

Anchor Hanover Group

# Moore Place

## Inspection report

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Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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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

Moore Place is a residential care home providing care for up to 60 people aged 65, some of whom are living with dementia. At the time of the inspection there were 50 people living at the service. The service is an adapted building that is comprised of five floors, one being dedicated to people living with dementia.

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

People told us that they were happy and felt safe living at Moore Place. We were told the home had a good standard of activities to meet people's individual needs. The home also responded extremely well to people's preferences and to deliver a high standard of person-centred care. People's preferences were followed and staff respected equality and diversity.

Staff were knowledgeable in best safeguarding practise and how to keep people safe from the risk of abuse. There was a whistle-blowing policy available for all staff.

Risks were well managed and individual needs and preferences were met. Staff were knowledgeable of people's individual needs which as a result meant people received person-centred care.

Staff received regular training in addition to their induction. And staff told us that they were supported by the management within the home. People and staff felt involved in the running of the home and there was a culture of inclusion, this was created through regular staff and resident meetings.

Staff and management worked well with health and social care professionals to ensure people accessed health professionals in a timely way.

People were supported to have 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 positive culture within the home and improvements had been made by the registered manager. Quality audits were completed to ensure a high standard of care was maintained.

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

### Rating at last inspection

The last rating for this service was Good (published 28 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 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 ●

# Moore Place

## 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

This inspection was carried out by three inspectors. Two inspectors attended the location and the third inspector completed calls to speak to relatives and members of staff.

#### Service and service type

Moore Place 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 announced two hours prior to inspectors attending. This short period of notice was a temporary measure guidance to follow in response to the early stages of the coronavirus Covid-19. This was to ensure that the home did not have any positive or suspected Covid-19 cases, and whether it was safe to complete the inspection.

#### 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 information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who lived in the home and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers, the chef and the activities co-ordinator. 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 four members of staff and five relatives on the telephone.

We reviewed a range of records. This included six 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

One additional relative was spoken with about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at Moore Place. One person said, "It's very safe here, I've never felt unsafe."
- Staff received regular training in safeguarding and showed good knowledge in identifying different types of abuse. One member of staff said, "It's not always obvious, we have to be diligent in noticing any change in behaviour that may be a sign of a safeguarding issue."
- The provider had a safeguarding policy in place and available to all staff members. The registered manager showed good knowledge in investigating any safeguarding concerns thoroughly. An example of this was seen with an ongoing safeguarding that had been raised by another professional that was being investigated at the time of the inspection.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Thorough personalised risk assessments were seen in care plans. One staff member said, "All people have individual risks, that's why it's so important for us to refer to their care plans."
- Records showed that any new risks identified were assessed and managed in a timely way. Examples of these were risk assessments for falls and malnutrition.
- Risk assessments were reviewed frequently involving the person and their relatives, if appropriate. This was to ensure that any updated guidance related to the risks were provided to staff.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There's always someone around to help me if I need it." A relative said, "I like it because all the staff seem to have the time to really care for [person], they're never rushed and are always thorough."
- Staff confirmed that this was the case. One staff member said, "It's unavoidable to have the odd really busy day, it's the nature of this job, but the team here are great and there's so many of us on at one time it's never stressful."
- People were seen to receive support as soon as they required it. On several occasions staff were seen to have 'spare time' and this was utilised to spend extra time having conversations with residents and encouraging activities.
- The registered manager followed safe recruitment processes. This included thorough reference checks, checks of gaps in employment, a face to face interview and a check with the Disclosure and Barring Service (DBS). This check showed if a potential new employee was known to the police for any criminal convictions or cautions. This ensured new members of staff were suitable and safe to work with the people living in the

home.

#### Using medicines safely

- People told us they were supported with their medicines. One person said, "They're very good at reminding me, if I didn't have them (staff) I would forget all the time." A relative said, "I used to be so worried [person] would forget their meds. Now I know that they are definitely taking the right amount every day."
- Staff were trained in medicine administration and regular competency checks were carried out to ensure they were administering them correctly.
- Medicine administration records (MAR) were kept on an online system, these detailed the prescription for the person, side effects and what time of day they needed to be administered. If an error was made this would immediately send an alert to the manager so they could then investigate.

#### Preventing and controlling infection

- People were kept safe from the risk of infection. One person said, "The cleaners are always around cleaning something. Look around, the place is spotless, they're very good." A relative said, "Whenever I go to visit [person] the home is lovely and clean. Their room is always nice and clean as well, I've never had any concerns."
- Staff were seen to wear gloves where appropriate and regularly use the hand washing facilities in between tasks. Staff also received regular refresher training in infection control. One staff member said, "Now more than ever we have to be so vigilant with making sure hand washing happens as often as possible. Not just for me and my colleagues, we try to encourage the people living here to wash their hands as frequently as possible too." Staff were seen to encourage people to wash their hands during the inspection.
- There were hand sanitisers and hand washing facilities easily accessible throughout the home. During the inspection it was noted that the home was also following ever changing government guidance in response to the Covid-19 outbreak.

#### Learning lessons when things go wrong

- The registered manager and staff responded well to safeguarding incidents and updated the local authority in response to any safeguarding concerns that were raised.
- The registered manager and staff responded well to concerns made by people and relatives. An example of this was seen through relatives confirming they were not aware of who people's key workers were. The staff and the registered manager had begun a tree décor on the walls of the communal area of the memory care floor. Each leaf had the person's name and photograph and who their key worker was to ensure people and their relatives knew the best point of contact if they had any questions.

# Is the service effective?

## Our findings

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

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

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

- Thorough assessments were completed prior to someone moving in to the home. This ensured the home could meet the needs of the person.
- These assessments helped build each person's care plan with detailed guidance for staff to follow. Regular reviews were completed to ensure people continued to receive the appropriate support.
- Staff followed national guidance to help assess a person's needs or risks. These included skin integrity charts and the malnutrition universal screening tool (MUST).

Staff support: induction, training, skills and experience

- People told us that staff were knowledgeable in their roles. One person said, "The staff are very good, well-trained and always know what they're doing. I've never had any concerns."
- The registered manager kept a training matrix that recorded each staff member's training progress. This ensured that all staff were up to date with all essential training.
- There was an induction process in place for new employees. One staff member said, "The induction was very good. I only started supporting people when I felt confident to do so." The induction process included a period of time for new staff members to "shadow" an experienced member of staff. This enabled them to learn people's individual preferences and ensure new staff members were compatible with people they were supporting.

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

- People told us they were supported to maintain a balanced diet. One person said, "The food is good here, I enjoy it, it's tasty." Another person said, "Yes, they do the best they can, it suits me."
- People's preferences with different foods were detailed in their care plan. During lunchtime observations staff showed good knowledge in these preferences, one staff member said to a person, "Oh, let me change that for you, I know you prefer the other option." The person smiled and replied, "Oh thank you for remembering."
- Where necessary people were on modified diets. All advice and guidance was clearly listed in people's care plans and staff were aware of this. One staff member said, "It's important we know who has allergies or who needs their food cut up, it's about having that knowledge and knowing if you're not sure to check the care files."
- There were hydration stations on each floor of the home. These contained various refreshments and snacks to encourage people to continue to eat and drink throughout the day and people were seen to use these frequently.

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

- People told us staff supported them and worked with other professionals outside of the home's staffing team. One person said, "Whenever I want to see a doctor the staff always arrange it straight away."
- Care files documented how people were supported to access healthcare services in a timely way. One care plan detailed a change in a person's care needs and subsequently a health professional attended the home to complete an assessment.
- People were encouraged to live healthier lives and take part in exercises. Care plans detailed physiotherapist and occupational therapist input, and there was evidence that staff were following the guidance provided by them.
- Where people were involved with social care professionals communication was documented in care plans to see that ongoing support was continued. Staff showed through daily entries and communication folders how they followed advice and supported people where necessary.

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

- People's social interaction was encouraged through the design of furnishings in the communal areas. The home had comfortable up to date furnishings and people were seen to sit in small groups and were engaged in conversations. One person said, "The layout here is perfect, it's very comfortable."
- People's rooms were individualised with their own personal belongings and each room had a memory box on the outside of people's rooms. This not only reminded people living with dementia about memories from their past, it also educated and reminded staff members about people's histories and passions.
- The home had signage so people could easily navigate their way around the building. There was a memory care floor that had a lot of interactive décor for people to engage with. The service had received an award from the provider on their work around ensuring the environment suited the needs of people with dementia.
- A 'dementia cat' had been introduced on the memory floor. This is a mechanical cat that responds to commands, it had been so popular they had sourced a second cat. During observations people were seen to engage with the cats and smile and laugh.
- All floors had either a balcony or a terrace for people to enjoy fresh air if they were unable to go out to the garden. On one of the terraces the registered manager was in the process of organising a garden area with planters for people who were keen gardeners to be involved with planting various herbs and vegetables.

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.

- All people's care plans had people's consent recorded. Where people were unable to consent full MCA assessments, best interest decisions and DoLS applications had been completed. These were also decision

specific for restrictions such as sensor mats, locked doors and supervision in public places.

- Staff were knowledgeable in asking people for their consent regularly. One staff member said, "We are here to support people to do things. I always ask for their consent before I support them in any way as I need to know that they are happy and comfortable with what I'm doing."

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they were supported by kind and caring staff. One person said, "They're so lovely and kind and thoughtful. I'm very happy here." A relative said, "The staff are lovely and they treat [person] so well. It's better than we could have imagined when [person] first moved here."
- Staff treated people with respect and were seen to respond to people in their preferred way. One staff member walked through the communal area and said to one person, "How are you today my darling?" To which the person replied, "I'm good darling." The same member of staff then went to another person and said, "Hello Mr [person's surname] how are you today?" To which the person replied, "Very well thank you." This showed good staff knowledge in the diversity of the people they were supporting.
- Kind exchanges were seen between staff and people. A staff member was approached by a person and the staff member said, "How can I help you [person]?" To which the person replied, "I'd like to put my arms around you." The staff member embraced the person and they had a hug. The person was visibly happy with this interaction and they walked off holding hands.
- Staff received regular equality and diversity training and the provider had an equality and diversity policy in place.
- There was a LGBT+ group for people from this community. Posters detailed how this group supported people, such as, "To help make Anchor a safe and welcoming environment for LGBT+ customers, to provide support and guidance to other customers and colleagues, to benchmark activities with other associations and to act as a sounding board on LGBT+ issues."

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

- People told us that staff welcomed their views and were open to suggestions. One person said, "They listen to me and respect how I want things done, which means a lot to me."
- People and their relatives, where appropriate, were involved in reviews of their care plans. All reviews detailed people's input in to any changes they wished to be put in place. Records showed that these were then implemented in a timely way.
- The registered manager and staff told us how important it was to ensure people were in control of their own care. One staff member said, "They call the shots, it's their life, they decide how they want to spend it and we are here to support them wherever we can."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. One person said, "They always respect my privacy when I am in my room." Staff were seen to knock on people's doors and wait for an answer before entering.

- People were encouraged to remain as independent as possible. Care plans detailed where people's independence could be encouraged and staff were seen to follow this guidance. One staff member was seen to encourage a person to make more choices, they were seen to ask them what activity they would like to join in with. Staff were also seen to respect people who chose not to join in with a planned activity and supported people to follow their own hobbies.
- Care plans advised staff on how to maintain people's dignity whilst supporting them. Staff were knowledgeable in ensuring people's dignity was always upheld. One staff member said, "People must be treated with dignity, I always treat them how I would treat my Mum or a very good friend."
- There was a hairdressers salon in the home which was popular with the people in the home, the registered manager told us that this was important for people to maintain their appearances. One staff member was seen to say to a person "You look beautiful today." And the person smiled and replied, "Thank you, I've been to the hairdressers."

# Is the service responsive?

## Our findings

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

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

### End of life care and support

- Careful consideration was taken on people's end of life wishes. People's care plans included personal preferences, such as what outfit they would like to be dressed in following their passing, and which staff members they would like to deliver care to them during this time. Staff who had built the strongest relationships with people facilitated these conversations, ensuring they were compassionate yet empowering for the person.
- One person said they felt, "A weight has been lifted off my shoulders" following a conversation around their end of life preferences.
- In addition to mandatory end of life care training for all staff members, two staff members had been appointed as end of life "champions". Their role as 'champion' in this area included preparing not only people but also their relatives for this stage of life. For example, the 'champions' had spent time with the palliative nurses to gain an insight in to prescribed medicines, and developed a leaflet that could be given to families to offer external support services such as local bereavement cafes..
- Consideration had been taken around the sensitivity of the subject, whilst empowering people to make choices and have their opinions acknowledged.. The 'champions' had consulted people living in the service and staff members to choose a symbol that could be placed discreetly outside someone's bedroom door if they had passed away. Together they had chosen a purple butterfly.

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

- Staff promoted 'people led' activities where staff were trained to complete various activities of people's choosing. An example was seen where the activities co-ordinator was supporting staff members to lead activities of music sessions that people had chosen for that day. People's preferences were detailed in care plans so staff were aware of what areas would encourage engagement and staff were seen to show knowledge in these preferences. One member of staff said to a person, "Do you fancy picking up that knitting today where you finished off yesterday?". Some people's care plans detailed how they enjoyed reading and other plans detailed how people enjoyed gardening. One person said, "There is plenty to do if you want to. I can pick and choose which bits I want to get involved with. Staff are very good at helping you if you want to take part in a quiz or go on a visit outside the home."
- Personal hobbies were encouraged by staff. One person had recent concerns around a change in technology relating to one of their hobbies. To eliminate the issue staff had introduced the use of an electronic tablet and sat with the person every day until they felt comfortable in following their hobbies through this new technology. The person told us, "The staff have been helpful through the change so I can keep doing what I enjoy." The staff also supported people to use electronic tablets to stay in contact with their family members through video calls.

- Other people had begun to struggle with knitting needles. Staff had introduced plastic instruments that wool could be wrapped around instead of needles. People were seen to use these instruments.
- The activities co-ordinator showed good knowledge in people's personal hobbies and confirmed they worked with people closely if they had specific hobbies and encouraged them to continue individual activities. She said, "I noticed [person] had stopped doing a lot of [activity]. I encouraged him to talk about why he wasn't doing it anymore and how we could support him to continue." Records showed he had continued his hobbies after this engagement.
- There were various external entertainers that attended the home to provide people with music and entertainment. One person said, "I like the music, it makes me happy and is my favourite."
- The local church attended the home for a weekly service. People's care plans detailed how much encouragement was required for individual people to follow their faith. One person's care plan detailed "[Person] must be made aware and reminded of all services and staff to ensure they support her to attend."
- People benefitted from visits by children from the local school. One staff member said, "You should see the way people's faces light up when they see the children. They engage so well with them and it really makes their day. There's always lots of laughter on every day here, but those days even more so."

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

- People told us they received personalised care and were completely involved in designing their care package. One person said, "I like how all of the staff really know me and what I like. It's important, and it makes me happy when they show an interest in my life and involve me in choices." Another person said, "They [staff] know everything about me, my likes, dislikes. It really makes them feel like friends, actually they are my friends."
- People told us that they were in control of their care. One person said, "The staff only help me in areas I choose. I make my decisions about my care and they [staff] completely respect that."
- People's care plans were person-centred and detailed people's individual preferences and care needs for all staff to understand people's needs well.
- Throughout observations people were seen to be chatting to carers in friendly exchanges. Staff knew people well and used this knowledge to have meaningful conversations with people. If staff appeared to have no immediate tasks they would join groups of people in communal areas and strike up conversations and people responded well to this with smiles and laughter.
- The home had five Dementia Friends Champions, they raised awareness of challenges faced by people living with dementia.

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 were aware of all of people's personal communication needs. These were detailed in care plans and staff were seen to follow advice.
- A person who lived in the home whose first language was not English was supported well. There were signs around the communal area in their first language specifically for them to be able to understand. This meant the person was included in all updates and notices and could easily navigate the layout of the home.
- The home was set up for people who benefitted from using brail. The bedrooms had individual brail designs on the doorframe for a person to understand which room theirs is.
- The registered manager was passionate about ensuring all of the people living in the home were comfortable to communicate in their own way. Key messages, changes, notices and policies were available

in large font. We were also told that staff would go through these documents, discussing them with people if this would benefit them to understand everything.

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

- People and their relatives were confident to raise complaints and concerns to staff. One relative said, "If I ever have a problem, I know the staff will sort it straight away."
- Records and comments from people showed that improvements had been made in response to people raising concerns. An example of this was people and relatives had raised concerns in relation to people not going out frequently. A bus had been provided from another home to provide two trips a week available for people to attend local garden centres and national heritage sites.
- The home had, "You said/we did" boards. This gave people the opportunity to see what action management and staff had taken in response to concerns that had been raised.

# Is the service well-led?

## Our findings

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

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

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

- People told us that the home was well managed. One person said, "It's got a lot better since [registered manager] has started. He's great. He sets a great example for the rest of the staff."
- Staff told us they felt the registered manager created an open culture. One staff member said, "He [registered manager] creates a good atmosphere to work in. It's positive and enjoyable to come to work."
- People told us how they felt included in the running of the home. One person said, "[Registered manager] includes us, and that's really important." Every person that was spoken with was very positive about the registered manager and staff, all people mentioned them by first name.
- A suggestion box had been introduced to support people to put forward ideas on how to improve the service. Monthly management meetings were held to discuss the ideas and implement them wherever possible, such as arranging a birds of prey show for residents.

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

- Staff were clear about their roles and responsibilities. One staff member said, "Everyone here [staff team] knows what has to be done. We all help each other to complete tasks and support each other when needed."
- People and relatives told us that the home had improved since the registered manager had started in the role. One relative said, "Management seems to have settled now since the most recent manager started and he seems to be making lots of improvements."
- The registered manager was new to the role since the last inspection. He had previously worked at the home in a different capacity so had good knowledge of the policies. The registered manager was also aware of their responsibility relating to quality assurance audits that were completed regularly. These audits identified any issues within the home and ensured they were resolved in a timely way. Audits included regular checks of call bells, care plans, medicines, infection control and health and safety. There were then further clinical risk monthly meetings that addressed areas of concerns such as nutrition, diabetic support, tissues viability, falls and infections.
- The registered manager worked in an open, transparent way with people, relatives and other professionals if something went wrong. Notifications had been received by CQC and the local authority of any significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to be involved with the running in the home. This was seen through resident meeting minutes. Examples of positive changes had been made to menu choices and décor in the home in response to people's comments.
- Relatives were also asked for feedback. This also showed analysis of relative's comments and changes made to the home in response to these. An example of this was improvements had been made to activities within the home.
- Regular staff meetings were held where staff could voice opinions, concerns or ideas where changes to the home could be made. One staff member said, "Staff meetings are good, we always feel listened to and then we all can access the minutes afterwards to see what is being done about our suggestions."
- Staff were asked to complete feedback questionnaires. The most recent questionnaire showed staff felt there was a consistent high level of communication from the registered manager, and that their opinions were valued.
- The home worked closely with the Dementia Action Alliance (DAA) to ensure they were up to date with all new guidance and advice on supporting people living with dementia.
- Records showed the home worked well with other health and social care professionals to ensure people received the best level of care through partnership working.

Continuous learning and improving care

- The registered manager had a positive view of continuous learning. He said, "I have a goal to make this home the best it can possibly be. I want this home to be outstanding. I want this home to be a hub for not only the people but their relatives as well, and to be able to support relatives as well."
- The registered manager completed regular action plans called "time to take action sheets". These detailed changes that could be made to improve the home and how to implement this. An example was seen where an opportunity had been identified to encourage and champion creativity and innovation from the staffing teams.