

Carrington House Ltd

# Carrington House Limited

## Inspection report

Carrington House  
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Bedfordshire  
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Tel: 01525853211

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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

Carrington House is a residential care home providing personal care to 52 people at the time of the inspection. The service can support up to 60 people. The home is split across three floors with shared bathrooms. Each bedroom has its own ensuite toilet and washing room. The home has a number of lounges and dining areas, a garden and conservatory areas for people to meet up and socialise.

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

People said they felt safe because the home was secure and there was enough staff to support them with what they needed. Staff ensured people were safe as they completed detailed risk assessments and care plans and had training for their role. Staff had a good understanding of safeguarding and were confident about reporting any concerns. People received their medicines correctly and on time and in line with their preferred methods of taking them.

People and relatives told us staff were caring and polite and treated them well and with respect. People were pleased with the improvements over the last year and the changes in the staff team. One relative told us, "This is a vibrant care home. There is a good energy around with new young team. They work well together as a team and put residents and their needs first. I would gladly recommend it." People and their relatives felt involved in decision making and in control of their 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. People were encouraged to choose the décor and get involved in making changes to the environment. People told us they enjoyed the food and had plenty of choice. People were confident the staff knew what they were doing and were well trained. People had support to access a variety of healthcare professionals both in the home and in the community.

People received personalised care and felt treated as individuals. People were encouraged to maintain and develop social links, hobbies and interests and were pleased about how the activities had improved over the last year. People had a choice of activities and when and to what degree they got involved. People made suggestions for changes and new activities, as well as complaints which were listened to and agreed actions implemented. People and relatives experienced sensitive and responsive care at the end of their life.

People and relatives and visitors agreed the home was well managed and felt involved in how the home was managed. People knew who the registered manager was and were happy to approach them and they thought communication was good.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 23

November 2018) 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 enough improvement had been made and the provider was no longer in breach of regulations.

#### 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?

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.

# Carrington House Limited

## 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

One inspector, one assistant inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Carrington House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and ten relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy managers, senior care workers, care workers and activity co-ordinator. We also spoke with two volunteers and two health and social care professionals.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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. We looked at training data and quality assurance records.

# 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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not always provide care safely. Some people suffered harm because enough action had not been taken to mitigate risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were safe because the provider had detailed policies and procedures which staff were following. The registered manager ensured suitable risk assessments had taken place which considered people's preferences and where needed, equipment or more staff training was put into place. Incidents and accidents were monitored monthly for trends and patterns, and action plans were implemented where required. Staff knew how to keep people safe and had a very good knowledge about how to identify risks and report concerns and incidents.
- Care plans contained enough explanations of the control measures for staff to follow to keep people safe. Approaches to care had been implemented that reduced people's anxiety such as one to one support to enable one person to walk as much as they wanted, and this removed restrictions that were required to keep the person safe. Another way was supporting people with pocket sized information cards to help them understand situations. These changes had led to a reduction in incidents of aggressive behaviours.
- People and their relatives also felt confident to report concerns about safety and people told us they felt safe. One person said, "I feel very safe, nobody can come in who is not on the list. I can sleep in peace." Another person told us, "What makes me feel safe is that I don't mind forgetting things. There are staff who can remind me about important things. I stopped feeling embarrassed. I was worried before, making choices was hard, managing shopping was hard, sometimes impossible ...I don't regret coming here at all."

Preventing and controlling infection

- Staff protected people from the risk of infection by following guidance and good practice. Staff had a good knowledge of this and told us they had access to enough cleaning materials, and disposable gloves and aprons to prevent cross contamination and spreading infection.
- The environment looked and smelt clean and fresh in most areas and staff supported people to keep the home tidy. However, the ground floor had a slight malodour. We discussed this with the registered manager who agreed to investigate the source of the smell and take action to resolve it.

### Staffing and recruitment

- People, relatives and staff all told us there were enough staff on duty to meet their needs. We saw staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met. The registered manager had ensured all staff received criminal record and other recruitment checks prior to starting work.
- The registered manager ensured all staff received the same training so that staff in different roles could safely support and chat to people. This created a calm, relaxed and welcoming atmosphere, increased staff knowledge of people's conditions and led to a more person centred and team approach to care.

### Using medicines safely

- Staff administered and managed medicines safely. They used a very clear system where each person's medicine was in a blister pack. Each 'pot' in the blister pack was labelled by the pharmacist with the person's name, and the details of the medicine including time and dose. The blister 'pots' were also colour coded for times the medicines should be given and could be detached to be used as one-off disposable pot to avoid anyone touching the medicine.
- Staff explained to each person what their medicine was and what it was prescribed for and sought consent to administer this. They gave people the opportunity to choose if they felt the need for medicines that were used as and when required, such as pain relief. Staff showed a lot patience in this process.

### Learning lessons when things go wrong

- The registered manager shared learning outcomes from any incidents or accidents with staff and relevant others to reduce risks of reoccurrence. Staff told us they also shared information about incidents at team meetings and had regular conversations about how they can improve.
- One example of learning was that since the last inspection, there had been an implementation of a booklet giving information about safeguarding, abuse awareness and consent. This could be folded up into a keyring given to each staff member. This helped staff refresh on signs and symptoms of abuse and how to ensure consent and choice, as well as how to report and record any concerns.



# 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. At this inspection this key question 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

- Staff assessed people's needs and preferences with the person, their relative and various professionals prior to them moving into the service. All aspects of physical, mental and social needs were assessed and regularly reviewed and updated.
- Staff used this information to create person centred care plans as well as individual 'all about me' folders. These folders were in each person's bedroom and contained detailed information about their life history, family, interests, likes and dislikes and were colour coded for emergency evacuation planning.
- The folders also gave people information about the main policies of the service, forms of abuse to improve awareness, rights and responsibilities, how to report concerns and complaints and how to access other services such as advocacy and social workers.

Staff support: induction, training, skills and experience

- Staff told us they received a detailed induction including the opportunity to shadow more experienced staff and be observed themselves to check their competency. The registered manager and senior staff members conducted competency assessments on staff members throughout the year. This promoted the use of 'on the job coaching' to help improve care practices and supported staff to develop their skills.
- Staff said they received all training they required for their roles, as well as regular supervisions and annual appraisals with the senior team. This gave staff members the opportunity to reflect on their practice and receive support and professional development.

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

- People told us the food was "very nice" and they always had plenty of choice. People said they could have whatever they wanted at any time of day or night and staff would support them. One person told us, "I have my own choices for food. Today for breakfast I really didn't fancy what it was, so I asked for eggs and that was lovely. I might have that again tomorrow."
- Meals were unrushed, the atmosphere calm and the environment welcoming, people were smiling, chatting and laughing. Staff placed table cloths, flowers, a choice of drinks on the tables. Condiments were on the tables and people were offered choices throughout, including food choices not on the menu if they changed their mind on what they wanted.
- Staff clearly knew people and their preferences well and understood the risks and needs of people who required specialist diets. People were offered appropriate levels of support including being offered aprons for those who wanted them.

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

- People were supported to access all health and social care professionals including GPs, chiropodists, dentists, opticians and specialist doctors. One person was meeting with their social worker on the day of the inspection. The service also encouraged volunteers and worked with everyone to accommodate these meetings at times that suited individual people.
- One social professional told us, "I just would like to say that my client is very happy here and has settled well. Staff are managing their needs well and I am updated regularly about everything. We have no issues with this home, it's a good home and we happily are making referrals. As a professional I would consider making a recommendation even for a family member, very safe and high care level."
- The registered manager explained how they also worked with the district nurses, tissue viability nurses and the falls team to analyse infections and the relationship to falls and other illnesses. This collaborative way of working had resulted in a decrease in both infections and falls which continued to be monitored monthly. Once the training planned for later this month has been completed, staff will become puffin champions which will allow staff to work further on eliminating avoidable malnutrition and pressure ulcers.

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

- The registered manager had made a lot of improvements since the last inspection. There was new décor that had been chosen by people. People had been involved in painting the garden fence and one person had been supported to turn one part of the garden into a pleasant sitting area with fresh plants.
- The registered manager had promoted colours and signage for communal areas that supported the needs of people living dementia including traditional looking front doors with letter boxes and knockers on each bedroom door.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives confirmed they were involved with decisions about their care and staff always asked for consent. Staff had a good understanding of the MCA and DoLS and how to support people to have as much control as possible in decision making. Staff understood that people could have mental capacity to make some decisions, even if they were unable to make others.
- For some people who did not have capacity their relatives were appointed Power of Attorney or Lasting Power of Attorney and copies of these documents were on their care records. For other people, the registered manager had ensured MCA process was followed so that decisions were agreed in the person's best interest. One person told us, "I have new guardians and I can talk to them if I need help with important decisions."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they thought the staff were, "Very caring" and "Work hard but with a smile." Relatives told us how they thought the care and the management had really improved over the last year and, "Was like a different home." One relative said, "I would describe staff here as cheery. They certainly are competent and confident and that make us feel our family members are in good hands. It's reassuring. They do this job professionally but with a caring nature, having people in their heart. They are so keen to honour their choices."
- The registered manager had developed a person-centred ethos within the service. Staff in all roles had a good knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring. Staff used gentle touch and good eye contact when interacting with people.
- One person told us, "What I think is that staff are nice people. They do not treat us as children, although some people need help, they treat them nicely and kindly." Another person said, "I am happy with my keyworker here. They understand me and they have pulled me back from my dark time more than once, I am every bit grateful."

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

- Staff supported people to make decisions about their care and these were recorded in their care plans. Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People told us were supported to make choices about their care through daily discussion and formal reviews. People invited their relatives and social and health care professionals to their reviews, and the reviews and outcomes were documented on their file.
- Two people write their own care plans with the support of staff. This clearly shows their views and preferences and how they are encouraged to be in control of decisions about their care. This included comments such as, 'My mobility is alright but I do not want to go running'. And, 'I like to go into town every day. [Staff member] comes with me, mostly to the bank and to buy a newspaper'.
- The registered manager said that no-one who received care was using an advocate, but there was a local advocacy service if people needed this. Advocacy information was also available in the main foyer and in people's 'all about me' folders.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they treated people the same way they would treat their own family members and felt

this helped to create a homely environment and a calm atmosphere.

- One relative told us about how they promoted their family member to maintain family relationships and access events independently. They told us, "Whenever we come we are happy with what we see; my family member is dressed in their favourite clothes and has one to one support. Staff took them for a family wedding. It was wonderful to see them dancing and singing the whole day. It was a very special day for the whole family."
- The registered manager spoke about how they encouraged people to become more mobile to increase their independence as well as enabling people to access local community facilities for themselves. This had resulted in a few people becoming more independent around the home and doing more for themselves and having 'jobs' such as gardening and cleaning up.
- People told us that staff were very nice and polite and respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering.
- People's confidentiality was maintained; records were kept securely and staff understood how to respect people's privacy.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to deliver care that was planned and delivered in a person-centred way to meet people's individual care needs. People were not always supported to pursue their hobbies and interests. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff knew people's likes, dislikes and preferences. There was also clear information about people's long-term health conditions to guide staff. Staff understood how to provide person-centred care. Staff delivered flexible care and used creative approaches to support individual needs.
- One relative told us, "Our family member is very active and walks for a whole day without sitting. Staff walk with them all the time. Staff have got a football buddy for my family member and they go out and kick a ball in the garden. Staff are currently assessing my family member to enable them to go to a local club game."
- Staff told us how they supported one person who likes to ensure they always wear lipstick to do so as it helps boost their self-esteem. Another person who liked to have their nails painted a particular way was supported to go into town to the local nail bar.
- One person told us, "What I like here is that I have freedom to do what I have done at home since retiring." Another person said, "Staff help with my memory, taking me outside for a short walk and encouraging me to learn where to go. It's a good activity and it's helping because my goal is to go by myself to the town or shop."

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.

- Information was available in different formats, such as large print, braille and picture formats or other languages. This helped people to communicate and understand information clearly. The service was in the

process of acquiring an advocate who spoke a specific language, to support one person whose first language was not English.

- The registered manager provided a range of pictorial communication models in each lounge, these included communication in relation to food, activities, emotions and pain. The registered manager told us how these had been used to support one person to communicate after a fall. The person was able to point to 'yes, I am in pain' and was able to point at the body part they were experiencing the pain in. This supported staff in organising the appropriate medical treatment.

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 told us how they provided monthly trips to the cinema that supported people living with dementia where they can get together with other people to watch a film and enjoy a coffee and a cake. Staff have found this a good talking point for some people who said they looked forward to going. Staff also provided a massage therapist who visits monthly, offering hand and foot massages for people.
- One person told us, "We have a small group of people who can walk and we go together to the pub for a drink. We come back any time we want. We also go for meals out, it's really lovely that I can get that support and still feel free." Another person said, "I would like to stay here. I have this lady next to me, we are like friends in school, we sit together. I feel very nice here."
- The registered manager encouraged various community groups to come to the service and make friends with people who wanted the company to try and avoid loneliness and social isolation and maintain links with the community. For example, they had regular volunteers from the local church who would spend time talking with people a few days each week and where required act as an informal advocate to support people to speak up.
- Another scheme the registered manager organised that was working really well was the 'Young People of the Year (YOPEY) befriender scheme'. This involved a young person volunteering to visit people in care homes near their school to help ease loneliness while learning life lessons from people. The registered manager included a pen pal system for those who wanted to keep in touch with the children from the school outside of visits.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns.
- The service fully investigated all complaints and escalated complaints to social services to seek advice when necessary and when families asked for this. One person told us, "I can say what I think to any staff so there is no way I would not voice it if I didn't like something." For example, one complaint about a toothbrush being placed upside down in the pot had been acted upon immediately and there were no repeated incidents of this.

End of life care and support

- Staff had discussed the concept of death and dying with people as a way of opening further discussions about people's own wishes. Guidance was available in people's care records about their end of life wishes or it was recorded in care plans where people had declined to discuss the topic. A staff member told us that they would also consult with people's relatives and relevant health professionals in the event this type of care was needed.
- The registered manager told us about examples of additional staff being allocated to ensure sensitive and compassionate care could be delivered at the end of people's life to enable them to die with dignity. One relative whose family member was being supported with end of life care said, "Everybody is great, things are superb. Staff are very caring, gentle and compassionate. There is exact care, just what my family member

likes."

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems to ensure that they consistently provided safe, effective and good quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had robust systems in place to identify areas of concern and acted immediately to redress any situation to improve care practices. They analysed audits to look for trends and patterns and produced action plans and shared outcomes. The senior staff team were fully involved in these processes and had allocated areas of responsibility. This made sure that the care home ran well at those times when the registered manager was not available.
- Staff told us they were able to provide good quality care and support to people because they had good training and a supportive and approachable registered manager and senior staff team. They said they could raise issues with any of the senior staff team and their concerns would be listened to. People felt the benefits of this. One person told us, "Management seems very competent, we have a good relationship and good communication. Staff are hands-on and pro-active. They are always here for me to talk, if I need it."
- Staff and the registered manager had a good understanding of the latest guidelines and best practice in relation to communication, supporting decision making, oral healthcare and equality. The registered manager understood how to support people with protected characteristics to experience equal opportunity to resources. This included being as self-managing as possible in relation to their diverse conditions such as addiction management, living with dementia and people who had physical disabilities. This was achieved through clear risk assessments, support and building self-esteem.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team knew people well and had a good understanding of their individual needs and personalities including religious and cultural preferences such as foods, methods of care and language. They were able to use this, combined with knowledge of regulatory requirements to provide a



good quality of care that was tailored to individual needs. This led to people feeling confident to speak up about their preferences, make new friends and try new experiences within the community.

- One person told us, "I cannot praise new management enough, they gave me a new sense of purpose helping me set up gardening as my activity. It's my baby and I have plenty of ideas. It didn't take long to set it up. They even gave me a small fund and I keep receipts. A good group of people come out to use it."
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and we received notifications about safeguarding incidents during the inspection process.

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

- People and their relatives had completed a survey which showed positive comments about improvements over the last year. Action plans were drawn up from these surveys as well as from feedback at various resident and relative meetings. The registered manager then produced a 'You said – We did' report showing what people had asked for and what had been done about it. This report was shared with people and relatives, as well as displayed in the main reception area.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them. People, relatives and staff also used a closed group on social media to share photos and events. Relatives commented on the photos about how lovely it was to see their family member dancing and smiling.
- The staff team encouraged people to make suggestions for improving the care. One person explained they had suggested the day before about setting up a support group to improve communication amongst people. They wanted to sit in a circle and talk about themselves to get to know others. The registered manager had agreed this and the person was being supported to implement it.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff members carried out audits for quality monitoring. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes and quickly resolved.
- One person gave feedback about how much the service had improved over the last year and the new 'energy' amongst the staff team. They told us, "I find this new energy refreshing and I am sure it's good for everybody." They went on to suggest a further improvement around having a photo board of staff and an introduction to new staff in the newsletters. We spoke to the registered manager who had already started to implement this suggestion within days of the inspection.
- Following nutrition and hydration training, the registered manager introduced 'The shot of the month'. These were fortified cocktails in a shot glass and were offered between meals for people who were underweight and for anyone who enjoyed them. The registered manager explained how this was a lot more effective in promoting weight management as the quantity was smaller but contained the same number of calories that a fortified shake had. An example of these are Bourbon cream dream and Pina colada punch. People choose different ingredients each month.

Working in partnership with others

- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services, advocacy groups, churches, schools, local charities and healthcare teams. The registered manager worked proactively with organisations which supported people to promote their independence and good quality of care.
- The registered manager explained how they worked closely with the Alzheimer's society and had

implemented fiddle mitts and fiddle blankets as research suggested they helped to reduce anxiety and provided a varied source of visual, tactile and sensory stimulation. They have also found that using 'Dementia Dolls' within the home had decreased distress and agitation in some people. A dementia doll is a life like doll that looks like a baby and can bring comfort to people living with dementia.

- One of the volunteers told us, "We have no problems with new management. They seem to be the right combination and they work well with our organisation. They really want to ensure people who are without many connections outside of the home are not lonely."