Central England Healthcare (Coventry) Limited

Haven Nursing Home

Inspection report

New Road
Ash Green
Coventry
West Midlands
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Tel: 02476368100

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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:
Haven Nursing Home is a large nursing home, which is registered to provide care for 70 people, of which 10 beds are part of the 'Discharge to assess' (D2A) scheme (funded by Clinical Commissioning Groups and North Warwickshire Foundation Trust). The D2A scheme aims to ensure people are moved out of hospital (when medically stable) to receive a period of rehabilitation/re-ablement in a community setting, prior to assessment of their long-term care needs. At the time of our inspection visit there were 64 people living at the home, 8 of whom were on the D2A scheme.

People's experience of using this service and what we found:
At our last inspection in May 2018 we rated the service as 'Requires Improvement' as the registered manager and provider needed to embed and sustain safe procedures, and demonstrate they were consistently mitigating risks to people's safety. Systems designed to check on and improve the quality of the service provided were not always effective and had not picked up on some of the issues we identified.

At this inspection we found people benefited from a well led service. The service was led by a new provider, a registered manager and management team who were committed to improving people's lives. People and their relatives were placed at the heart of the service and were involved in choosing their care and support, from pre-admission to living in the home.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a registered manager who led the staff team to provide the best care they could. The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the care home.

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 involved in making decisions about the service, and their day to day lives.

Staff understood how to keep people safe and embraced team working to reduce potential risks to people. Partnership working enabled people to maintain their wellbeing and improved outcomes for people.

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

Rating at last inspection:
The last comprehensive inspection report for Haven was published in July 2018 and we gave an overall rating of Requires Improvement. At this inspection we found the service had improved and have rated the service as Good in all areas.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Haven Nursing Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 team consisted of two inspectors, an expert- by- experience and a specialist advisor. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used, this type of service. A specialist advisor is someone who has current and up to date practice in a specific area, for example, in nursing care.

Service and service type:
Haven Nursing Home is a care home. People in this type of care home receive accommodation, nursing and personal care. 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 (CQC). 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:
The inspection was unannounced.

What we did when preparing for and carrying out this inspection:
We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from

the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection visit we spoke with 12 people living at the home, and five people's relatives. We also spoke with the registered manager, the provider's nominated individual who was also the Development and Delivery manager, the deputy manager who was also the clinical lead at the home, two nurses, , two care staff, and two physiotherapists.

We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including nine people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the provider's records of their visits to the service; and records of when checks were made on the quality of care provided.

Following our inspection visit:
We received feedback from a new member of nursing staff and a health professional who regularly visited the home.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
•People and their relatives told us they felt safe at the home. Comments from people included, "It couldn't be better, I am really happy here" and, "I feel safe here because there's someone here to help me all the time." A relative told us, "I know my mum is safe here so I don't worry."
•Risks to people were assessed and mitigation plans were in place to reduce risks. However, risk mitigation plans were separated between care and nursing notes. This meant information about risks was not always reflected in the care plans used by care staff to ensure there was a consistent approach to managing risks. The provider had identified this as an area for improvement and was planning to update risk assessment documents to provide care staff with more detail.
•Even though we found risk management plans could be more detailed, we saw care staff knew people well, and managed risks to people in a safe way.
•Where people were at risk of developing anxiety, staff took this into account when supporting them. Staff monitored people's levels of anxiety and used personalised techniques of distraction and intervention to keep people and themselves safe.
•All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained and the fire alarm system was fit for purpose.
•People had Personal Emergency Evacuation Plans (PEEPS) which detailed information about the level of support or special evacuation equipment they may require in the event of an emergency.

Learning lessons when things go wrong
•Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
•Staff who administered medicines reported any errors they made, and these were investigated, so further training and learning reduced the risks of future errors.

Staffing and recruitment
• Staffing levels were based around people's assessed health and care needs and most people, relatives and staff told us there were sufficient staff to safely meet those needs, as.
• Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people. One staff member told us, "I think we have enough staff and with the new provider it's got better, they always make sure the right amount of staff are on duty."
•The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff and any agency staff worked with experienced staff to understand people's individual needs. The provider also checked the registration of nurses with their

regulatory body to ensure they maintained their professional registration.

Systems and processes to safeguard people from the risk of abuse
•Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
•The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Preventing and controlling infection
•Nursing and care staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
•Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely
•The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
•Nursing and care staff who assisted people to take their medicines were trained in medicine administration, and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
•People told us they received their medicine when they should. One person said, "I get all my medicines on time which is good for me."
•Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.
•Regular audits, spot checks, and stock takes were performed to ensure medicines continued to be managed in line with NICE guidance.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience
•People and relatives felt staff had the skills they needed to effectively support them. One person commented, "The staff really know what they are doing."
•New staff received an induction when they started work which included working alongside an experienced member of staff. The new provider had introduced a new training plan for staff, ensuring induction procedures and ongoing training provided staff with the right skills and competencies. One staff member explained they had received training in how to support people living with dementia, which had helped them understand the condition, and how best to help people when they were anxious or confused.
•Staff received relevant, ongoing refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care. Nursing staff were assisted with re-validation of their skills. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. The provider had introduced a number of new training initiatives to improve staff skills, for example, nurses were training in the use of syringe drivers and other specialist equipment.
•Staff were supported through one to one and team meetings. All staff told us they felt supported by the new provider and management team.

Adapting service, design, decoration to meet people's needs
•Areas of the home were designed to support people with their specific needs. The home provided people with a secure and safe outside garden area and patio area. The large spacious and open plan main lounge and dining room meant people had a choice to sit with friends and relatives. We saw people independently walking around the home and into the outside areas where some were sitting as it was a nice sunny day.
•The building was not purposely designed to meet the needs of people who were elderly and frail and were either living with dementia or physical disabilities. The home was large and spread out and there were a range of corridors and rooms, which were not visible to staff from the communal areas of the home. This made it easy for people with confusion to lose their way. However, the provider had updated the building to make the environment more homely and to safely increase people's access to certain parts of the home. Additional signage had been placed around the home to help people find their way.
•A separate unit had been created for people on the 'discharge to assess' (D2A) scheme, to maintain their privacy and make it easier for nurses and the health care team to respond to their health needs.
•The new provider had already updated the reception area of the home, and plans were in place to redecorate each person's bedroom in a design of their choice.
•Consultations were ongoing with people to determine how shared and communal areas could be further developed to meet people's preferences.

Supporting people to eat and drink enough to maintain a balanced diet
•People chose what they ate and drank. People were offered a range of visual choices at mealtimes, to ensure food met their individual needs and preferences. People were also able to help themselves to snacks as and when they wished.
•People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available. Where people required thickener to be placed in their food and drinks, to minimise the risks of choking, staff told us they always checked the amount of thickener each person received before preparing their drinks and nutrition.
•People were referred to healthcare professionals when dietary guidance was needed, or when people were losing weight. Staff weighed people monthly to monitor whether their nutritional needs were being met.
•Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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 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 some 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.
•We found the management team and staff were working within the Act.
•Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
•Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.
•People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Prior to people permanently moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with health professionals, people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
•Where people were admitted to the home through the D2A scheme, health professionals undertook a needs assessment in conjunction with the provider, to assess whether the D2A scheme was suitable to aid their long-term recovery.
•Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings and a communication book to share information amongst staff. This meant that staff knew when changes occurred that might affect people's support needs.

•Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff checked if people were anxious, felt well, or needed help with their daily tasks or plans.
•People and their relatives commented on how effective their care had been, in improving their health. One relative said, "When [Name] came in here he wasn't able to walk following a fall. He needed hoisting, now he is walking, he's been here 12 months and the difference is astonishing."
•People had access to health professionals. The registered manager and nursing staff described their relationship with visiting health professionals as good. For people who received care under short term care packages to assess their needs, there was an onsite occupational therapist and a physiotherapist. The therapists offered help and support to encourage people to become more independent and mobile. Health professionals met at the home each week in a multi-disciplinary team meeting, to discuss the progress and rehabilitation of people.
•Health professionals visited the home each week to assess people's needs under the D2A scheme and assess their recovery.

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.

At the last inspection this key question was rated as Good. At this inspection this key question continued to be rated as 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 and relatives described the care provided as being 'very good'. Comments included; "Staff are loving, caring, and compassionate" and, "Care staff are fabulous."
•Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they were well treated and enjoyed the company of staff and each other. One person said, "Sometimes the carers bring us little gifts like a small bar of chocolate, they really look after us well."

•The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics. One staff member said, "Nobody is more important than the other."
•Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.
•People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs.

Supporting people to express their views and be involved in making decisions about their care
•Most people could not communicate their wishes verbally. Easy read documents, documents in picture format, and information in different languages was available where required.
•People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
•People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence
•Care staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it. Staff understood how to protect people's privacy and dignity. One staff member told us, "During personal care I like to cover people to

protect their privacy."
•People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished. Private areas were available for people to spend time together when needed or requested.
•Procedures were in place to protect people's private information. Information about people was either kept in lockable cabinets in locked offices or on password protected computers. Following our inspection visit we were made aware of an allegation that the provider had breached data protection guidance by sharing someone's personal information. The provider is investigating this concern through their complaints procedure and were aware of their responsibilities to ensure people's information was kept securely.

Good

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 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

•Each person had detailed care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement, hobbies, daily routines, preferences and risk assessments. However, care records were split into two sections that separated out information for nursing and care staff. This meant some care staff did not routinely have access to all the information about people.

•We were confident however that staff did know people well, and information was shared with them by the nursing team. For example, one person had a problem with their eyes and bright light made them uncomfortable. Health professional's advice was that lighting should be subdued. The care staff had followed the advice, the curtains were drawn in the person's room and they were encouraged to wear sunglasses.

• The new provider planned to change care records at the home so all staff had the same information. They felt this would improve the responsiveness of all staff to people's individual needs.

•Care records were written with the person, their family members and health professionals. Records were reviewed and updated regularly. A relative told us, "We were asked about what [Name] liked to do, so staff could talk to her about her interests."

•People told us the staff were responsive to their individual requests for assistance. One person said, "We have a buzzer if we need help, staff always come as soon as they can, if we want a cup of tea they fetch it straight away. It's like home here, quite exceptional."

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

•There were activities co-ordinators employed by the provider seven days per week, to ensure people were offered some activities each day. Group activities and interests were organised in the communal areas of the home, and a schedule of planned events and activities were on display. On the day of our inspection visit we saw people took part in games such as Bingo and danced with staff to music with clear enjoyment.

•Activities also took place each day with individuals, based on their personal preferences. For example, one person asked to see a film and it was put on for them. Other people were moved to seats closer to the television as they wished. Another person told us, "I had a lovely birthday party. One of the carers came out with me for a meal."

•Staff consistently looked for opportunities to engage with people during our inspection visit, chatting with people and spending time with them. For example, a staff member knew one person who liked birds had mentioned they had not seen any swifts or swallows for a long time. The staff member had taken a photo of these birds and brought it in to show the person.

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 demonstrated they knew people well and what support each person required to keep them safe and make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, picture cards and by staff who spoke different languages where people's first language was not English.

Improving care quality in response to complaints or concerns

•Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. One relative told us, "If we complain it is sorted quickly, if the manager says it is sorted, then it is."

•The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information informed people how to keep themselves safe and how to report any issues of concern or raise a complaint.

•The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

•People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to meet their individual cultural and religious preferences. One relative told us, "The staff prepared us for the last stages of [Name's] life. They found out what music they liked, the clothes and jewellery they preferred, and made sure we could stay with them when we needed to."

•The provider had introduced to the home new techniques, training and procedures to assist people and their relatives at this difficult time. This included increased staff training in how to support people and increasing links with local hospices and organisations such as McMillan, which could offer people and their relatives support.

•New initiatives to support relatives had also been introduced based around making their stay at the home, with their relatives, as comfortable as possible.

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.

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.

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.
•People, relatives and staff told us they felt the home was well led. The experienced registered manager was supported by a deputy manager who was also the clinical lead at the home and who oversaw the nursing team.
•The provider had recently taken over the home and supported the registered manager by allocating a member of their senior management team to be at the home five days a week. The provider's senior management team supported the registered manager in making changes and improvements at the home, to adhere to the provider's standards, policies and procedures.
•People, relatives and staff all agreed that the management team was approachable, and improvements had been made at the home since the provider had taken over. Comments from people included; "I can always talk to the management, I am confident in them", "I have been to two meetings and there are great plans for the future here, I can see it starting to improve already" and, "Communication is better. The general feeling is that the home is improving."
•A health professional told us, "I have just completed an assessment at The Haven and found all nursing notes up-to-date and accurate. Clinical leadership is good. The staff are well led."
•Staff were asked for their contributions and feedback at regular staff meetings and through satisfaction surveys. One staff member explained they could add anything to the meeting agenda for discussion. Staff comments included; "[Registered Manager] is very understanding and easy to talk to", "[Registered Manager] is caring, you can talk to her, she is always helping us" and, "I love this place, I love my job I love the residents."
•The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better. For example, recognising staff for supporting people with personal tasks and going the extra mile, which encouraged engagement and relationship building.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
•The provider had a history of listening and engaging with people when they received feedback, to improve their services. People were asked for feedback when they left the home, and regularly throughout the year. • We looked at the most recent satisfaction survey and found people were satisfied with their care. One

person had commented, "Nothing was too much trouble I would like to stay longer." Two other people told us they liked the home so much, after a temporary stay they had decided to stay permanently.
•The provider ensured people and their relatives could attend regular meetings and events at the home to share their feedback about the service with managers. There was also a suggestion book at the home. The new provider had also set up six monthly meetings to engage with residents and relatives to discuss the changes and development of the home.
•Staff felt valued by the provider and management team. One staff member told us how their personal circumstances were taken into account by managers and said, "They are aware of my health needs and understand that I am limited with the hours I can do, to be cared for as an individual by managers is very appreciated."
•Relatives told us about how the management team had supported them to understand their relative's day to day challenges. One relative explained how staff had helped them come to terms with their relative's condition of dementia and arranged for them to attend training on how the condition affected people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The whole staff team had a detailed understanding of their roles and responsibilities toward people living in the home. They embraced further learning and developmental opportunities, so people received the best care and support possible. One staff member said, "We all know which tasks we have to do."
•The management team demonstrated best practices by working alongside staff. For example, during lunchtime or busy periods, they assisted staff to help them develop relaxed, positive relationships with people, and discreetly observed staff's support of people, so performance was continuously reviewed.
•The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.

Continuous learning and improving care
•The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The registered manager undertook audits and looked for continuous ways in which improvements could be made. Audits included checks on medicines, infection control and health and safety.
•All actions from audits were added to an action plan. The audits and action plan helped the provider to monitor and improve care for the people using the service.
•The registered manager was supported by the provider who undertook unannounced visits and checks on audits completed to ensure compliance with regulations.
•The provider facilitated 'registered manager' and management team meetings which ensured opportunities were offered to managers to share their practices and learn from one another.
•New initiatives to improve the outcomes for people at the home had been introduced. These included monitoring people for symptoms which might indicate their health was deteriorating, and also the introduction of Champions in the staff team who were able to offer advice and guidance to staff in specific areas of expertise, to improve staff knowledge.
•The provider had also implemented new themes such as oral care month, to monitor and improve aspects of people's care.
•The registered manager had joined registered manager networks and professional forums, to share best practice and attended conferences and discussion forums. They cascaded their learning about changes within the care sector to the management team through regular meetings and updates. .
•Improvement plans at the home included discussions with dementia care specialists on how the home could be improved for people living with dementia, the addition of a sensory garden area, improvements to performance related pay, and the introduction of new cross checking auditing procedures.

Working in partnership with others

•The service had links with external services, such as government links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support. For example, the registered manager worked with a multi-disciplinary team to assess the results of their D2A scheme, and whether improvements could be made to increase people's recovery.

•The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local community centres, religious organisations and charities to increase people's opportunities for social interaction.