Alpha Care Management Services No. 3 Limited

Grenville Court Care Home

Inspection report

Horsbeck Way
Horsford
Norwich
Norfolk
NR10 3BB

Tel: 01603893499

Date of inspection visit:
21 November 2019
26 November 2019

Date of publication:
17 December 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Grenville Court Care Home is a residential care home providing accommodation and personal care for people aged 65. At the time of the inspection there were 55 people living in the home most of whom were living with dementia. The service can support up to 64 people in one adapted building over two floors. People have their own rooms and en-suite toilets and there are communal bath/shower rooms, living rooms and dining areas.

People's experience of using this service and what we found
Since the last inspection the registered manager has made improvements to the service to improve the quality of care as well as the overall governance and management.

There still needs to be further improvements made to the management of the home to create a more robust and sustainable structure where all managers and senior staff are constantly monitoring records and the quality of care. The systems were very reliant on the registered manager and as a result records were not always updated in a timely manner and issues not always identified. People, relatives and staff were all very positive about the management and found them to be open and approachable and responsive to concerns.

Risk management had improved at the home. Individual risks to people had been assessed and there was guidance for staff on how to manage the risks. Environmental risks had been assessed and were managed. We noted on our first day of inspection people's toiletries and prescribed creams were not always locked away as stated in risk assessments. The manager took prompt action to rectify this. Medicines were being managed safely in the home. Staff understood how to identify and protect people from abuse. Incidents and accidents were reported and monitored so action could be taken to prevent things happening again in the future.

People's needs were assessed prior to moving into the home. The home worked well with community-based healthcare professionals to ensure they could meet people's needs. Staff attended training that gave them the knowledge and skills to meet people's needs. People spoke positively about the food and the catering manager was very knowledgeable about people's dietary requirements. The service was adapted to people's needs and a newly refurbished bar area had been created as area for people to socialise. 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 told us the staff were kind and caring and took time to chat and get to know them. Staff understood how to promote people's privacy and dignity. People were supported with tasks to be as independent as possible. People were involved in their care and staff consulted them on how they wanted to be supported.

The service was responsive to people's needs. Care plans were person centred although sometimes they

were not updated in a timely manner when people's care needs changed. Staff understood people's needs which were shared in daily handover meetings as well as in shift allocation sheets. People were supported with activities and supported to maintain relationships and links with the local community. The service provided end of life care and worked closely with healthcare professionals to meet people's needs at this stage in their life.

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

Rating at last inspection (and update) – The last rating for this service was requires improvement (published 23 November 2019) and there were three 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 we found improvements 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grenville Court Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Grenville Court Care 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 (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 was carried out by two inspectors, a pharmacy inspector 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.

Service and service type
Grenville Court is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 two people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager a head of care, senior care workers, care workers and the catering manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with two professionals that were visiting the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a further four professionals who regularly visit the service.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last two inspections we found that risks to people were not always adequately assessed and mitigated. Infection control practices were at times poor. 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.

• Risks to individuals had been assessed and staff understood these risks and how to manage them. For example, risks relating to falls, pressure ulcers or distressed behaviour.
• Care plans contained information on how to manage risks and we saw from the records that these risks were monitored, and action was taken. For example, there were records showing when people had been repositioned to prevent pressure ulcers.
• Risk assessments and checks on premises and equipment had been completed in relation to the environment and general activities. For example, the presence of the home 'pat dog', legionella and fire risk assessments.
• On our first day of inspection we found some toiletries and people's prescribed creams had not been locked away in cupboards, as stated in people's risk assessments. We brought this to the attention of the registered manager who took immediate action. By the second day of our inspection all these items were locked away according to the risk assessments.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. One relative told us, "They have made some great changes to make the home much safer." Another relative said, "The residents are much safer now than before and we have no concerns now. [Name] is unable to press the buzzer in her room but they keep a very close eye on [them] because of that."
• Staff had completed e-learning as well as face to face training on safeguarding. They understood how to identify signs of abuse and how to report any concerns.

Staffing and recruitment
• People and their relatives told us they felt there were enough staff to support people. Several people commented that there were more staff about than in the past. One person told us, "If I need any help there is always someone around who will make it happen." Another person told us, "If I need anything at night I just have to press my buzzer and they are pretty good at coming."

• Staffing numbers were based on people's assessed needs including allowance for people who needed support from two members of staff. We looked at the rotas and could see that the required numbers of staff were present on each shift.
• The home still had staff vacancies and was gradually recruiting to fill the these. In the meantime, they were using agency staff. Some staff told us when there were more agency members of staff on duty it felt much busier and harder to meet people's needs even though they had the correct number of staff for people's assessed needs.

Using medicines safely
• Members of staff handling and administering people's medicines had received training and had been assessed for their competency to do this safely. Observations of staff showed they were patient and respectful with people when supporting them to take their medicines.
• Records showed that people were given their oral medicines appropriately and oral medicines were stored securely and at correct temperatures.
• However, there were gaps in records for the application of medicines prescribed for external application such as creams and emollients. Also, these medicines were not always being kept securely. The registered manager took prompt action to ensure creams were stored securely in cabinets along with toiletries. We also noted the provider had identified an issue with records relating to the application of external medicines through their own audits. On the day of inspection, they had changed the shift pattern of senior staff to ensure they overlapped with the both shifts so they could monitor the recording of the application external medicines. We observed that this was effective in resolving the issue.
• There were regular checks of medicines and there was a system in place to report incidents and investigate errors.

Preventing and controlling infection
• Cleanliness within the home had improved since the last inspection.
• Staff had been trained in infection prevention and control. They told us any issues with infections were covered in the handover meeting between shifts.
• Personal Protective Equipment such as aprons and gloves were available, and we saw staff using these throughout our inspection.

Learning lessons when things go wrong
• Incidents and accidents were recorded when things went wrong. When we reviewed records, we could see action was taken following incidents to reduce the risk of the incident happening again. For example, one relative told us their relative had a fall shortly after they moved into the home, "Not long after arriving [name] had a fall from [their] bed. [They] now have a lowered bed and a floor sensor, so are keeping a close eye on [them] when [they are] in their room. They respond pretty quickly as far as we know and [name] has not had another fall."
• The registered manager carried out regular audits of the incidents and accidents to look at patterns in case additional action was necessary to keep people safe. For example, they reviewed all the falls and identified areas in the home that were 'hot spots' where people had more falls, which helped staff be more vigilant in those areas.

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 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.

Staff support: induction, training, skills and experience

At our last two inspections we found that staff were not always competent and available to support people. This was a breach of regulation 18 (Staffing) 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 18.

• People told us the regular staff were well trained and understood people's needs. However, several people commented that the agency staff did not always seem to be as competent. One person told us, "The regular carers are good and really know what they are doing. The agency staff do not always know the small details of care that the regulars do."
• Staff told us they had attended training and that the training supported them to carry out their roles. Several staff told us the service was supporting them to do further qualifications in health and social care.
• Senior staff carried out competency assessments of staff. One senior member of staff said they sometimes pair up with carers when supporting people who need two staff to support them. They gave feedback to staff on how they could improve their practice, and this was discussed in supervision. Supervision is a one to one meeting with their line manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to them moving to the home. The registered manager consulted with other professionals to ensure they could meet people's needs. For example, where people needed additional support they checked community nursing services were able to provide that support.
• Staff understood people's preferences, likes, dislikes and life history. This was recorded in people's care plans. However, in some care plans this information was very basic and required more detail to provide a full picture of the person.
• Where people had religious beliefs that affected healthcare treatment and the way they wanted to be cared for, this was recorded in their care plan.
• The service used an electronic care planning system and the registered manager was involved in trialling various aspects of the system for the software company. As a result, they had been able to add 'bespoke' care plans into the system including intimacy and sexuality, oral health care and various risk assessments including scalding risk assessment, pressure mat risk assessment and choking risk assessment.

Supporting people to eat and drink enough to maintain a balanced diet
• People and their relatives were very complimentary about the food. One person told us, "I do like the food here and I do like their burgers which is my favourite. They are always bringing round hot drinks and I can get cold drink whenever I want one." A relative said, "The food is very good here. I can speak with some authority as I have had Christmas dinner here"
• The catering manager was very knowledgeable about people dietary needs such as allergies or diabetes and those people who were at risk of choking and needed food to be pureed or cut up. There was a board in the kitchen displaying this information for all staff.
• People who were identified to be at risk of malnutrition or dehydration had their food and fluid intake monitored. Staff recorded this and the amounts totalled each day. Heads of care reported any concerns to the registered manager at a daily 'flash' meeting.
• The catering manager had a handbook of faiths and culture which provided guidance on different cultural needs in relation to food. He explained how this helped when working with people from different cultural backgrounds who may have a different approach to food to the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The service worked closely with community healthcare services. We gained feedback from professionals who worked with the service they told us staff were knowledgeable about people's needs and gave full support to multi-disciplinary meetings. One professional told us, "Two staff I was with last week were brilliant, very knowledgeable, very welcoming." Another professional said, "We have a positive working relationship, and we communicate by ad hoc telephone call, email and face to face. This two-way communication has improved patient care and safety, as well as improving the relationship between the care team and the community [healthcare] team."
• People and their relatives told us they were able to see healthcare professionals such as the GP or district nurse. One relative told us, "[Name] is able to see the local GP whenever [they] need to. [They] also have regular checks with the chiropodist and has regular eye tests."

Adapting service, design, decoration to meet people's needs
• The premises were purpose built with wide corridors to provide access for people who used mobility aids. Corridors were named by the colour of the handrail on the wall. This helped people orientate themselves as well as providing assistance to those who needed it when walking.
• Some of the woodwork in the home was chipped and marked where equipment such as food trolleys or hoists had banged into doors and door frames. The registered manager told us the maintenance team were constantly monitoring this. They had just finished painting the home throughout and planned to start again.

• There were pictures of individuals on their bedroom doors to help people identify their room.
• The upstairs had been refurbished with a 'bar area' which provided a place for people to socialise, with benches and a pool table. The registered manager told us that because the dining room was at the end of a long corridor it was a long way for some people to walk. The bar area provided a pleasant place for people to have a rest. Prior to the bar being in place people sat on chairs along the corridor if they needed a rest. A professional who works with the service commented that the they understood the 'pub' had been created following a review of falls trends in peripheral areas of the building, stating, "This is innovative and forward thinking. I believe that this has improved the health and wellbeing of the residents as well as assisting to reduce the number of falls."

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.

• Staff had received training in the MCA and understood how to ensure they gained consent from people when supporting them and how to act in their best interests if people were unable to make decisions.
• Records showed that mental capacity assessments had been carried out and a best interest decision made in relation to care tasks and where there was any restrictive practice such as use of bed rails or pressure mats to alert if someone has a fall.
• The service had applied for DoLs restriction for all people living in the home. However only two of these had been authorised. The service was complying with conditions in place. They chased the applications that had not been authorised on an annual basis.

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

• People and relatives commented on improvements in the care people received. One person told us, "The carers are always ready to have a chat with me which I like." A relative told us, "The care my relative gets here is good and has got much better with the new manager. The staff are all very approachable and are positive when they speak to my relative." However, we also received comments that sometimes the agency staff did not always know people well and interaction was not as positive.

• Staff told us they try to treat people fairly. One carer said they, "Read care plans, listen to what [people] like and don't like and…put themselves in the resident's position" when supporting them.

• One member of staff said, "I think if there is one thing you can do, even if you spend one minute giving them a cup of tea, leave them in a good place. It's the emotional memory. So, they may forget why they are happy, but they know they are happy. Leave them in a good place and that can change someone's day or couple of hours."

• We observed staff throughout the day interacting positively with people in communal areas and in their rooms. In the bar area staff were socialising, playing pool and having a laugh with people.

Respecting and promoting people's privacy, dignity and independence

• Staff understood how to promote privacy and dignity. We observed staff ensuring doors were closed and supporting people to go back to their rooms when they required personal care.

• A carer told us they make sure they promote dignity with personal care by covering areas that they are not currently washing. They also said in communal areas if someone's skirt rides up they support them to push it down or offer them a blanket to cover themselves. They told us, "I always put myself in their shoes, how would that make me feel?"

• Staff told us they promoted people's independence by letting people do tasks for themselves if they are able, or if people are struggling with a drink to support the cup with them rather than take the cup themselves.

• The registered manager said a person came for a respite stay and while they were at the service staff supported them with daily living skills such as making tea and coffee which enabled them to go back to their flat in a Supported Living Scheme.

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 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

• People's care plans were personalised and provided guidance to staff on how to support people to meet their needs. Staff were also given a daily allocation sheet with individual residents allocated to them to support for the day. The sheet included a summary of the person's care needs. One carer told us, "This is much better because before we just went to whoever (needed support), now we are allocated, people get a much better service."

• The service was responsive to people's individual needs. A 'Flash' meeting was held each day where senior members of staff updated the registered manager with any changes in people's needs. These were communicated to staff at handover and throughout the shift. For example, people who had falls, or if their weight indicated they were at risk of malnutrition.

• We noted that sometimes the main care plan was not always updated in a timely way with these changes. For example, we identified one person whose sling size had changed but this wasn't updated on the care plan, and another person whose weight had increased so they no longer needed monitoring for food and fluids and this had not been updated in the summary care plan although it was noted in the daily notes folder in their room. However, because communication was good through the handovers and staff had allocation sheets staff understood and were kept up to date with people's needs.

• People whose behaviour may impact on other people had positive behavioural support plans. These provided details of how to prevent escalation in someone's behaviour and action to take if their behaviour did escalate. We also saw that there were appropriate measures in place to monitor and support people such as one to one or additional monitoring in communal areas.

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.

• The service used pictorial communication tools. One person had a poster on their wall of signs they used to communicate. The poster had images the person or staff could point to for example to say, "I want to stay in bed" or "lights on/off."

• The activities diary was produced in a pictorial format to represent the different activities to make it easier for people to understand.

• When supporting people to make choices at meal times, carers showed people actual plates of food for them to choose from, rather than just asking them verbally or showing them a written menu.

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
• People were supported to maintain relationships. There was no restriction on visiting hours and we observed relatives coming to see people throughout the day.
• The service offered a respite service to some people who lived in the community. The registered manager told us some people who had used the respite service came back into the home on a regular basis. This helped avoid their isolation in the community as well as enabling people in the care home to maintain their friendships with the individuals.
• The service had three activities workers who organised activities in the communal areas as well as doing one to one activities with people who were cared for in bed. Activities included entertainers, games, arm chair keep fit and reading books and newspapers with individuals. The service had also made links with the local school who came to the home on Halloween for 'trick or treat' with the people.
• The service had a 'pat dog' that went to see people daily. The registered manager told us that through engagement with the pat dog one person who had been cared for in bed and had begun to engage with support. Their health and wellbeing improved and alongside working with the physio they found the person was more motivated if they could hold the lead of the dog. With this support they gradually increased in confidence and managed to stand and eventually was able to walk round the garden. We saw this person independently mobile in the home on our inspection.

Improving care quality in response to complaints or concerns
• The service had a complaints policy and procedure that was available to people in their rooms.
• Most people told us they hadn't had a reason to complain. Where people said they had raised a concern they told us it had been addressed and dealt with.
• We looked at records of complaints and saw that these had been dealt with appropriately and in a timely manner. The service kept a record of informal concerns as well as formal complaints.

End of life care and support
• The service provided end of life care. People had end of life care plans which were updated with changes such as skin integrity or mobility. They contained information about anticipatory medicines that people may require at the end of their life.
• Sometimes care plans needed more detail to ensure they were up to date and in place prior to people needing end of life care.
• Staff had not attended end of life training, but this was arranged while we were carrying out the inspection to happen within the month.
• Staff understood how to care for people at the end of their life. They told us they do regular checks on people making sure people were happy.

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 Requires Improvement. At this inspection this key question remained the same. 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.

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

At our last two inspections we found that the provider had not yet embedded systems and processes that effectively assess, monitor and audit the quality of care to identify areas for improvement. 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 reviewed all the systems and processes for auditing the quality of care and was ensuring there were monthly audits carried out in areas such as health and safety, dining and meal times, pressure ulcers, falls, activities and care plans.
• However, while the maintenance manager and catering manager carried out audits in their areas and the deputy manager audited the medicines, many of the audits on quality of care were reliant on the registered manager to complete them without there being clear systems in place beneath the audits to make sure care plans and records were updated by heads of care.
• We noted that sometimes records weren't updated in a timely manner, if for example a person's needs changed during the month this was not picked up until the next monthly audit by the registered manager. This led to some inconsistencies in care plans. The registered manager told us they were supporting the heads of care to take more responsibility for record keeping and auditing, but this was still in early stages. This change is important to make the changes that have been implemented are sustainable and robust in the longer term. Senior staff need to ensure care plans are updated in a timely manner as peoples needs change.
• The environment audits also hadn't picked up the fact that not all toiletries were locked away. The registered manager had identified that this was required, and risk assessments had been updated but while the staff employed by the service were aware of these risk assessments not all agency staff were aware. The registered manager did take prompt action to remedy this.
• People and their relatives as well as staff, were very complimentary about the manager and deputy manager. Several commenting on the improvements that had been made in the home recently. One relative

told us, "[registered manager] is always about speaking to residents, staff and relatives which makes [them] very accessible." Several staff told us the registered manager was one of the best managers they had worked for.
• Staff told us they felt supported by management and that they were approachable, listened and acted on concerns.
• The home had a business continuity plan. This was implemented on the day of inspection because the lift was out of order. This ensured there were measures in place to ensure that people who could not use the stairs were still able to come downstairs if they wanted while they were waiting for the lift to be repaired.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The home held regular meetings for relatives and as a result of these meetings had also put in place a bi monthly 'letter' that was sent to all the relatives to keep them informed of what was happening in the home.
• Relatives told us they felt engaged and involved in the home. One relative said, "We have no reason to complain, we get a chance to say what we think of things."
• The service had strong links with the community, making links with local schools, and churches. There were regular church services held in the home. Where people had different religious beliefs, the home ensured that religious leaders were contacted to come into the home to see people.
• The home was promoting a 'don't dine alone' project for Christmas. They were working with social workers to identify people in the community who may be living with dementia and isolated at Christmas to invite them into the home for Christmas dinner.
• The home worked in partnership with other professionals. One professional told us, "Of all the managers I come across [name] is the most approachable and will come in and help if clients are not compliant or are anxious, [they] have obvious presence, very hands on and is one of the things that makes this home a nice place."

Continuous learning and improving care
• The home had an ethos of continuous learning. The registered manager used the results of audits to identify areas for improvement.
• There was an improvement plan in place. The registered manager told us they planned to introduce changes slowly to make sure they were properly embedded before starting another new initiative. For example, they had waited for staff to get familiar with the electronic care plan before introducing electronic recording for daily notes.
• There was a plan in place for refurbishment and upgrading of the environment, but the registered manager said they wanted to make sure the care was good before starting a big refurbishment project to change the environment.