Seaford Care Limited

Blatchington Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Blatchington Court is a residential care home that provides residential and personal care for up to 20 older people, all of whom are living with dementia. At the time of this inspection, 17 people were living at the home.

People's experience of using this service:
People and their relatives spoke highly of the home and felt it was well-led and managed, with a high standard of care. Opportunities to drive continual improvement had been taken and a robust system of audits monitored and measured the service. An analysis of falls that people had sustained had resulted in an additional member of staff being employed during the early part of the day. This had brought about a reduction in the number of falls.

The use of technology had enabled people to share their views about the service they received in an accessible way. Feedback was positive. Staff enjoyed working at the home and were motivated by management to do their jobs well and to a high standard. For example, there was an 'Employee of the month' scheme, where a member of staff was nominated by their peers and could receive gift vouchers for exceptional work.

People felt safe living at the home and their risks had been identified and assessed, so that staff knew how to support people. There were enough staff to meet people's needs and new staff were recruited safely. Systems were effective in ensuring people received their medicines as required. The home was clean and smelled fresh.

People's needs and choices were met by staff who knew them well. Staff had the skills, knowledge and experience to deliver effective care and support and had completed a range of training. Staff had regular supervisions and attended staff meetings.

A choice of meals was available to people. Where needed, staff supported people to eat their meals. The home was comfortable and rooms were personalised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by a range of healthcare professionals and services.

People were looked after by kind and caring staff who were patient, warm and friendly. People were encouraged to be involved in all aspects of their care and were treated with dignity and respect.

Care plans provided staff with detailed information and guidance for staff about people's support needs, their likes, dislikes and preferences. Activities were organised and musical entertainers were popular, visiting the home three times a week. People had the opportunity to have dedicated one-to-one time with a

staff member and could choose how they wanted to spend a 'Golden Hour' with staff.

Rating at last inspection:
At the last inspection, this service was rated as Good (published in November 2016).

Why we inspected:
This inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up:
We will review the service in line with our methodology for 'Good' services.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Blatchington Court

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:
The inspection was carried out by one inspector.

Service and service type:
Blatchington Court 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. Blatchington Court can accommodate up to 20 older people living with dementia.

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 was an unannounced, comprehensive inspection.

What we did:
Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection:
We spoke with three people and spent time observing the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two relatives and a friend of one person who lived at the home. We spoke with the registered manager, office manager, deputy manager and two care staff. We reviewed a range of records. These included two care records, two staff files and records relating to the management of the home.

After the inspection:
We received additional information which we requested at inspection to be emailed to us. This included staff training records, staff supervision and observation documents and staff recruitment.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. A relative told us, "It's 100 per cent safe. [Named family member] is on the ground floor and uses a walking aid".
- Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred. A member of care staff explained the types of abuse they might encounter, naming physical, institutional and psychological. They explained, "If I have any concerns, I would report it to the manager straight away, or the local authority safeguarding team or CQC".
- The same member of staff had made some posters about whistleblowing which were accessible to staff. If a staff member wished to raise a concern or report an issue anonymously, the poster provided them with details of who to contact.

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Risks in a variety of areas had been identified and assessed as needed. Care records provided information and guidance for staff on how to support people and mitigate risk. For example, falls risk assessments had been completed for some people. A member of care staff said that they tried to encourage people who were at risk of falls to spend their day in the top lounge, as there was always a member of staff on duty there to monitor and assist people. Referrals were also made to the falls team as needed. A staff member said, "We work with the falls specialist who gives us advice and training".
- People's risk of developing pressure areas had been assessed and people's weights were monitored regularly, with their permission.
- We observed two staff assisting one person to transfer from an armchair to a wheelchair and this manoeuvre was safely executed. The staff chatted to the person throughout in a reassuring manner and explained what they were doing. Staff competencies in moving and handling were regularly checked through observations by senior staff.
- Emergency planning procedures described the support people required from staff if the building needed to be evacuated. People had personal emergency evacuation plans. Staff had completed fire safety training.
- Checks to premises and equipment had been undertaken and there were no issues.

Staffing and recruitment

- There were enough staff to meet people's needs and provide timely support.
- Staffing levels were assessed by the use of a care dependency tool. This calculated the number of hours each person required support from staff during the morning, afternoon and night-time shifts.
- It had been identified that an additional member of staff would be beneficial at breakfast time through to

the lunchtime meal. The registered manager had created a role for this staff member as a result of analysing falls that people had sustained. There was proof that by providing this additional staff member, the number of falls had decreased. This had also freed up other staff at a busy time of the day when people required assistance with getting up and dressed.
● Occasionally agency staff were required. The registered manager told us they always used the same two care staff from the agency, to provide consistent care and who knew people well.
● Relatives and staff felt that staffing levels were appropriate. We observed that staff had time to sit and chat with people and that care was not task-orientated.
● New staff were recruited safely. Staff records showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Using medicines safely
● Medicines were managed safely.
● Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
● We observed medicines being given to people at lunchtime and this was completed satisfactorily.
● One person received their medicines covertly, that is, without their knowledge. The decision for this had been made lawfully and in the person's best interests.

Preventing and controlling infection
● People were protected by the prevention and control of infection.
● The home was clean and smelled fresh. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves, when delivering personal care and when serving meals.
● Staff completed training in infection control. We saw one staff member used disposable gloves whilst manicuring people's nails.

Learning lessons when things go wrong
● There was a culture of lessons being learned when things went wrong.
● Nothing had occurred recently which could be used as an example of changes that had been implemented in relation to an incident. However, staff used staff meetings to reflect on their care practices and to suggest any improvements.
● Staff had a good understanding about their responsibilities under Duty of Candour. The deputy manager explained, "It's transparency, how we work and being honest. We would always let relatives know if something was not right. It's about staff too and being honest and open with them".

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

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

● Before people came to live at the home, their care needs were recorded and pre-assessments were completed. A friend of one person living at the home told us, "When we were looking for a home, the staff were so welcoming. [Named registered manager] came to see him in hospital to make sure the home would be right for him. When he came out of hospital he had lost weight, but that's improving now because of the care he receives".

● People's needs were continually assessed in line with best practice. Advice had been sought from a range of health and social care professionals. For example, one person had difficulty with swallowing, so advice had been sought from a speech and language therapist, which staff then followed.

Staff support: induction, training, skills and experience

● Staff had the knowledge, skills and experience to support people effectively. They demonstrated their understanding of the training they received and we observed this in practice.

● The training matrix showed that staff completed training considered to be essential to their role such as moving and handling, dementia awareness and person-centred care. Staff also completed a range of additional training such as an understanding of Parkinson's disease and falls awareness. Not only did the matrix show the training staff had completed, but it also showed when training needed to be refreshed or when completed workbooks had been sent out for marking. This meant that the registered manager knew the status of each staff member's training, what had been completed and what was due.

● New staff studied for the Care Certificate, a universally recognised, work-based award. New staff also shadowed experienced staff and had their competence checked as part of their probation.

● A staff member explained to us the training they had completed. Some of this included completing workbooks on specific health conditions, such as Parkinson's disease and dementia. They told us, "We have booklets and we complete questionnaires and they get marked. You're supervised and if there's anything they feel we're doing wrong, they will tell us".

● Staff supervisions took place every six months. The deputy manager explained that in between these supervisions, staff would be observed delivering personal care and medicines for example. Records confirmed that staff supervisions and observations took place.

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

● People were supported to eat and drink enough to maintain a balanced diet. One person told us, "The food's very nice and I like most food here". A relative said, "Since Mum's been in here, she's put on weight, and that's good".

● We observed people eating their lunchtime meal. People who required assistance or support from staff were encouraged to sit in one dining room. This ensured that they received timely and prompt assistance

from staff when needed. People who ate independently sat in another dining room. A staff member said, "It's about encouraging people to eat their meals independently and not just leaving them". People were asked what they would like to drink.

● People had a choice of what they would like to eat. For many people living with dementia, making a choice too far in advance of their meal being served could be inappropriate, for example, if they had short-term memory. Instead, people chose what they would like to eat as the meal was being served and could point to the meal they fancied.

● Where people were underweight, or at risk of weight loss, their meals were fortified to increase their intake of calories. We saw some people enjoyed a drink of hot chocolate, which was more calorific because it contained fortified milk.

● Special diets were catered for and any food allergies were recorded.

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

● The service had been adapted to meet people's needs.

● People were able to move freely around the home. They had access to gardens and to meet their relatives or friends in private.

● We observed that people had no difficulty in finding their rooms or in navigating around the home. People's rooms were personalised with objects of importance to them.

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

● People had access to a range of healthcare professionals and support.

● The registered manager and staff cared for people's health needs. The registered manager checked in with people first thing in the morning to see how they were. At the time of our inspection, several people had chest infections. The GP came to visit that day when asked and saw several people, prescribing antibiotics where needed.

● A friend of one person living at the home said, "[Named person] didn't seem right one day, so they immediately made some checks and called the GP". A relative confirmed that their family member received visits from their GP, optician and chiropodist. They added, "We're happy to take her to hospital appointments, but staff will take people too if needed".

● Staff worked with other agencies to ensure people received the care they needed. For example, the NHS Medicines Optimisation Team had recently reviewed people's medicines to make sure they were still needed and appropriate.

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).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The majority of applications for DoLS were still awaiting decision by the local authority.

● Consent to care and treatment was gained lawfully.

● Where it was suspected that people might lack capacity to make a specific decision, capacity assessments

had been completed. These provided clear and detailed information and included who had been involved in the assessment. For example, for one person we read that three relatives, as well as staff from the home, had been consulted in relation to the person refusing personal care. The assessment listed solutions if the person refused, such as staff offering personal care later or a different member of staff to encourage the person.

● Where people had appointed Lasting Powers of Attorney (LPA), documents verifying this were kept, so it was clear whether an LPA could make decisions in relation to a person's health and welfare or property and finances.

● Staff completed training in mental capacity and DoLS. One staff member told us, "My understanding is we always assume that a person has capacity to make a decision and unwise decisions can be made if a person has capacity. I like to give people the opportunity to make their own decisions".

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

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

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- For example, one person spoke three languages, but because of their dementia, they would often muddle up words between languages, making it difficult for staff to understand them. Staff used pictures and photos to communicate with the person and also understood key words within conversations, with a good level of engagement.
- People's cultural and spiritual needs were catered for. One person indicated they wanted to visit a local churchyard, so a member of staff had taken them there.
- We observed staff supporting people throughout the day. Staff were very kind, patient, friendly and warm with people. A relative said, "Yes, staff are very kind and caring. We've seen staff reacting to everyone and they are very caring". A friend of a person living at the home told us, "I come in most days. It's lovely. It's really nice and everyone is really well looked after. I'm never made to feel like I'm a nuisance, no matter what time I come".

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

- People were encouraged to express their views and to be involved in decisions about their care.
- Staff took time to explain what they were doing when providing care and support in order to minimise people's anxiety. A staff member explained that sometimes people did not want to receive personal care. They told us, "We can swap over the staff if people don't want a particular carer. If people's moods change, we're happy to swap. Some people like us to sing to them when we go in, in the morning. Every resident responds differently. Some like a calm approach, some like energetic and happy. It's knowing the residents and what they like".
- We observed one person was wrapping their arms around their chest. A member of staff noticed this and asked the person if they were feeling cold. The person indicated they were and the staff member immediately went to find the person's cardigan and offered them a blanket to keep their legs warm.
- A relative confirmed that their family member was always involved in day-to-day decisions. They said, "Staff always consult Mum. She's always clean and tidy".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible.
- A staff member said, "We give people their privacy. We have to knock on people's doors and wait until we are asked to come in".
- Some people shared rooms. People were asked for their consent to this arrangement before they came to

live at the home. We saw there were portable screens within these bedrooms to afford people privacy when required. One person we spoke with liked sharing their room and a friendly relationship had developed.

● Care plans recorded the aims and objectives for each person and included any abilities or limitations they might have. For example, one person had poor oral hygiene when they came to live at the home. Staff had encouraged them to clean their teeth twice daily, so that now their oral health had improved.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans provided extremely detailed information and guidance to staff about people's needs and how they wished to be supported.

● Information within care plans was recorded electronically, in a person-centred way.

● People's information and communication needs were assessed. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for people. For example, staff used tablets to communicate with people. One person loved listening to a particular singer which helped to relax them when they became anxious, so staff would access this on a tablet.

● Care plans included information about people's physical and mental health, personal care, continence, medicines and mobility. Each part of the care plan described clearly how people wished to be supported, their likes, dislikes and preferences.

● Relatives confirmed they were involved in reviews relating to care plans. A friend of a person living at the home said, "When we first came in, we discussed [named person] background, his likes and dislikes. The room was set up before he came in from hospital. Everything was arranged to make it feel like home".

● A staff member told us, "I don't think there are many people who would understand about their care plans, but the manager meets with them and their families to discuss things". They added, "One person likes looking out of the window, so we support him and make sure he has time to do that".

● An activities co-ordinator commenced employment on the day of our inspection and was being introduced to people by another member of staff.

● Activities that people had participated in were recorded and provided an overview of what people enjoyed doing so that activities could be planned accordingly. Musical entertainers visited three days a week and a fitness class had recently been introduced. We saw a singer entertaining people in the lounge and people were enjoying this activity. A relative said, "We've seen the arts and crafts lady and [named family member] joins in with that. There have been outings to the garden centre too. There are no restrictions on visiting time. We visit randomly and regularly. We try and bring our grandson and the residents love it".

● We read of one activity described as 'Golden Hour with Staff Member' and asked the registered manager about this. The registered manager said they wanted to arrange more staff time to provide people with additional opportunities outside of the organised activities. Staff would come in when not on shift to spend one-to-one time with people and people chose how they would like to spend their Golden Hour (which could extend to two hours). For example, one person loved greyhounds and a staff member owned a greyhound. An arrangement was made for this staff member to take the person out in their wheelchair for a walk and the greyhound went along too.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy.
● No formal complaints had been made within the last 12 months.
● A relative said, "The manager is very approachable, but we've never had to complain".
● The deputy manager said, "If a person comes to me, we will try and solve it straight away, but I can't remember this ever happening. Families can read the complaints policy which is in the porch, so they will know what to do".

End of life care and support
● People could live out their lives at the home if this was their wish and their needs could be met.
● People's end of life wishes were recorded in their care plans. Staff completed training in end of life care.
● The registered manager said, "We will look after people at the end of their lives. People know us and families know us and want to stay here".

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received a high standard of care from staff who knew them well. People were provided with the support they needed by staff, who went out of their way to ensure people were happy and contented. We observed several occasions when staff were sat chatting with people, taking the time to check with them that everything was all right.
- One person said, "Yes I like it here very well and I'm very well looked after". A relative said, "Staff give people hugs, that's very important".
- The registered manager and staff had a clear understanding of their responsibilities under duty of candour and the need for honest, open communication with relatives and professionals.
- Staff enjoyed working at the home and told us they were well supported by the management team. The registered manager was a role model for staff and set high standards. We talked with staff who demonstrated an enthusiastic and empathic approach in the way they supported people and each other. One staff member said, "It's a lovely home, otherwise I wouldn't have stayed here for so long. It's family orientated and homely". They added, "I like the home as it's not too big and it's not institutional. Many residents don't have families, so we can connect with them, get to know them better. This wouldn't happen if it was a big home".
- The management team were dedicated to improving care for people and enabling people to lead meaningful lives. One of the managers had attended locality meetings representing older people's care. These meetings were well attended by local GPs, social workers, mental health professionals, pharmacists and counsellors. The aim was to identify any gaps in care locally and to identify 'quick fixes'. This information was shared with the Residential Care Homes Association and disseminated to its members.
- People had opportunities to do things they wanted to do, in addition to the organised activities at the home. People's wishes were met through the 'Golden Hour' arrangements, which we have written about under Responsive.
- The registered manager always made a point of visiting with people at the start of each day to ask how they were. If people were unwell or there were any issues, these could be addressed promptly.

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

- Staff were clear about their roles and responsibilities, however, the registered manager supported this further by ensuring every care staff member understood each part of a person's care plan. At a staff meeting in March 2019, staff were asked to book training sessions with the office manager, so they could look at the

'new style dashboard' which was part of the electronic care plan record. This ensured that staff knew and understood the care record for every person living at the home and could therefore provide person-centred care.

● The registered manager had an 'open door' policy. Their office was situated next to one of the lounges and we saw staff and people were encouraged to discuss any issues or to have a chat with the registered manager.

● The registered manager had good oversight of what was happening at the home and spent time supporting staff and sitting with people. She was extremely knowledgeable about caring for people and had developed this home, and another home nearby, both of which were family-run businesses.

● Records were detailed, accurate and of high-quality. Records that we looked at as part of this inspection were provided quickly and gave us all the information we needed to corroborate our judgements.

● A system of quality assurance checks measured and monitored all aspects of the home. For example, audits were completed to ensure care plans were current and accurate, food and fluid charts were analysed, daily health and safety checks were completed. These were effective in driving improvement. For example, an analysis of falls that had occurred had resulted in an additional member of staff being employed from 7am through to lunchtime each day. This had meant a reduction in falls because people were not left unattended in one of the lounges. We have written about this in the Safe section of this report.

● Notifications that the registered manager was required to send to us by law had been completed as needed. The rating awarded at the last inspection was on display at the home and on the provider's website.

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

● People and staff were fully involved in developing the service.

● Technology was used creatively and had enabled the provider to maintain the core values relating to privacy, dignity, independence, choice, rights and fulfilment. For example, it had been recognised that people living with dementia might have difficulty in completing written questionnaires. The technology used incorporated a facility that enabled people to provide feedback in an accessible and interactive way. Each person had a question read out to them, for example, if they felt safe? The person then had a choice of five faces to look at and point to, from a very unhappy expression to a broad smile. In this way, people's feedback about different aspects of the home and their experience of living there had been obtained. The results had been analysed and were positive; people were very happy living at Blatchington Court.

● A relative said, "We have had questionnaires asking for our views and whether there is anything we would like changed, but we are extremely happy with everything. If there is anything we need to know, [named registered manager] rings us". A friend of a person living at the home told us, "[Named registered manager] is brilliant and will contact us when needed".

● Staff meetings took place and the suggestions of staff were listened to. One member of staff had proposed an 'Employee of the month' scheme. This worked well and was motivational for staff. All staff would vote every month and there were different awards for day staff, night staff and ancillary staff such as housekeepers. There were criteria set as to why staff might vote for another member of staff, for example, if they had led by example or had done something very kind.

● The management team was concerned that staff might become anxious about being inspected by CQC. As part of their culture of supporting staff, the managers had organised 'buzz sessions' and mini-quizzes well before the inspection was due. These were opportunities for staff to share what they knew about key lines of enquiry in a safe, non-judgemental setting and had been well received by staff.

● One staff member told us, "I give people 100 per cent and that's part of my job. There are days when you can't find answers and people can't explain it to you, but we do care. I would definitely place someone I loved here".

Working in partnership with others

● Members of the management team were fully involved in all aspects of the home and in developing professional relationships to enhance people's lives in residential care.

● One of the managers had been involved with a project to create a pre-admission assessment with the idea this could be completed by a healthcare professional and used when people needed to go into a care home. The pre-admission assessment was created as a result of consultation with other care homes. The assessment document, when completed, would provide all the information needed to admit a new resident. The document was widely welcomed by East Sussex County Council and distributed at the Residential Care Homes Association conference for attendees to use.

● The management team had met with other home managers in the area to share best practice and open communication channels. The office manager told us, "This is a great chance to feel supported and assess yourself against others' standards".

● The local authority frailty team had been consulted to review one person's medicines. It was likely that a referral would be made to the occupational therapist and a consultant geriatrician also provided input. This demonstrated 'joined-up' working between healthcare professionals and ensured people received holistic care that met all aspects of their care needs.

● Good links had been made with the local community. For example, the provider hosted a mini football event at the home with boys from a local junior football club. School pupils had also visited the home and joined with people in a carol concert.