Koinonia Christian Care

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Inspection report

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Date of inspection visit:
10 March 2020

Date of publication:
04 May 2020

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Koinonia Christian Care is a 'care home'. The home accommodates up to 39 older people with dementia or physical frailty across five adapted buildings. At the time of the inspection there were 39 people living in the home.

People's experience of using this service and what we found
People were not always treated with dignity at the home. Staff were polite and friendly but were sometimes task orientated. This meant staff focussed on a task rather than a person. The registered manager led by example and was helpful and chatty with people, but other staff did not always stop to talk or respond to people. People told us they found the staff to be caring. A person said, "Occasionally when they are busy [we feel rushed] but staff are always considerate."

People's care was personalised. However, it was not always recorded correctly, and some care plans were not up to date or had conflicting advice in them. People had assessments prior to living at the home, and care plans were created with input from people and their families. The registered manager understood the Accessible Information Standards and there was a selection of books in various formats for people to access. People were supported to develop friendships. The home had a strong Christian ethos, and this was a reason most people chose to live at the home. People told us there was plenty to do at the home. A person told us, "Yesterday we had a painting session. The lady brings in paints and we make something artistic, and another one is a chap with a ball, and we throw it into a thing on the table, it sounds silly but it makes you laugh. There's a wonderful library here."

While some care plans and risk assessments were complete, others were not up to date. This was an area that needed improvement to ensure staff knew how to care for and support people. The registered manager was working hard to improve the service and correct issues found at the last inspection, but this work was not completed. Staff told us they were happy at the home and felt well supported by the registered manager and the provider. People and staff spoke of the home as a family. People and their relatives were very happy with the registered manager and the management of the home. When asked what the home did well a relative told us, "How caring the staff are and how proactive the manager is. I feel listened to for example, if I make any requests for mum to have tea early the staff will ensure it happens." A person told us, "Yes, the home runs beautifully without any hiccups."

People were safe at the home. Well trained staff protected people from the risk of abuse. Peoples' individual risked were assessed, and the registered manager ensured the home was safe. Plans were in place for use in the event of a fire or other emergency. There were enough staff to keep people safe and they were recruited safely. Medicines were administered by trained staff. The home was clean and smelled fresh. People were protected from the risk of infection. The registered manager audited and learned from any errors or near misses that happened at the home. A relative said, "I think that my mum is very safe living here. I see how the staff manage her and I think this place is absolutely wonderful. Mum has never had an accident since she

has lived here and the staff are very aware of health and safety."

People had effective care from staff at the home, who liaised with other healthcare professionals to ensure care was personalised. Staff used electronic devices and care plans to record and share information about people. The strong Christian ethos of the home ensured everyone was treated equally and with kindness. Staff had regular training including in specific subjects to assist with people's specific needs, for example diabetes awareness. People told us the food served at the home was good. People ate in a communal area and were supported if necessary, by staff. The home was bright and clutter free. Signs helped people to orientate themselves as the home was quite large. Staff sought consent before providing care.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 16 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement.

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Caring Responsive and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Koinonia Christian Care on our 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?

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?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Koinonia Christian Care

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 team consisted of two inspectors

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager

and care workers. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At the previous inspection the registered manager had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had been rectified and the service was no longer in breach of the regulation.

Using medicines safely

- Medicines were now administered safely by trained staff and stored securely in a locked trolley. Staff were free from distraction during the medicines round as they wore a red tabard informing people they needed to be left to concentrate.
- Medicines administration was recorded on the electronic system. This ensured medicines were not missed as the system provided prompts. Staff initials were clearly recorded on the system along with exact times and quantities administered.

Assessing risk, safety monitoring and management

- At the last inspection risks were not always assessed and people were not always referred to other healthcare professionals according to The National Institute for Health and Care Excellence (NICE) guidelines. At this inspection we saw electronic care plans prompted staff to assess common risks people might face, such as skin integrity, mobility issues or falls risks. Staff recorded how these risks should be reduced such as use of pressure relieving equipment, hoists and walking frames.
- People were referred to specialist health professionals outside the home if necessary. For example, if a person had difficulty swallowing or a choking risk this was referred to the speech and language therapist.
- Risks were also shared with staff on regular hand over sheets. For example, where a pressure sore was being treated by a specialist mattress or seat cushion.
- The plans for evacuation in the event of a fire were up to date and an emergency bag contained personal evacuation plans for each person. The plans were up to date and the registered manager told us they had a second bag at a different location in case a fire broke out near the location of the bag. Staff had practiced an evacuation of people at the home.

Learning lessons when things go wrong

- At the last inspection the registered manager had failed to learn lessons when things went wrong. At this inspection we saw the registered manager was now keen to learn from errors and used information to improve the care at the home. Where there had been a lack of clear risk assessments, the registered manager and deputy manager had reviewed risks to people's care and begun recording risks in a clearer way in care plans.

● Incidents and accidents were recorded and investigated by senior staff. At the last staff meeting staff were reminded of the procedure for this and of the importance of learning from accidents so they did not happen again.
● Medicines administration had been evaluated. Staff were retrained and assessed in medicines administration as this had been an issue in the past.

Systems and processes to safeguard people from the risk of abuse
● People were safe and protected from the risk of abuse. Staff were trained in, and understood, safeguarding policies. Posters throughout the home prompted people to be on the lookout for issues and how to report them. The deputy manager was the designated safeguarding champion.
● People were protected from the risk of financial abuse. The home was secure, people could not enter without being admitted by staff, and people were able to have valuables locked in the office.
● People told us they felt safe and that staff knew how to support them. A person told us, "We feel extremely safe." And a relative said, "I think that my mum is very safe living here. I see how the staff manage her and I think this place is absolutely wonderful. Mum has never had an accident since she has lived here and the staff are very aware of health and safety."

Staffing and recruitment
● There were enough staff at the home to support people when they needed help. A person said, "Staff come quickly when we ring the bell and if it is not answered within five minutes it goes to an emergency sound."
● Staff were recruited safely and had checks to ensure they were safe to work with people before they started working at the home.

Preventing and controlling infection
● The home was clean and smelled fresh. Carpets were vacuumed regularly, a person told us, "The home is very clean and we are often woken by the sound of the hoover."
● People were protected from the risk of infection by trained staff. Staff understood the risk of infection and took precautions such as hand washing and using personal protective equipment (PPE), such as gloves and aprons, when giving personal care. The home was well stocked with PPE which was available at several points around the building.

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 this has now improved to good.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- At the last inspection people's care plans did not always include information about people's specific health conditions. At this inspection this had been rectified.
- People had their needs assessed before coming to live at the home. Care plans recorded people's wants and likes, as well as their health conditions to ensure all staff knew about them. Care plans were recorded electronically, with the system using prompts and guides to ensure questions were answered about all aspects of care..
- People had care provided in line with guidance, including from other healthcare professionals where necessary.
- Staff used mobile phones with care applications installed on them to access information and to record care given to people.
- People with protected characteristics were not discriminated against at the home as the staff were taught to treat people as individuals. The registered manager told us there had been a person at the home in the past with protected characteristics and this had not been a problem as all people were treated kindly and with love by staff.

Adapting service, design, decoration to meet people's needs
- The home was well lit, uncluttered and had suitable furniture to meet people's needs. Although the home was converted from three Victorian houses, the corridors were wide enough for wheelchairs or people needing walking frames. Lifts were in place between floors. Where a short flight of stairs led to a room, a ramp enabled a person who used a wheelchair to access their room.
- At the last inspection there was a lack of clear signs in the home, at this inspection we saw new picture signs in place. People could be directed to the dining room, toilets or exits via large laminated signs on the walls of the home.
- People had input in choosing new furniture for the home, for example the colours of the chairs. People were able to personalise their rooms with photographs, objects and small items of furniture from their own homes. Staff kept people's rooms clean and tidy. A person told us, "I have a lovely little room with a bed and a bathroom, everything is changed every day."
- People were able to choose where to spend time in the home. There was a choice of communal rooms, including a quiet front room, a library room, a conservatory and two lounge/dining areas.

Staff support: induction, training, skills and experience
- People were supported by trained staff, many of whom were trained to level 3 National Vocational

Qualification (NVQ) in care. Staff were provided with an induction before they began working alone with people. After induction staff training continued through the year. A staff member told us, "I had an induction and shadowed another staff member for two weeks. I have been given the chance to do my NVQ training. During supervision we are asked if there is any other training we would like to do."

● Staff were trained in specific care subjects such as dementia, Parkinson's disease, behaviours that can challenge, nutrition and diabetes awareness.

● People told us staff knew what they were doing and were confident in their training. A person said, "Yes, of course they do [know what they are doing] and the senior and manager is around. If staff thought it was necessary they would call for the doctor."

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

● People were supported to eat and drink at the service and staff provided a balanced diet for people. At the time of the inspection the cook was on holiday and the registered manager had organised food to be delivered by an outside caterer. A person told us, "Food is very good, there's a menu but it changes every day, you can't say there's anything wrong." And another person said, "Its good food, it's always good. Today the cook was on holiday but it was just as good, delicious."

● The dining areas in the home were set out neatly with placemats and serviettes, these can act as visual clues for people with dementia to know why they are in a particular place. Staff assisted people with dementia to eat when they needed help. Some people were unable or had declined to sit at the dining table, these people were supported to eat in their chairs.

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

● Staff were happy to work with other healthcare professionals to ensure people were provided with effective care. A relative told us, "My mum had a UTI and staff were quick to check her urine and liaise with the GP for antibiotics."

● Staff were able to refer people to the speech and language therapy team (SALT) if, for example, people had difficulty swallowing.

● People's care plans included tissue viability and wound management plans. Also documented were visits from healthcare professionals, such as when pharmacists reviewed people's medicines.

● People were able to visit their GP, dentist and other professionals. Staff assisted people to make appointments when necessary. A person told us, "The care is extremely good, the staff look after us very well. Staff will arrange visits to the GP or optician when you need it."

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.

● Robust systems were in place to record and keep copies of when a DoLS had been applied for and when approved.
● Staff had an understanding of MCA and were seen asking people for consent to treatment or support, and knew they should enable people to make their own choices. A member of staff said, "If a person refused treatment, if they have capacity it is their decision [to refuse treatment]. For those who lack capacity we explain why they should have the care or treatment."

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity. During the inspection a person was shaved while in the communal lounge area with other people. Staff spoke politely to the person but he was not able to give consent as he was living with dementia. Staff continued to shave him although he did not appear to want them to. Consideration had not been given to the person's need for privacy. Treating people with dignity is an area that needed improvement.
- Some people were able to go out of the home alone and were encouraged to remain independent. Staff ensured people made a note on the whiteboard near the door when they left to help staff identify who was in the home, for example in the event of an emergency.

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

- Staff did not always respond to people when they were busy. We saw people asking two or three times before staff acknowledged them. For example, a person who wanted a cup of tea asked three times with no answer before her tea was brought to her. People told us that staff could be busy and when that happened care could feel rushed. However, people told us that staff were polite. A person said, "Occasionally when they are busy [we feel rushed] but staff are always considerate."
- Staff were task focussed. Staff were polite and kind but we observed limited engagement with people outside of the task they were doing. We spoke to the registered manager about this at the time and they told us they were encouraging more conversation and hoped to lead by example. However this was an area that needed improvement.
- The registered manager knew people well and stopped to talk to them as she walked about the home. A person told us, "It's happy, friendly and we all seem to get on."
- People told us they thought staff were caring. A person told us, "I think they look after you very, very well." And a relative said, "Staff are kind and caring and really are a great bunch. My mum is not always easy but the staff are so good."

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

- People told us they were encouraged to make decisions about their care. People were asked for their consent by staff before care was given. A person told us, "We are given choice and I can do more or less what I want. I like getting up at 8am and mostly my wishes are respected."
- People were able to make their views known at regular resident's meetings. For example, at the last meeting people had been asked if they were happy with the meals, a person had said they felt there were

too many peas, another person agreed and staff said they would talk to the cook.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

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

● At the last inspection some care plans contained contradictory information. At this inspection this remained an issue. We saw a care plan that mentioned people's dental health as being both poor and average within the same plan.

● People had assessments prior to living at the home, and care plans were created with input from people and their families. However, updates to the care plans of longer-term residents were confusing. When people's needs changed, the care plans did not always reflect this.

● Regular staff knew people well and electronic care plans prompted staff to consider issues about the person, however they were impersonal in the way the information was displayed. Guidance for staff was not always available which meant new staff would not be able to meet people's needs. For example, where people were non verbal there were no details as to how people's facial expressions or body movements could be translated. The registered manager told us care plans were being updated but this was an area that needed improvement.

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

● While some people at the home were able to take part in the organised activities, people in the dementia wing lacked meaningful or appropriate activities to occupy their time. Staff showed little interaction with people. Some people spent most of the day in their rooms with little engagement from staff beyond basic care which left people at risk of becoming isolated. Ensuring all people were able to remain active and stimulated was an area that needed improvement.

● People enjoyed quiet time in the morning each day, the registered manager told us it recharged people's batteries. Activities were organised for after lunch and people enjoyed the events. On the day of the inspection people were taking part in singing and playing percussion along to music.

● People told us there was plenty to do at the home. A person said, "We have just enjoyed a music session, we do bowling, films and lots of other things." Another person told us, "Yesterday we had a painting session. The lady brings in paints and we make something artistic, and another one is a chap with a ball and we throw it into a thing on the table, it sounds silly but it makes you laugh. There's a wonderful library here."

● People were supported to develop friendships. The home had a strong Christian ethos and this was a reason most people chose to live at the home. These shared Christian beliefs helped people to form friendship groups in the home. People took part in prayers during the day, before meals and after meetings. People attended prayer meetings at the home, participated in bible studies, listened to daily epilogues (mini

sermons) and could be involved in a weekly service.
● People went out on trips organised by the provider each month from April to September and again at Christmas time. People decided where they wanted to go at meetings at the start of the year. Previous trips had included canal trips and visits to garden centres.
● During the inspection a person played the piano for the other residents at the home and people enjoyed an impromptu singsong. The registered manager told us they kept the piano in tune so people could play regularly.

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.

● Since the last inspection the registered manager had improved access to various information formats for people. People could access large print books, or use an extra strong magnifying glass for reading. There were audio books available and electronic devices that could be used to 'read out loud' pieces of text.
● People living with dementia had visual prompts to support their understanding, For example, the dementia wing of the home displayed a picture menu on a notice board for people each day in the lounge/dining room.

Improving care quality in response to complaints or concerns
● The complaints procedure had been improved since the last inspection. Complaints were followed up by the registered manager and recorded.
● People told us they knew how to complain and they were confident to speak up, however they also said they had no complaints. A person said, "I have never had to [make a complaint] but [I would speak to] either the manager or the senior staff." And a relative told us, "I would speak to the manager if I did not feel my mum was safe. The manager is very approachable and proactive in responding to anything that may be an issue."

End of life care and support
● People who were at end of life were supported by an end of life champion and put on ECHO, the End of Life Care Hub. ECHO improves the coordination and delivery of end of life care across Coastal West Sussex by linking key services via a 24 hour telephone coordination hub staffed by trained nurses. For people with terminal illness, or who are approaching the end of life, ECHO acts as a single point of contact to offer advice and support. Healthcare professionals such as GPs, nurses, tissue viability nurses and palliative care teams are all linked via ECHO.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At the previous inspection the registered manager had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records. This was a breach of Regulation 17 of the Health
and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had been rectified and the service was no longer in breach of the regulation.

● Risk assessments were now in place for people in their care plans and audits took place to check and update these records. However, not all care plans were currently up to date and further work was needed to simplify them and ensure information in the care plan was current. This continued to be an area that needed improvement.
● Quality checks and audits were taking place but had not yet become an embedded part of the service. Time was needed to ensure regular updates to people's care plans continued to be recorded and that all care plans were frequently reviewed and updated.
● Staff at the home were clear about their roles and understood the role of the registered manager and the deputy manager. Staff told us they felt supported by management staff. A staff member said, "If I have any problems I can openly approach the management team and I have confidence in how they support me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager and staff at the home were friendly and had a positive helpful attitude.
● The registered manager spent time with people and staff, and led by example showing a caring attitude with people. Despite this we saw not all staff were as attentive as they could have been.
● People told us they felt part of a happy home. A person said, "I haven't heard of anyone who doesn't like it." A relative told us how pleased they were with how caring the staff are and how proactive the manager is. "I feel listened to, for example, if I make any requests for mum to have tea early the staff will ensure it happens."
● Staff and people at the home were encouraged to speak to the registered manager about any issues they had within the home, and staff told us they were confident they were listened to.
● Staff were proud to support people at the home. A staff member told us, "We treat people like they are

family and we offer them affection. We try all the time to improve as staff and improve the people's lives living here."

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

At the previous inspection the failure to apply duty of candour when people came to harm was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the service had ensured the duty of candour was carried out and records were in order. The service was no longer in breach of the regulation.

● The registered manager understood the duty of candour and contacted relatives when necessary.
● Information about notifiable events at the home was sent to the CQC as required, and a record of these notifications was kept on file at the home for reference.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People at the home were involved in prayer and religious aspects of the home. People had chosen Koinonia for its Christian values. Staff supported people to remain in contact with their church. The home had a good relationship with the local churches and the Christian community. A Christian children's group had visited the home to sing to people.
● People were able to leave the home to walk into town and the local shops which helped them feel connected with the community. People were also free to have visitors at any time. A relative told us, "She gets a lot of visitors and she does go out and about."

Continuous learning and improving care
● We saw the registered manager was working hard to improve the service and correct issues found at the last inspection. However, this work was still not completed and the service still required improvement in several areas, such as the respect staff showed to people and the clarity and relevance of care plans.
● DolS were applied for correctly. However, decisions and conversations with the person, relatives and professionals were not recorded. This meant it was unclear how decisions were being made.
● It was not clear for staff to see in the care plan who had a DoLS in place and why. We recommended the registered manager ensure that staff had the right information to know who was on a DoLS and why and which aspects of their life were restricted. Staff were due to receive DoLS training in July 2020.
● The registered manager sought feedback from people and relatives for ways to enhance the service they provided and to improve the home. People attended monthly residents' meetings where they could suggest changes and ideas. The residents' meetings were also where people planned the home's regular outings for the year.

Working in partnership with others
● The registered manager worked with other healthcare professionals and services to ensure people had the care they needed. The home worked in partnership with the Living Well with Dementia Team, the tissue viability nurses and the Speech and Language Therapy team.
● People were supported to arrange and attend appointments with GPs and dentists, during the inspection we spoke to a person preparing to visit the dentist and heard the registered manager remind them to clean their teeth.