Care UK Community Partnerships Ltd

Field Lodge

Inspection report

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Date of inspection visit:
12 February 2020
10 March 2020

Date of publication:
02 June 2020

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Field Lodge is a residential care home providing personal and nursing care to 68 people aged 65 and over at the time of the inspection. The service can support up to 72 people. The care home accommodates people in four wings over three floors. Two wings accommodate people who need nursing care, one of which caters for people living with dementia. Two wings accommodate people who need personal care, one of which caters for people living with dementia.

People's experience of using this service and what we found
Field Lodge gave people a modern, spacious, clean home, with a warm, homely and lively atmosphere. People showed and told us how much they liked the staff and enjoyed living there. A relative wrote, "[I write this] to express the family's utmost gratitude for the exceptional care my [family member] experienced during [their] years at Field Lodge. Some of the carers are so young yet they are so dedicated. It never ceases to amaze me how kind and professional they are….All the staff have been so supportive during this time (death of spouse) – "thank you" seems so inadequate for the love and care my [family member] has been shown."

The whole staff team, led by the lifestyle lead, provided an exceptionally wide, varied and interesting range of things for people to do so that people were kept as meaningfully occupied as they wanted to be. Staff frequently 'went the extra mile' to make sure people had the care they needed.

Some improvements were required as the information in some care plans was not always consistent; not all risks had been assessed and not all risk assessments were up to date or accurate; some charts such as food and fluid charts were not always completed correctly or monitored; and equipment to keep people safe, such as sensor mats, was not always in place when needed and was not regularly checked. The provider had a quality assurance system in place but it had not identified these issues.

People were not always supported to have maximum choice and control of their lives nor in the least restrictive way possible; best interest decisions were not always made and recorded. People's privacy and dignity was not always upheld.

Staff knew people well and treated people equally and without discrimination. They were kind and caring and supported people to maintain or regain their independence. Staff were motivated, knowledgeable and skilled to provide care to each person and had undertaken training in a range of subjects relevant to their role. Some risk assessments were in place and a new, electronic system was in place to support staff to manage people's medicines.

The provider had systems in place to ensure that people, their relatives, staff and visitors to the home were involved as much as they wanted to be in the running of the home. There was a registered manager in place who worked hard to improve the service.

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 rating for this service was good (published 18 August 2017).

Why we inspected
This was a planned inspection based on the previous rating. Following the first day of the inspection we received the report of a safeguarding investigation raised in May 2018, involving two people who lived at Field Lodge. The report highlighted a number of improvements needed. We carried out day two of the inspection to make sure the improvements had been made and sustained.

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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Field Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team on the first day consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, the team consisted of two inspectors.

Service and service type
Field Lodge 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.

Notice of inspection
Both days of this inspection were unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including housekeeping staff, care workers, nurses, deputy manager, lifestyle lead, lifestyle coordinator and the registered manager. A representative from the

provider's head office was also present during parts of the inspection. We spoke with a healthcare professional who was visiting the home and we spent time observing care to help us understand the experience of people who could not talk with us.

We looked at a number of records. These included five people's care plans (both electronic and paper versions) and two people's medication records. We also looked at records relating to the management of the service including audits, accident and incident records and meeting minutes.

After the inspection
The registered manager sent us a range of documents that we requested, including survey results, information about activities that people had enjoyed and additional audits.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Staff had completed some assessments of potential risks to people as part of the care planning process. These included the person's risk of falling, risk of acquiring pressure sores and risks relating to eating, drinking and weight loss. Some guidance was in place so that staff knew how to minimise the risks.

● However, not all risks had been assessed. Risk assessments to reduce the risks to people who walked into other people's rooms were in place. However, the risks to the people in their rooms, including for example people who did not get out of bed, had not been assessed. This put both the person walking around and the person in the room at risk.

● Staff gave us examples of where staff supported people to take positive risks. For example, two people went swimming at a local pool. Staff had assessed potential hazards at the pool but the risk assessment did not include person-centred guidance for staff relating to each person's possible behaviour. However, staff knew people well and the registered manager was satisfied that people would be kept safe.

● Maintenance staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Each person had a plan in place so that staff and the emergency services would know how to support them if they needed to evacuate the building. Each person's bedroom door had a small coloured dot which indicated the level of support that person would need.

Learning lessons when things go wrong

● The provider had systems in place for staff to learn from incidents. The registered manager said they shared learning across the whole staff team at the daily meetings. However, the registered manager and staff team had not learnt from previous incidents when a person had assaulted another person in their bedroom.

● The registered manager coordinated learning across the provider's 10 homes in the area. This meant all the registered managers could take learning from other homes to improve the practice in their own home. The registered manager quoted an example where a 'lessons learned' was shared from another home around Sepsis. Field Lodge changed their practice so that any person prescribed antibiotics had their body temperature monitored while they were taking the antibiotics and for 2 days afterwards.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt people were safe at Field Lodge. One person knew they had not been safe at home and said, "They look after me excellently here." Another person said, "[Staff] look after me well. They're never mean to me, they're always kind and gentle."

● The provider had systems in place to protect people from abuse and avoidable harm. Staff had

undertaken training and were confident about what they should look out for and to whom they should report any concerns. A member of staff told us, "I would report [any concerns] straight to my team leader, [name of deputy manager] or my [registered] manager." However, there was an issue with people walking in and out of other people's rooms, which had not been satisfactorily addressed.

Staffing and recruitment

● People, relatives and staff told us there were enough staff on duty to support people with their personal care and with what each person wanted to do. The registered manager told us they still employed some agency staff, especially nurses, while they were trying to recruit. These agency staff knew the home and people well, so consistent care was delivered.

● A third chef started their induction on the first day of our inspection, which completed the permanent catering team.

● The provider had a recruitment procedure in place, which staff told us had been followed when they had been appointed. They said pre-employment checks including references and a criminal records check, through the Disclosure and Barring Service (DBS), had been in place before they started working with people. One member of staff said, "I had to wait a few weeks until the DBS was through, before I could start."

Using medicines safely

● The provider had recently introduced an electronic system for medicine management (EMAR). Staff were still getting used to the system and were pleased it had been introduced. One member of staff said, "Things are much easier to follow" and another told us, "It's MUCH better than the paperwork." They demonstrated how the system alerted them, for example if they had missed giving someone one of their medicines.

● A relative was very pleased with the way staff managed their family member's medicines. They said, "The staff here have been brilliant and note changes in [family member's] behaviour if/when the doctors try to tweak [their] meds. The staff are meticulous at giving [family member] the meds at the right time."

Preventing and controlling infection

● The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to keep people safe from the spread of infection. They used gloves and aprons appropriately.

● Field Lodge was very clean and odour-free throughout. A team of housekeeping staff worked hard to ensure there were high standards of cleanliness, even on the occasions they were short of staff.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- In the PIR, the registered manager wrote, 'We complete the pre admission assessment form involving the prospective resident and ideally with someone who knows them well. This form includes information to identify any risks, their preferences and their choices. The information and how the person was during the assessment helps us decide whether we can meet the person's needs.'
- The registered manager ensured that staff delivered up to date care that was in line with good practice. The provider sent them a weekly email to make sure all staff were aware of any company policy changes, latest legislation and company initiatives.

Staff support: induction, training, skills and experience

- The provider had processes in place to ensure that staff received all the support and training they needed so that they could do their job well. New staff received a thorough induction. This included face-to-face and on-line training on the computer as well as shadowing an experienced member of staff. One new member of staff said, "I thought [the induction] was good. I learnt a lot and that made me eager to get started."
- Training topics included people's specific health conditions, such as diabetes and Parkinson's disease. The provider worked with the University of Worcester who provided an in-depth Living Well with Dementia course. The dementia champion and the registered manager had undertaken this training.
- Several staff had taken on the role of champion for a particular area of care, such as health and safety, infection control and dementia. In the PIR the registered manager wrote, 'They look to ensure good practice is being followed, improvements that can be made and highlight any areas we need to look at.'
- One member of staff was trained to deliver moving and handling training to other staff. This meant they could observe and make sure good practice was delivered, as well as training new staff as soon as they started.

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

- People and their relatives were pleased with the food the chefs provided for them. They were happy with the choices available and the standard of cooking. One person said, "The food's probably the best thing about living here. It's very good and we always get a choice." Another person told us, "I choose to have my meals in my room. My [relative] comes in to have lunch with me at least twice a week. I eat well and have put a lot of weight back on."
- There were 'hydration stations' in two of the units so people could help themselves to drinks whenever they wanted to. A café in the home's foyer offered drinks and snacks to people, their relatives and any other visitors to the home.
- Staff made sure each person had enough to eat and drink. Each person had a nutrition care plan in place. One person's plan did not contain clear information about their nutritional needs. The person's nutrition risk

assessment required staff to complete food and fluid intake charts. These had not been fully completed and did not contain sufficient information to ensure the person had had sufficient food and fluid. However, staff knew the person well and were able to tell us how they supported the person to eat and drink well. A relative told us, "A while ago my [family member] was not sleeping well and quite often they told me [staff] made baked beans on toast at around 4am.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked closely with a number of other services so that people received effective care and support. These included the local authority adult services team and the mental health crisis team.

Adapting service, design, decoration to meet people's needs
● Field Lodge was a purpose-built home, with a wealth of well-designed features. For example, there was a café with a bar in the corner, a cinema room and a hairdressing salon in the entrance hall. A wide range of interesting items, pictures and structures such as shop fronts lined the corridors to provide interest, particularly for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support
● As well as the nurses employed by the provider, other healthcare professionals such as GPs, district nurses, and a chiropodist visited the home to support people to maintain their health.
● Staff encouraged people to walk around the home and use spaces such as the café and cinema room as well as walking in the garden. One person told us how they had not been able to walk when they arrived at Field Lodge. With staff support they now walked to the café twice a day. An exercise programme provided by an external therapist had resulted in a 45% fall in the number of falls people had had.
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.
● In the PIR the registered manager wrote, 'We establish if a person has capacity to make the decisions before we make any decisions in their best interests… Our assessments focus on the specific decision being made involving the person and those who are best placed to make that decision. We cannot assume a person lacks capacity because the decision they have made appears unwise.'
● Staff understood how the MCA and DoLS applied to their work, in that they gave people choices in all aspects of their lives, in ways that the person could understand. However, the undertaking and recording of best interest decisions was inconsistent and best interest decisions were not always in place. For example, for a number of people there were no best interest decisions about the use of sensor mats. Following the inspection the registered manager told us that the mental capacity assessments for some people highlighted that, although they lacked capacity in some areas, they understood why sensor mats needed to be put in place. This meant that no best interest decision was required.

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

Respecting and promoting people's privacy, dignity and independence

● Staff promoted people's privacy, dignity and independence in many ways. For example, everyone used a dinner plate with a lip. This meant that people who struggled to keep food on a flat plate were not singled out by having to use a plate guard or a different plate to everyone else.

● However, in one aspect of care, some people's privacy and dignity was compromised. Staff working with people living with dementia accepted that people would walk in and out of other people's rooms, sometimes re-arranging or taking their belongings. The registered manager told us, "You're always going to have people with dementia going into other's rooms on the odd occasion." Some people objected to this especially as one person spent their whole day walking in and out of people's rooms. One relative was very concerned as their family member could not get out of bed or call for help. This meant people did not have the privacy or dignity they should have had.

● People told us that staff supported them to be as independent as possible. One person told us, "I'm fairly independent still and do a lot for myself. I can still do the things I want to do so, yes, I do like living here." Another person said, "About 95% of the staff recognise my needs and respect my determination to be as independent as possible, for as long as possible."

● One person had made remarkable progress since they moved into Field Lodge. They said, "[Staff] take a real interest in me and helping me to meet my aim of getting more steady on my feet and walking more independently. It's thanks to them that I've progressed from being almost totally reliant on other people to walking to the café twice a day to have a natter or join in an activity."

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

● The whole staff team worked hard to do the best they could for the people who lived at Field Lodge and their relatives. There was a warm, friendly atmosphere throughout the home and staff were kind, caring and respectful. One person said, "The staff are really understanding, they often make time just to come and chat. We talk about our respective families and have a nice gossip. It helps me relax. They seem to know if I'm feeling a bit down and they do go out of their way to help me."

● Staff showed they knew people well. They treated each person as an individual and provided person-centred care. For example, a member of staff told us that one person often told them their relative was coming to visit when this was not going to happen. They said they talked to the person about their relative, re-assured them and made sure the person did not get upset. The registered manager said, "The staff really go out of their way to develop relationships with the residents."

● Staff treated people equally and without discrimination. They had undertaken training in equality and diversity and this topic was discussed in team meetings and supervisions. Two new members of staff were

Muslims and had been happy to spend time talking to people about their faith and explaining, for example, why they wore head-covering.

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

● People were involved in decisions about their care and support as far as they were able to be. Staff used a range of techniques to manage difficult situations, based on what they knew about each person. For example, during our visit, one person did not want to go to the bathroom, even though staff knew they needed to. Staff started dancing with the person and making them laugh. Together they danced to the bathroom and the person was then very willing to accept support.

● Staff said they usually had plenty of time to offer very personalised care to each person. Staff were encouraged and supported to chat to people and do things with them. In the PIR the registered manager wrote, 'We aim to work as far as possible without routine, we fit around the needs and wishes of the residents. There are no set times to get up or go to bed and meal times can be rearranged to meet individual needs. Activity based care is promoted with a whole home approach."

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 outstanding. At this inspection this key question has deteriorated 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

- The provider used an electronic system for care planning and each person had a care plan in place, supported by risk assessments. The deputy manager told us they reviewed care plans each month as part of the 'resident of the day' process.
- Care plans did not always contain clear enough guidance for staff to ensure they could support each person in the way the person needed and preferred. However, staff knew people well. Also the registered manager assured us they would ask staff to review all care plans and make sure they included clear information.

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.

- People's communication needs were assessed and recorded in their care plans. Staff knew how to communicate with each person using their preferred methods, which included sign language, objects of reference and large print.

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

- The lifestyle team worked with other staff to provide an exceptionally wide range of things for people to do and to get involved in. Each person, along with their family, friends and anyone who knew them well, helped to develop their 'life-story book'. This was used to engage the person in activity and occupation that was meaningful for them.
- A weekly programme of activities that anyone could join in was advertised so that people knew what was happening, at what time and in which part of the home. There was something going on every morning, afternoon and evening. People were consulted about the programme, as well as it being based on what people had previously enjoyed and everyone was encouraged to join in if they wanted to. Exercise classes, where photos showed one person had managed to do a 'plank', took place twice a week; the art group had their own art gallery on the ground floor where their pictures were framed and hung; and there were a number of outside entertainers booked each month. One person said, "There's always something to do. I do a bit of sewing and I really like the art group. We had a brilliant Soul night recently – it was good fun."
- Each person was supported to do what they wanted to do, from joining a men's walking group, playing scrabble or going swimming, to delivering the daily papers, working alongside the chef in the kitchen or

helping in the laundry. Staff put stabilisers on a bike for one person who wanted to take up their lifetime hobby of cycling again and two people living with dementia were supported to go to a show in London. One person went to see their relative who they had not seen for many years and two people asked to go on a seaside holiday and have fish and chips, which they did.

● The dementia champion had introduced Namaste care, which seeks to engage people with advanced dementia through sensory input, especially touch. One person whose only communication for at least two years had been eye movements, with little other facial expression, had started singing, saying words, smiling and engaging with staff during the sessions. Relatives of other people had commented on the increased level of positive interaction they had with their family members following a Namaste session.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedure in place, which was displayed so that everyone knew who they could contact. The Care UK complaints procedure ensured that complaints were recorded on the home's electronic care system and were responded to in line with the policy.

● The registered manager said there was an open-door policy so that anyone could raise any issues whenever they wanted to. They wrote in the PIR, 'We see complaints in a positive light and work with the residents and families to resolve any issues they may have.'

End of life care and support

● The provider had a system in place to ensure that people, their families and any significant others had been involved in planning their end of life care.

● Staff provided responsive end of life care, with support from other healthcare professionals such as the person's GP. Each person had an end of life care plan in place, detailing their preferences and the care they wanted when they entered the final stages of life.

● Three members of staff had become end-of-life champions. They had attended training and had a specific job description for their extended role. They were involved in the care of anyone receiving end of life care.

● Holistic therapies were available, included in people's end of life care pathways and personalised according to the person's wishes.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a wide-ranging quality assurance process in place, which applied to all aspects of the running of the service. Staff at Field Lodge carried out a range of regular audits, for example of care plans, medicines and health and safety. The management team monitored the audits and all information was on-line and monitored by staff at the provider's head office. The provider's regional team and their quality assurance team also audited the service. Any actions from the audits were included in the home's service improvement plan.
- We found that the auditing system had identified and rectified some issues. However, some issues that we found had not been addressed. For example, the information in some care plans was not always clear; not all risks had been assessed; some charts such as food and fluid charts were not always completed correctly or monitored; and equipment to keep people safe, such as sensor mats, was not always in place when needed and was not regularly checked.
- There was a registered manager in post. They promoted a one-team approach in all aspects of the service and engaged team members in the running of the home. A relative said, "I have to say [name of registered manager] is "simply the best"…. She has been so kind and attentive (during a very difficult time for my family member) – nothing has been too much trouble."
- Staff enjoyed working at Field Lodge. One member of staff said, "I do like working here. It's a really nice home, the care is good [and] people are very well looked after." The provider had an award system in place. The registered manager wrote, 'We recognize the good practices of all of our staff and have a gem award system in place. This is recognition to one or more colleagues a month who have gone the extra mile. They are nominated by staff, families and residents.'

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

- People told us how much they liked living at Field Lodge. Their comments included, "The atmosphere's nice…I'm really happy here…this feels like my own home," "I like it, I wouldn't want to be anywhere else" and "I can't grumble, they look after me really well." Relatives were also very pleased with care provided to their family members. One relative said, "Field Lodge is a proper 'home' with a delightful atmosphere – a hard thing to achieve with so many residents with such diverse needs. Well done, Field Lodge."
- The registered manager and staff gave us numerous examples of ways in which outcomes for people had been good. This included the effects of activities, especially the exercise programmes and Namaste care.

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 provider had developed a system to ensure that their staff acted on the duty of candour. The registered manager told us that a lot of improvement had taken place in the way people's families were kept informed. The management team checked every day that relatives had been contacted if a person had been involved in an incident or accident.

● The registered manager showed us an example of a letter they wrote when one person had a fall and had been taken to hospital. They explained what had been in place to try to prevent falls and how other healthcare professionals had been involved. They also explained what they would do to ensure they could support the person when they were discharged from hospital.

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

● The provider had systems in place to ensure that people, their relatives, staff and visitors to the home were involved as much as they wanted to be in the running of the home. For example, regular emails and newsletters were sent to people's relatives and a newsletter was produced monthly for staff.

● One person had been elected as a 'resident representative'. They took this role seriously, and as well as chairing meetings they encouraged everyone to approach them if they had any concerns. They told us, "I talk to people and listen to what's going on. I will listen to negative comments but I hear many more positives – not doom and gloom! I find the [registered] manager very approachable." They also supported people to complete written quality surveys, sent out by the provider. The results of surveys were displayed in the home.

● Relatives' meetings were held, but relatives felt they did not need to attend as they had nothing to complain about. One relative told us, "It is an extended family here – staff and other residents – we are a community. This place is very very good. I couldn't provide the care at home that my family member is given here."

Continuous learning and improving care

● The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure people were given the best possible care and support.

● However, we found that lessons had not always been learnt from incidents. People living with dementia continued to be able to walk in and out of other people's rooms, putting other people and their belongings at risk.

Working in partnership with others

● The staff team continued to develop relationships with a wide range of external contacts with whom they worked in partnership to enhance the care they provided. These included local schools, faith leaders, therapists, and activity and entertainment providers as well as a wide range of healthcare professionals.