Elderet Limited

Woodbine Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 3 July 2018 and was unannounced.

Woodbine Manor Care Home is registered to provide accommodation and care for up to 29 older people who live with dementia. It is situated in a residential area of Bognor Regis in West Sussex. At the time of this inspection, there were 29 people living at the service. Woodbine Manor 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 is purpose built and accommodation is provided over two floors in single occupancy rooms. A passenger lift provides access between the floors. There is a dining room on the ground floor and two communal lounges, one on the ground floor and one on the second floor.

We observed seating areas along the hallways where people could rest. Books were available to read and windows where people could sit and look outside. Two resident cats, Daisy and Dylan, were popular with people living at the service. In June 2017 the service installed a replica pub in the garden for people to use.

The appointed manager registered with the Care Quality Commission in February 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during the inspection visit; however, we spoke to them after the inspection.

When we completed our previous inspection on 17 February 2017, we found concerns relating to there being no systems in place for auditing care plans and people's behaviour monitoring charts had not been fully completed. Systems to assess, monitor and improve quality and safety of the service, ensuring people's needs were properly monitored and reviewed to inform their care planning, were not effective. After this inspection the provider sent us an action plan describing what they had done to ensure compliance with the legal requirements.

On 3 July 2018 we found that the provider had followed their action plan and had made significant improvements. Robust management systems were now in place to assess, monitor and improve the quality of the service. Incidents and accidents were recorded and reviewed and risk assessments for people contained advice and guidance for staff on how to manage and mitigate potential risks to people.

Staff were trained in adult safeguarding procedures and knew what to do if people were at risk of abuse or if they needed to raise a concern. People told us they felt safe at the home.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine staffing levels. Information was reviewed following falls or changes in a person's health condition.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and people were encouraged to make decisions about their care and treatment. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.
The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and care staff we spoke with had a full and up to date understanding of DoLS. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

Staff had received training relevant to people's needs and many had achieved or were working towards a Health and Social Care Diploma (HSCD). Staff attended regular supervision and team meetings.

People had enough to eat and drink and were offered a choice of food and drinks throughout the day.

The home had been decorated and arranged in a way that supported people with dementia to live independently.

Staff were caring, knew people well, and treated people with dignity and respect. Staff acknowledged people's privacy and had developed positive working relationships with them.

Relatives spoke positively about the staff at Woodbine Manor Care Home and told us they were involved in developing the service through meetings and annual surveys.

A range of activities met people's interests and facilitated their hobbies.

Complaints were listened to and managed in line with the provider's policy.

Staff felt the registered manager was very supportive and said there was an open-door policy.

Relatives spoke positively about the care their family members received and people told us they were treated with dignity and respect.

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.

Risks to people were identified, recorded and managed safely.

Staff understood their safeguarding responsibilities and knew how to recognise abuse and raise concerns.

The provider ensured the proper and safe use of medicines.

Is the service effective?

Good

The service was effective.

People's care, treatment and support was delivered in line with current legislation.

Staff were trained in a range of topics relevant to the needs of people living at the home.

People were supported to eat and drink enough to maintain a balanced diet and good health.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to express their views and were actively involved in decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs.

People's concerns and complaints were listened and responded to.

People were supported at the end of life to have a comfortable, dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

Quality assurance processes ensured the delivery of care and drove improvement.

There was a clear vision to deliver high quality care and support, promoting a positive culture that was person-centred.

The registered manager sought the views of people, relatives and staff and had good relationships with other agencies

Woodbine Manor Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 3 July 2018 and was unannounced. The inspection team 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. The expert-by experience at this inspection had experience of dementia and elderly care.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we observed care provided by staff to people including how medicines were administered to people and the lunchtime experience. We met with seven people living at the service and three relatives.

Due to the nature of people's needs, we were not able to ask everyone direct questions, but did observe people as they engaged with their day-to-day tasks and activities.

At this inspection 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 to us.

We spoke with the deputy manager, three care staff, the chef and one visiting healthcare professional.

We looked at the electronic care plans and associated records for six people. We reviewed other records, including the registered manager's internal checks and audits, medication administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints, staff training records and staff rotas. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 17 February 2017 and was awarded the rating of Requires Improvement.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Woodbine Manor one person said, "Yes, having listened to the TV for the last few days I realise how safe I am here and people can't get in the front door unless you open it to them."

People were protected from abuse. Staff followed the providers safeguarding policies and procedures and knew how to recognise abuse. Staff received safeguarding training and understood their responsibilities to raise concerns and discuss with managers and colleagues.

Staff told us, "We have had training in safeguarding. I would go straight to the manager if I suspected abuse and insist they document it. I could call the council, I would look on line about who to contact. The manager is on call 24/7. I would call the police as well if necessary." One person told us, "if I did have problems I'd talk to somebody, there's no point in keeping things to yourself."

Safeguarding concerns were logged identifying any learning and the learning was shared with staff at team meetings. The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Risks to people were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were found in people's care plans. The registered manager had introduced monthly 'audit reflections' to review the risks and record action taken to mitigate future risks to people.

One relative told us, "The staff are very careful with my relative and there's an alarm that goes off when they stand up, mums at risk of falling and the staff are very aware of this."

Premises and equipment were monitored and checks were undertaken regularly including; gas, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure the premises was safe. Ongoing maintenance issues were logged into a general message book and actioned appropriately. Personal emergency evacuation plans (PEEPs) were in place to guide staff in safe evacuation in the event of an emergency. Fire alarms, emergency lighting and call bell checks took place regularly to ensure people's safety.

One relative told us, "I do feel she's safe, they're very conscious of that here, a man hung round the door the other day but the staff led him away and Mum feels safe here, I can see it in her face and there are cameras here and fire drills."

Personal protective equipment (PPE) such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing your hands), at the entrance of the building, people's rooms and in the communal areas, to help protect people from risks relating to cross infection. The service was clean and

tidy. One relative told us, "I know it's difficult to keep a home clean but his room is spotless and they change the bedding every day."

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine the staffing levels needed. The rota included details of staff on annual leave, training or sick leave. The service had a 24 hour on call system in case additional staff were needed. Staff told us, "The management team offered support and guidance when needed." In addition to the care staff, there was a team of cleaning staff, a chef, kitchen assistants and one activity coordinator. The registered manager used local agencies to cover staff absences, agency staff received a brief guide outlining the needs of people living at the service. This meant that agency staff had an overview of people's needs when covering ad-hoc shifts.

People had access to call bells when needed and people told us that staff responded quickly. One person told us "I've got my call bell. I use that and don't usually have to wait long."

Staff followed medicine policies and procedures to manage and administer people's medicines safely. Staff received training including; e-learning, shadowing and observation to ensure staff competency. Team leaders carried out weekly audits and the registered manager and deputy manager carried out regular stock checks and ordered medication through an on -line system. There were safe systems in place for the disposal of medicines.

People had Medication Administration Records (MAR) in place and they had been correctly completed to show that medicines had been given to people as prescribed. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medicines were secured and stored appropriately. One person told us, "The staff give them to me I don't keep them. They give them to me when I need them, I don't have many and I have paracetamol if I'm in pain."

Some people needed medicines as and when required (PRN) for pain relief. We found clear guidance in place to ensure safe practice when administering PRN.

On the day of inspection, the medicines room was very hot due to the prolonged 'hot' weather. The room had a digital thermometer strip that went up to 27 degrees Celsius. Daily checks showed that temperatures recorded from 29 June to 3 July read 27 degrees Celsius. The National Institute for Health and Care Excellence (NICE) guidelines for safe temperatures is 25 degrees Celsius for boxed medications. High temperatures can increase the risk that medicines may not remain effective. During this period staff had actively tried to bring down the temperature of the room by opening windows, closing the blinds and using fans. We discussed this with the deputy manager who took immediate action to telephone the pharmacist for advice and was advised to buy an air conditioning unit to cool the room down. The air conditioning unit was ordered and delivered the following day. The service purchased a more accurate thermometer to record daily temperatures.

New staff were recruited safely and records confirmed this. Two references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Good

Is the service effective?

Our findings

At the last inspection on 20 February 2017 we found that staff understood the principles of the Mental Capacity Act 2005 (MCA). The provider had installed CCTV in communal areas of the service and could not demonstrate that this had been done in consultation with people and that its use was proportionate to assessed risk. We identified this as an area of practice that needed to improve.

At this inspection on 3 July 2018 we found that the provider and registered manager had implemented effective documentation and undertaken surveys with people, relatives and staff to ensure understanding. We saw signed consent forms for the use of CCTV, a statement of purpose and clear signage highlighting to all visitors that CCTV was in operation at the service.

People's care, treatment and support was delivered in line with current legislation and it was clear that the registered manager and care team had worked hard over the past 12 months, to ensure that people's care plans and assessments were comprehensive and representative of people's needs. We observed that staff knew people well to deliver effective care.

We found that the decoration and physical environment of the service had been adapted to meet the needs of people living with dementia to promote their independence. For example, there was signage at key decision points such as doorways or junctions in corridors both inside and outside the premises. Staff had started making memory boxes with people to go outside their bedroom doors and we found sensory materials on corridor walls. The deputy manager told us of plans to expand on these features to make the environment more dementia friendly including; memory boxes for all people, more interactive sensory features including projection of lights, pictures, moving images were to be installed, and bathrooms to be re-decorated to contain more contrasting colours. People had access to equipment to support their independence including; hoists, individual slings and wheelchairs when needed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Many people living at the service had given a family member valid and active lasting powers of attorney to take decisions about the service provided to them. Copies of these were found in people's care plans.

We observed staff giving people choice and involving people in daily decisions, such as where people wanted to eat their dinner and what they wanted to eat and drink.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the day of inspection, the deputy manager confirmed there were 15 approved DoLS in place and two applications that had been submitted to the local authority. A copy of these applications could be found in the person's care plan.

Records confirmed that staff had completed or were due to complete training in MCA and DoLS. Staff confirmed that people were enabled to give consent to most decisions concerning their day-to-day support by using communication techniques individual to the person. We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

Staff received a mix of e-learning and practical training in a range of areas essential to the job role. E-learning included courses such as wound care, fire awareness, safeguarding, MCA & DOLS, dementia, first aid, health and safety, diabetes, behaviours, end of life, food safety, equality and diversity, person centred care, fluids and nutrition, infection control, moving and handling and medication. Practical taught courses included moving and handling, first aid, and fire awareness.

We looked at the staff training certificates which confirmed most staff had received training to enable them to support people effectively. For newer staff who hadn't completed essential training, the deputy manager told us, "New staff are required to complete the training within a set period, we use supervision to discuss and monitor any difficulties staff may have to complete the training in a timely manner." Staff were also encouraged to complete further courses such as the Health and Social Care Diploma (HSCD). These are work based awards that are achieved through assessment and training. The registered manager told us of plans to develop champions in the following areas: safeguarding, infection control, dementia and end of life care.

Staff received regular supervision and appraisals.They met together through team meetings and handovers during the day, where staff discussed residents' needs, activities, changing policies and procedures, safeguarding and training needs.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met.

People's dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed on a monthly basis. People who were at risk of becoming malnourished were weighed on a monthly basis and referrals or advice was sought from professionals accordingly.

People had enough to eat and drink to maintain a balanced diet. The service had a 'snacking station' for people to access which was located in the office and people were offered regular drinks, biscuits and cakes throughout the day. The chef was given details of those on special diets such as soft food, vegetarian and diabetic. Menus were set and changed every three months and the chef told us, "I go around and speak to people, to try and include something they ate when they were younger." We observed that people's likes and dislikes were documented and kept in the kitchen. One person told us, "I have cheese and crisp breads kept in the fridge for me in a box. I can ask for some especially early in the morning like this morning when I was hungry at 5.30."

We observed lunchtime and found that people were asked where they wanted to have lunch. Some chose to sit in their rooms, in the lounge or the dining room. The atmosphere was calm and not rushed and staff worked well together. Staff showed people two plates of food so people could choose on the day. Plate guards were used to support people if required and we observed staff supporting people to eat their meal. Staff engaged well with people and did not hurry them.

One person told us, "When you go to the dining room they show you two meals and you can choose. If you don't want either meal you can ask for an omelette." A relative said, "I love the dining room it looks so bright and cheerful; the food looks and smells delicious. Mealtimes are protected here so we don't stay."

Good

Is the service caring?

Our findings

Woodbine Manor had a homely, friendly feel and people spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People told us, "Some of these girls are lovely. I've no problem with them at all, they're very kind to me. They sit and talk to me, I haven't got dementia and they know I enjoy a chat."

Relatives spoke highly of the staff, one relative said, "They've been great with communication with us. I've sent flowers to mum and I always get a photo of her holding them on an email. It means so much to me."

We observed people being treated with dignity and respect. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. We observed that staff were kind and respectful to people, they had a good understanding of people's needs, likes and dislikes. We observed staff knocking on people's doors, offering people drinks and snacks. Staff interacted well with the people and addressed everyone by name. The atmosphere felt calm and relaxed.

Staff supported people with their care needs with privacy and dignity. One person told us, "They always shut the door when they are helping you." Staff understood people's right to privacy and confidentiality and respected people's individuality. Care plans stated how people liked to be addressed and if they had a preference to the carers' gender.

People's bedrooms were personalised with photographs of themselves and the people important to them. Some people had brought their own paintings and furniture with them.

People had as much choice and control as possible in their lives and were involved in making decisions about their care, treatment and support. Some people were unable to be fully involved as many lacked understanding in day-to-day decisions about their care and treatment. For these people relatives are asked whether they wished to be involved and consulted regarding decisions about their family member's care and how often they would like review meetings to take place.

Relatives said they were involved in reviewing care plans. This helped to ensure people's views and wishes were known in areas such as people's earlier lives, their food likes and dislikes, travel, music and activities they liked to do. This enabled staff to see what was important to the person and how best to support them.

The service holds regular relatives and resident's meetings to give people and families the opportunity to share stories and experiences of the home.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. All care plans were in electronic form and uploaded to a central system accessed by the care team. The service also used a paper based system. Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

The care planning system stored people's pre-assessment and assessment details, risk assessment, accident and incident forms, daily notes and health information. This provided information and guidance to staff about people's care and how they wished to be supported. Information included people's personal care, health care, mobility, social care, communication, behaviours, end of life care, religious and cultural preferences, dietary needs and medication. Staff were able to give examples of how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, sexual orientation, dietary requirements and personal care.

Care plans were reviewed monthly by the registered manager to ensure they met people's needs and were in line with their preferences. Each person had a one-page profile so staff could see at a glance what was important to the person and how best to support them. Information about people's daily routines, likes, dislikes and preferences were contained in their care plans.

People's needs were assessed before they moved into the service. The registered manager liaised with the person (where possible), families, social workers and requested a summary from the GP to gather as much information as possible. The assessments were completed prior to an individual moving into the service and formed the basis of their care plan. As staff got to know the person information was updated to ensure the care plan remained reflective of the person's care and support needs. Staff consulted relatives and professionals during the development of the person's care plan and ensured they were updated about any changes.

One relative told us "Yes, I was involved in care planning. I know what's in the plans. The office door is always open if I want to ask anything."

People were supported to make decisions about their preferences for end of life care. The registered manager told us that families were consulted a month before to encourage active involvement in developing the persons care, support and treatment plans. The deputy manager told us, "End of life care is often a difficult conversation to hold with people and their families." Where possible staff worked with people to ensure their care plan set out their advanced care preferences.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's pre-assessments gathered information about their communication needs if they have speech, hearing or sight impairments. This enables the registered manager to respond to people's needs by producing large print documents and reading information to

people. We observed staff supporting people who were not able to communicate verbally by sitting with them and asking them simple closed questions.

Staff recognised people's facial expressions and gestures.

Technology was available for people to use such as laptops and electronic tablets. One relative told us, "The staff are great they arrange a time with me to use FaceTime with mum. It's been a real godsend."

The service had an activities coordinator, there was an activity display board in the lounge and two other notice boards with picture cards, so people knew what activities were scheduled that day. Activities included dementia friendly resources to support people with memory recall.

The deputy manager told us that outside entertainers came into the service, they were booked in advance and included on the timetable. During the morning of the inspection the hairdresser was washing and styling people's hair in the upstairs lounge. The hairdresser had visited the service for 20 years and knew people well. We observed three or four people at a time sitting and chatting in the lounge with the hairdresser in a relaxed and happy atmosphere. People told us, "The hairdresser is lovely, makes me feel good to have my hair done."

In the afternoon people enjoyed a visit from the weekly gardener. Due to the hot weather people stayed inside and the gardener fetched large flower pots from the garden and showed the contents to each person in the lounge. These contained plants that people had planted from seed earlier in the year. People were encouraged to touch and smell the plants. The gardener knew everyone's name and involved them all in the activity. One relative said, "Mum enjoys the gardener coming in and showing the plants. She's enriched by this."

In June 2017 the provider had a replica pub built in the garden for people to enjoy. The deputy manager gave examples where people, relatives and friends use the space to socialise together, the service held regular functions such as fish and chip evenings and how one person "gets dressed up to go to the pub." A relative said, "We had a family party here and were able to use the pub in the garden."

The service also had two resident cats, Daisy and Dylan, who were popular with people living at the home.

People and relatives were asked to complete annual questionnaires about their opinions and experiences of living at the home. The registered manager shared the information at residents and relative's meetings. The registered manager told us that they had received feedback regarding staff not being present in the lounge when writing up notes. The registered manager took action to place a staff computer in the lounge area to enable staff to write up daily records so that they could be with people.

We noted a high degree of satisfaction with the service from the www.carehome.co.uk website.

People's concerns and complaints were encouraged, explored and responded to in good time. Formal complaints were dealt with by the registered manager, who would contact the complainant and take any necessary action. Complaints were listened to, investigated and managed in line with the provider's policy.

Good

Is the service well-led?

Our findings

At our last inspection in February 2017, the provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found appropriate systems were not in place to assess, monitor and improve the quality of the service.

At this inspection we found that the provider had made significant improvements in areas where we had identified shortfalls during the last inspection.

The registered manager had worked at Woodbine Manor for nearly two years and the service has benefited from a strong focused leadership with an open and positive culture. The registered manager worked five days a week and was supported by a deputy manager. The registered manager said that the provider was responsive and supportive and there were good relationships with the management team and staff at the home. Staff told us, "There is a nice team culture and the registered manager has an open-door policy." One relative told us, "There's good communication between everybody here. It's good at the top and it reflects well down through the staff."

The registered manager carried out monthly audits of health and safety, medication, safeguarding, falls and infection control. Robust management systems were in place to assess, monitor and improve the quality of the service. Incidents and accidents were recorded and reviewed and risk assessments for people contained advice and guidance for staff on how to manage and mitigate potential risks to people.

Other audit's included staff training, meetings, staffing levels and complaints. Records showed that information from the audits was used to drive improvement.

The registered manager engaged with people, relatives, staff and other professionals in a meaningful way to help shape and develop the service, actively encouraging feedback. People were made to feel welcome and the registered manager was accessible. There was a homely atmosphere at Woodbine Manor.

There is a strong focus on continuous learning at all levels of the organisation and staff were encouraged to share new ideas and suggestions. The registered manager kept abreast of local and national developments through websites such as Social Care Institute for Excellence (SCIE), Skills for Care and attends local provider forums and exhibitions to network with other managers. This information was cascaded to staff through daily handovers and team meetings.

The service had good working relationships with other agencies such as the GP, Living well with Dementia and Dementia crisis teams. The service is proactive in seeking advice from professionals. On the day of inspection, we spoke to a health care professional who had visited the service every day for the past year. They told us, "The home is quick to report any injuries and health changes and will talk to the nurses. The home is responsive and will provide residents with equipment that is not available through health i.e. pressure sore equipment."