Mr & Mrs M J Oaten

Hatt House

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

Hatt House is a residential care home in Torquay providing care and accommodation to a maximum of 24 people. People living at the home were older people, the majority living with dementia or mental health needs.

People's experience of using the service

People using the service benefitted from kind, caring staff. People and their relatives told us they were treated with kindness, compassion and respect.

People were placed at the heart of the service and involved in decisions as far as possible. People, their relatives and staff, told us they were listened to and care was individualised.

People's care was provided safely. The staff team were consistent, staff knew people well and staff supported people to move safely around the service. People's risks were known and managed well, promoting independence as far as possible. People were protected from discrimination because staff knew how to safeguard people.

People lived in a service which had a positive culture and was led by a dedicated manager. Hatt House had good relationships with local healthcare professionals and the mental health team supporting people's care.

Rating at last inspection:
At the last inspection the service was rated as Good. (The last report was published 20 October 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Hatt House

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 adult care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Service and service type:

Hatt House 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 care home accommodates up to 24 people in one adapted building.

The service has a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

The inspection took place on 23 March and 1 April 2019.

What we did:

Prior to the inspection we reviewed information we held about the service such as provider notifications. A notification is information about important events such as incidents, which the provider is required by law

to send us. We reviewed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we met everyone currently living at the service, we also:

Reviewed 3 people's care records
Reviewed records of accidents and incidents.
Discussed the complaints process and reviewed complaints from the last twelve months.
Reviewed audits and quality assurance data
Observed people's care and staff interaction with people in the communal areas

We spoke with the registered provider and registered manager, with 6 staff and seventeen residents. We also met and spoke with 5 relatives.

Following the inspection, we received feedback forms from nine families and six staff.

We also contacted 6 professionals and received feedback from 1.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had completed training in protecting people from harassment, discrimination and harm. Family members said they left the home knowing that their loved one was safe and cared for. A relative told us, "I have no worries about [person's name] living at Hatt House."
● Team meetings, handovers, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss safeguarding processes.
● Staff supported people to make informed choices in their personal lives where possible. People and their families, where appropriate, were involved in discussions about the use of safety devices.
● People we met in the communal areas of Hatt House were comfortable approaching and talking with staff.

Assessing risk, safety monitoring and management

•When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible. For example, people at risk of skin damage were known and, if required, provided with special mattresses and cushions to alleviate pressure.
•Where people were at risk of falls, staff liaised with professionals to minimise risk and considered equipment such as sensor mats which alerted staff people were moving. This meant staff could support people safely.
•Professionals shared, "The home manages some complex cases and is a valuable resource within Torbay, the Care Home team (of which I am the manager) are very willing to be engaged and support positive risk taking to help enhance the homes existing processes."
•People had safety devices so they could call for help in an emergency, for example there were call bells in bedrooms.
•The front door was locked at Hatt House for people's safety. Staff checked people's identity when they arrived. Other areas of the home which may present risk had key pads so people could not access the kitchen and laundry areas.
•Staff were always on hand in the communal areas monitoring people's safety, mobility and interactions with each other.
•People's bedrooms had locks which prevented other people entering them when they were disorientated.
•Risk assessments relating to the environment were in place and precautions taken to minimise the risk of falls on the staircase.
•Other potential risks had been considered, for example window restrictors and window bars were in place

to support people's safety. Radiators were covered to protect people from harm and water temperatures were checked before people bathed to reduce the likelihood of scalds. Equipment such as hoists, lifts and fire hydrants were regularly serviced.
•Evacuation plans were in place in the event of a fire.
•Areas of the home, for example the lounge, were monitored by CCTV to ensure people's safety.
•Relatives confirmed they felt their loved ones were safe living at the service, one said, "Staff keep a watchful eye and intervene to control inappropriate behavioural in a relaxed way."

Staffing and recruitment

•There were enough staff available to support people according to their changing needs and individual preferences. Some people had complex needs and they were supported by staff who knew them well. A relative told us, "Carers are on hand to take residents to the toilet and support with meals" and another, "We make impromptu visits and have always found staff in ready attendance."
•The staff team was stable. Some staff had worked at the service for many years.
•Recruitment was values and skills based.
•Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.

Using medicines safely

•Medicines continued to be stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
•Regular audits of medicines were undertaken.
•Staff could describe the action they would take if they identified a medicines error.
•Staff were trained in medicine management and their competency checked.
•There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
•Staff worked closely with people's doctors and held regular medicine reviews when required. Regular discussions were also held to consider how best to support people who did not always understand why they needed their medicine.
•Some people received their medicine covertly, we found safe processes had been followed and people's doctors and the pharmacist were involved in these decisions.

Preventing and controlling infection

•Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
•People continued to live in a clean home. Comments we received included, "The home is clean and tidy and we have never witnessed any of the staff not wearing suitable protection."

Learning lessons when things go wrong

•Any accidents and incidents were recorded and highlighted to the registered manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.

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

Good: People's outcomes were consistently good, and people, relative and professional feedback confirmed this.

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

•Bright colours on bathroom and toilet doors and good signage was in place at the service to support people's orientation.
•The service had invested in the environment following research undertaken on environments which supported people living with dementia. The service had worked hard to bring the outside environment into the home for people who were unable to go out of their own accord. Corridors had street names, wallpapers had created the feeling of shops, artificial flowers were placed around the service to make areas feel like the outdoors. Consideration had been given to the lighting and colours of the paint to enhance people's mood and support people living with dementia identify different rooms and spaces.
•The dining area was bright, spacious and had been decorated in a beach theme with an area called, "The Cabin" which served drinks.
•The environment was spacious which supported people to move around easily. There were resting areas where people could take a seat and relax, for example in the corridors and another resting area which was like a library.
•The provider had plans to make people's bedroom doors like a front door with a knocker and letter box. We saw one bedroom that had been made to look like a telephone box at their request. This, the provider believed, would support people to know this was their home.
•Ongoing maintenance occurred, for example with bedroom refurbishment.
•The second lounge area was being developed with a 1960's theme. This area was going to be used for people and their families to be able to meet privately. People living at the service would also be able to use it to watch sport, listen to music and read the newspaper quietly.
•A new stair lift was due to be fitted. Consideration was being given to how this would be managed with the least disruption to people.
•Electrical work was also due to be undertaken to update the house in line with recent guidance.
•The provider told us they had plans for the garden. These included a sensory garden and vegetable patch. The type of sensory plants and grasses, lighting and colours of the garden were all being considered.

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

•People's needs were holistically assessed before they started using the service to help ensure their expectations and needs could be met.
•Evidence based guidance was followed, for example research from Sterling University regarding the environment.

•Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
•A relative shared with us, "He is happy, seems to be well looked after. He likes [the] girls – gets a welcome from the girls. When a resident gets agitated they are good at handling them" and another told us, "[person's name] is sometimes delusional and extremely difficult to reason with. The staff are respectful and gently persuade a solution to their needs in a calm manner."
•Equipment available for use at Hatt House supported people's health needs to be met, for example access to an assisted bath with a chair hoist. Other equipment such as sensor mats and lifting equipment was available to support people's needs as required.

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

•The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged as required.
• The registered manager told us their "Champion roles" staff held supported excellent care, "There are champions within the service who actively support staff to make sure people experience good healthcare outcomes. Our Champions consist of 'Falls Champion', 'Pressure Area Care Champion', 'Dementia Care Champion', 'Infection Control Champion' and 'End of Life Care Champions'. This has been a consistent area within the service for the past few years. Where people have complex needs staff always seek to improve their care and treatment by identifying and implementing best practice. We really feel that our links with Health and Social Care Services are excellent and working in partnership with them enables us to continue to implement best practice for those with complex needs."
•People had routine health checks and were supported to attend hospital appointments if required.
•Some people's dementia caused distressed behaviours. Staff referred appropriately to the local mental health team when required to support and review people's care.

Staff support: induction, training, skills and experience

•Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate during their induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
•All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the registered manager to assure high standards were maintained.
•The registered manager held coaching sessions with staff to support their development, for example on continence care, mobility and nutrition.
•Staff training covered those areas identified as necessary for the service and included moving and handling, safeguarding and dementia care. The training was updated as required and staff told us they could request extra training if necessary.
•Staff attended also external training to support their development, for example through the local hospice. An information was available for staff to update their knowledge on care areas such as diabetes or catheter care. We also saw the service subscribed to many care home magazines to support staff to stay up to date.
•The registered manager was undertaking an additional training course to enable them to be able to formally deliver in-house training. They told us, "Staff training is developed and delivered around people's individual needs. Our Cooks along with our Senior staff have all received SALT Training and some have received Swallowing difficulties at End of Life. Nutritional Needs and Mental Health Awareness Training are also other areas that the staff have received training for."
•Regular supervision (one to one) sessions allowed staff to discuss any training needs, as well as raising

issues around working practices. Staff told us they were well supported and received annual appraisals of their performance.

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

•People were encouraged to eat a varied and healthy, home cooked diet. People commented, "Food's good, if they bring you anything you don't like they will change it for you, and remember next time that you didn't like the food" and, "Food's good, always two choices. A member of staff comes around in the morning and asks what you would like for dinner." Relatives told us if a person was "off" their food, staff would support people on a one to one basis to ensure good nutrition.
•Fresh food was sourced from local businesses including the greengrocer, butcher and fishmonger.
•Cooks were employed, and food was freshly cooked. People were given a choice of foods and alternatives were available if they did not like the main meal. People's likes, and dislikes were known.
•Food moulds reflecting vegetables or meat were used to make meal presentation more appealing where food needed to be pureed.
•The service had undertaken research into older people's nutrition and had found five smaller meals worked best for people. Some people found it difficult to sit for their meal, staff knew these people well and ensured regular snacks and finger foods were available for them.
•Creative ideas to encourage good nutrition were in place. For example, "Fruity Friday" and, "Try it Tuesday". These were days when people could sample foods they might not normally try, such as strawberries with balsamic vinegar and hummus.
•People's nutritional risk was regularly assessed. Referrals to professionals were made promptly when people's needs changed, for example if they had lost weight, their health declined, or they were at risk of choking. Staff monitored people's dietary intake and checked people's weight regularly where indicated.
•We observed people being supported to eat by staff in an unhurried, patient way.
•Some people like to eat only sweet foods. Where this was affecting their health, best interest discussions were held to consider people's diet.
•A new area of the dining room was being developed called, "The Cabin". This was like a café area where people had access to snacks and drinks throughout the day.
• The registered manager told us, "I feel that people are fully involved and help to plan their meals, taking nutritional advice into account as well as any specific dietary requirements e.g Diabetics, and specific preferences. This is evidenced in the persons food/fluid assessment. Staff are very aware of people's individual patterns of eating and drinking and there is plenty of flexibility when needed."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

•Most people had restrictions in place to keep them safe, for example bed rails and sensor mats. These were

identified in people's care plans and there was evidence to show how decisions to impose restrictions had been made in people's best interests and in line with the legislation.
•Any restrictions were regularly reviewed and removed when it was considered safe to do so.
•Despite many people having restrictions in place for their safety, staff always asked people for their consent and explained care procedures to them.
• The registered manager told us, "I feel the service has a very flexible approach to any restrictions it imposes on people. We keep this under continuous review which is evidenced in our plans of care for people, making them in a time limited way, and only when absolutely necessary. Capacity assessments are carried out for each and every decision needing to be made and we work very closely with the DOLS Team to ensure that all conditions made are adhered to accurately. This is also kept under continuous review."

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•Everyone we spoke with confirmed they were well treated and cared for. Comments included, "Very good life here; it's my home. When I am asked where I live I say the name of the home – Hatt House" and, "I think it's fantastic, really caring"; "Staff very good, talk to you .. make time to talk to you" and, "I think it's fantastic, really caring" and, "Staff are nice, especially "X" (person's name) she always takes me out for a smoke."
•Relatives shared, "I can't imagine anywhere better" and, "We feel Hatt House has provided a wonderful environment for [person's name], whose difficult mental condition requires 24-hour care and we feel that her needs are considerately met and delivered" and, "[person's name] can be extremely challenging at times but the staff are always gentle and respectful. I struggled with the thought of putting Dad in a home, but the staff have all really helped me. I'm so glad I found Hatt House." Professionals also commented on how caring the service was,
•Staff were positive and affirming when they spoke to us about individuals who used the service. They recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
•We observed the staff approach was gentle and patient, for example when encouraging people to eat or engage in social interaction.
•People looked comfortable, warm and cared for in the lounge and those who were cared for in bed.
•People benefited from the care and attention of staff. We observed staff discreetly supporting people in the main lounge.
•Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes, for example one person liked puddings and sweet foods and enjoyed a bet on the horses.
•People's birthdays were known and celebrated with a cake and party if they wished. A birthday board held this important information. Relatives told us their loved ones were made to feel special. Gifts were chosen for people depending on their life history and hobbies, for example football scarfs for the team they supported.
•Staff had undertaken training on equality and diversity and the provider told us everyone was welcomed and respected at Hatt House.
•People's religious needs were met. For example, one person had spent their life in the Church and had worked as a missionary. Every Sunday staff supported the person to attend Church. Members of the church also visited so they could have Communion. Staff would make sure they had their bible close by and read this to them when they wished.
•Staff invested time in people. For example, one person had struggled to adjust to living at the service and not being able to return home. The service worked closely with the professionals involved, supporting the person to develop a care plan and life they would be happy with. Additional funding was sought so the

person could engage in some of their favourite hobbies. As a result, they were more content and staff had seen positive changes in their well-being. We observed the person was happy at Hatt House and engaged with staff now.
•Staff supported another younger person to make her living area special and feel like their home. They were given a larger room with courtyard access so they could come and go of their own accord. Staff supported the person to have house hold jobs which has helped their sense of value and belonging and they feel like they are coming to work. These interventions meant medication that had been prescribed for agitation were not required.

Respecting and promoting people's privacy, dignity and independence

•People were supported to maintain their independence, for example washing the areas they could reach, eating as independently as possible and mobility was encouraged where safe to do so.
•Staff were mindful of people's privacy and dignity. Staff supported people if required to make sure they were dressed appropriately for the weather if they were going out. Staff confirmed they knocked on people's door before entering their room. Staff knew to close curtains and to cover people up to maintain their dignity when providing personal care. A relative told us, "They take people to a private place when required."
•The lounge wall had a large, painted dignity tree where staff had written words on what this meant at Hatt House. For example, "Respect, Choice, Politeness."
•People's bedroom doors were locked but if they could have their key this was given to them, otherwise staff held people's bedroom keys if they wanted to return to their room.
•Care was delivered in line with people's religious needs and staff respected people's beliefs.
•People confirmed they were addressed in the way they wished.

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

•People, where possible, were encouraged to make decisions about their day to day care and routines. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately.
•Questionnaires, informal discussions, seasonal newsletters and individual meetings with people, families, staff and the registered manager were used to gather people's views.

Good

Is the service responsive?

Our findings

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

Good: 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

•People were assessed prior to their move to Hatt House. The assessment checked people's needs could be met by the service, their preferences for care were known and they would fit in with the current people living at the service.
•Care plans were detailed and contained information which was specific to people's individual needs and the routines they liked. The registered manager told us they felt their strength lay in the robust care planning process and getting to know people well.
•There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
•People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff knew people well and adapted their communication style accordingly. For example, if people were living with dementia staff knew to keep information and choices simple to support their understanding.
•The service provided an individualised service, able to be flexible as people's needs changed. For example, as people's health deteriorated the service worked closely with people's district nurses, doctors and mental health professionals so they could continue to live at Hatt House.
•Staff noted people's needs and arranged reviews when required. For example, where people's mental health deteriorated prompt advice was sought. Relatives felt involved and kept informed.
•People took part in the local community and used nearby facilities if they wished. For example, one person enjoyed going to place a bet on the horses and going to the pub for a pint.
•Most people enjoyed activities within the service. Staff spent time talking with people, played games and watched films. The town was nearby and when the weather permitted people enjoyed an outing there and a walk around the gardens.
•Special days were celebrated, for example the royal weddings, Halloween parties, Burns night and Christmas. December was a busy month at Hatt House with choir singers, Christmas Jumper Day and parties with traditional foods.
•We saw the lounge had dolls. Some people living with dementia enjoyed holding these and found comfort from this activity.
•Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.

Improving care quality in response to complaints or concerns

•There was a complaints policy and process. This was visible to people who used the service. We reviewed one complaint and found the registered manager had thoroughly investigated the concerns and provided details feedback of the investigation and action taken to the complainant. This was resolved to their satisfaction.
•We asked people and relatives what they would do if they were worried or unhappy and they told us they would speak with staff. Some people could name members of staff they would be comfortable talking to. Relatives confirmed the registered manager was responsive to concerns and approachable, "I would feel able to voice anything."

End of life care and support

•People had discussed and planned their end of life wishes with staff and their doctors.
•Staff had undertaken training in end of life care and there was an end of life champion at the service.
•People's end of life wishes were recorded in their care plans and staff worked closely with people's healthcare professionals and the local hospice to make sure people last days were dignified and pain free.

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.

Good: 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; and how the provider understands and acts on duty of candour responsibility

•People told us, "[the registered manager] is very good, brilliant ... gets involved in everything." Relatives shared they felt the quality of care was high, "Staff are very caring and willing to deal with anything that needs attention"; "Excellent service" and, "My mother has the best possible care. I cannot ask for anything else." Feedback across all aspects of the service was excellent.
•Staff were positive and confident about the management of the service. They told us the registered manager was honest, approachable and always available for advice, "[the registered manager] is absolutely the best!" We found the registered manager was knowledgeable about all the people they supported.
•The culture and atmosphere at the service was warm, welcoming, friendly and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions.
•All staff were positive and told us they worked as a team to meet people's needs. This was evident throughout the inspection. Although the provider did not have a formal set of values, it was clear individualised care, integrity, quality, reliability and commitment were present at Hatt House.
•The provider and registered manager were visible and known to people, professionals and staff at the service. Relatives confirmed the management team were approachable and available at all times.
•Staff were cared for, for example, a special retirement party had been held when the handyman retired earlier in the year.

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

•Roles and responsibilities were clearly defined and understood. The registered manager was supported by a Head of Care and the provider. The Head of Care had set responsibilities with oversight from the registered manager.
•The provider was well known and often at the service talking to people, family and staff in addition to supporting improvements at the service, for example the environmental changes and maintenance improvements.
•The registered manager told us the positive culture we observed was maintained by being, "open, innovative and getting to know people." They lead by example, role modelling good care and they were readily available to people and staff. They told us, "Staff know they can call on us at any time of day, we are always around." There were clear expectations of staff performance, practice and behaviour.

•Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines and infection control. Training and supervision of staff were monitored. Research and best practice ideas continued to improve the service for example the work undertaken on the environment and nutrition.
•The registered manager was aware of their regulatory responsibilities. For example, notifications were made appropriately and the Provider Information Return had been submitted on time.

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

•People's, relatives and staff views were sought. This ensured on-going improvement of the service.
•Seasonal newsletters helped to keep people and their families updated on service developments.

Continuous learning and improving care

•Links with the local community were continuing to be built to continue to provide the range of new and on-going opportunities. Future links included engagement with the local college and talks on dementia care.
•The provider and registered manager attended local conferences when possible to stay abreast of changes. Care magazines and the Commission's website supported the provider and registered manager to stay up to date.
•The registered manager attended the local authority forums when possible.
•Plans were in place for on-going environmental improvements reflecting dementia research, for example finishing the café, replacing the flooring, the new stairlift and the development of the sensory garden. The provider was keen to utilise the skills of the registered manager and encouraging them to support the education of college students regarding dementia care.

Working in partnership with others

•The service had close working relationships with the local primary care service, mental health service and safeguarding teams. Feedback from these services was positive.
•Positive relationships had been built with commissioning teams. This supported people to have additional staffing for their safety when required.