to cook with.
- Each person had a social activity plan in place. These had been creatively developed and showed the person's preferences and what they liked to do. There were photographs showing activities the person had been involved with and pictures of preferences, such as coffee and cake.
- During the inspection, some people did some baking. One person appeared to take the lead and changed the recipe to what they wanted to make. Staff respected this and effectively involved people in the change of plan.
- People told us they were supported to go out either with their family or with staff. A relative told us, "I take [family member] out once a week now. The staff helped to get the wheelchair assessment and help get [family member] ready. It's helped [family member] to turn a corner and pick up, as they were losing weight and becoming very withdrawn."

#### End of life care and support

- People were able to receive end of life care at the home, if their needs could be met safely and effectively. At the time of the inspection, no one was receiving this type of care.
- The registered manager and staff told us they were passionate about ensuring people had the "best possible" care at the end of their life. One member of staff told us, "We always sit with the person when we know their passing is near, so they are never on their own."
- Each person had a section in their care plan about end of life. This included information about funeral directors and whether the person wanted to be buried or cremated. However, there was no detail about people's preferences as their health deteriorated. The registered manager told us they would address this.

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

- The registered manager had a positive approach to complaints. They said they always encouraged people and their relatives to say if they were unhappy. They did not want anyone to worry about raising a concern or feel they would be discriminated against for doing so.
- People and their relatives knew how to make a complaint but did not feel the need to do so. One relative told us, "I would never make a formal complaint, as there would be no need. You only need to suggest something, and it's sorted. They're very open."

# 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.

This is the first inspection for this service due to the change in legal entity. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was involved in the home on a day to day basis. They were clear about their role and responsibilities and told us, "I'm the one who's registered, it's my name above the door, so I'm the one who's responsible. It comes down to me if anything's wrong."
- There were a range of audits, which were undertaken at various intervals. These included reviews of people's care plans, fire safety and staff training. The registered manager told us, "I check everything, all the time. There's just so much to check but then I can rectify anything straight away."
- Staff told us the registered manager regularly worked with them and supported people as needed. The registered manager confirmed this and said whilst they really enjoyed this aspect, it also helped them identify any shortfalls in the service.
- There were systems in place such as handovers, staff meetings and one-to-one sessions. These enhanced communication as well as staff's awareness of their responsibilities.

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

- The registered manager was passionate about people's care and the overall service. They had strong values and promoted these within the team. The registered manager told us, "This is the person's home, probably the last one they will have. It has to be good, as that's what people deserve. It's hard enough for people living with dementia, so we need to understand and provide good care."
- The caring ethos was adopted throughout the staff team and there was a commitment to people's wellbeing. Staff minimised any agitation people experienced and there were no altercations. The registered manager told us staff attitude and practice helped this.
- Staff showed they cared about people through their interactions. For example, one person became upset as felt their parents did not love or want them. A member of staff responded by saying, "Well, we love you." The person replied, "I know, and that's lovely."
- There were many compliments about the registered manager and their values. One staff member told us, "They have this enthusiasm and energy that is so infectious. [The registered manager] has high standards and has changed the place."
- People and their relatives were complimentary about the service they received and said they would recommend the home.

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 told us they aimed to be open, transparent and approachable. They said, "I want anyone to feel they can come to me with any problem or concern, so I can sort it straight away. I always respond to any requests or concerns quickly, without the person or relative needing to ask again. It's important we listen to ensure people feel valued."

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

- People and their relatives were regularly asked if they were happy with the service. One person told us, "The staff know me quite well and understand my needs. We discuss my care every day and will talk about anything that needs dealing with. They talk to me about what they're writing in my notes."
- There were regular "resident" meetings to enable people to give their views. However, some people felt the meetings were not always valuable, as there were limited numbers of people who were able to give their views.
- Questionnaires were used as another way to gain feedback about the service. The information had been coordinated and consideration was being given to how the feedback could be more visually displayed. Action, such as suggestions to the menu, had been taken in response to people's views.

Continuous learning and improving care

- The registered manager told us learning was ongoing, as there was always something to learn. They said with the support of the staff team, many areas of the home had been developed. This had included the environment, cleanliness, staff training, care planning and the assessment process.
- A relative confirmed the home's desire to learn and improve care. They said, "They've been ready to learn, as [family member] has a rare type of dementia, I've provided information, which they've been open to. I've had ideas, and they've come up with ideas too."

Working in partnership with others

- The registered manager told us they attended various groups and training sessions, which focused on adult social care. As part of this, they said they had linked with other care home managers to share ideas and good practice.
- Staff and the registered manager told us established links had been developed with various health and social care professionals. A health and social care professional confirmed this and said, "The [professionals] who visit do not have any concerns about the care home and comment regularly that the resident's needs are all met. The [registered] manager works well with [us] so the residents have a high standard of care."