Avante Care and Support Limited

Parkview

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

About the service
Parkview is a residential care home providing personal care and support to 64 people living with dementia. At the time of this inspection, 63 people were living at the home. The home is purpose built and spread across three wings and over two floors.

People's experience of using this service and what we found
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. We have made a recommendation about working within the principles of the Mental Capacity Act (MCA) 2005.

People's care and support needs were met. Relatives and professionals were complimentary about the home. People told us they felt safe and were happy living at the home. People were protected from the risk of avoidable harm, abuse and neglect. People were supported by sufficient numbers staff to ensure their needs were safely met and the service followed appropriate recruitment practices. People's medicines were managed safely, and staff followed appropriate infection control practices to prevent the spread of diseases.

People's needs were regularly assessed and care and support was planned to meet their individual needs. Staff were supported through induction, training and supervision to ensure they had the required knowledge and skills to meet people's needs. People were supported to eat and drink sufficient amounts for their health and wellbeing and to access healthcare services. People's needs were met by the design, decoration and adaptation of the home.

People were supported by staff that were kind and caring and respected their end of life wishes. People were involved in making decisions about their care and support needs and their views were taken into consideration and acted upon. People's privacy and dignity was maintained, their independence promoted, and their diverse and cultural needs respected. People were supported to develop and maintain relationships important to them and participate in activities that interest them.

People's communication needs had been assessed and met and people told us they knew how to make a complaint if they were unhappy.
The service had systems in place to assess and monitor the quality and safety of the service and to continuously learn to drive improvements. The service worked in partnership with key organisations to plan and deliver an effective 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 24 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Parkview

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 took place on 24, 26 and 30 September 2019. The inspection team on the first day consisted of an inspector, an assistant 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. On the second day, the inspection team consisted of an inspector and an assistant inspector and on the third day, an inspector and a medicines inspector.

Service and service type
Parkview 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 the inspection
Before the inspection, we reviewed information we held about the service since the last inspection. This included information received from the provider as required by law to report certain types of incidents and events. We sought feedback from the local authorities who commissioned care from the provider and health and social care professionals who work with the service.
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with 13 people who used the service and nine relatives about their experience of the care provided. Some people were not able to express their views about the care they received and so 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 spoke with one visiting healthcare professional for their views about the home. We also spoke with 15 members of staff including the registered manager, the deputy manager, four senior care leads, four care service assistant, two activities coordinators, a chef, a domestic team leader and a domestic staff.

We reviewed a range of records. This included nine people's care records and risk management plans and 19 medicines records. We looked at six staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, health and safety checks, accident and incident logs, minutes of meetings, Deprivation of Liberty Safeguards (DoLS) authorisations and complaint logs were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence we found. We looked at a staff training and supervision matrix.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the home. A relative told us, "My loved one is safe, staff know them well and I've never had any concerns."
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their managers. Staff also knew of the provider's whistleblowing policy and told us they would not hesitate to escalate any concerns of poor practice by using their 'Say so' procedure.
- Both the registered manager and deputy manager understood their responsibility to protect people in their care from abuse and had reported allegations of abuse to the local authority safeguarding team and CQC.
- Where required, the management team took appropriate actions which included staff dismissal, reviews of people's medicines and/or implemented appropriate risk management plans to prevent repeat occurrences.

Assessing risk, safety monitoring and management

- People were supported to reduce the risk of avoidable harm. Risks to people had been identified, assessed and had management plans to reduce or prevent risks occurring.
- Potential risks to people included the risk of falls, behaviours that challenge, medicines, dehydration and pressure sores.
- For each risk identified, appropriate management plans were in place and provided staff guidance on how to manage individual risks safely. Staff understood potential risks to people they cared for and the level of support they required to remain safe. A relative told us, "Staff are aware of my [loved one's] risks and they watch out for them."
- Where required, the home involved, health and social care professionals such as physiotherapists and speech and language therapists (SALT) to assess people, support staff and to manage risks safely. A visiting healthcare professional told us they had no concerns about how a person's risks were being managed at the home.

Staffing and recruitment

- There were sufficient staff to support people's needs. A person told us, "There's usually enough staff; they seem quite capable…"
- The registered manager informed us a dependency tool was used to calculate how many staff were required to support people safely and to plan the staffing rota. The staffing rota showed, the numbers of staff on shift matched the numbers planned for.

● All staff confirmed there were sufficient staff available. We observed that people's needs were met promptly, and staff did not rush people when they supported them.
● Any vacant shifts were being covered by permanent staff, the home's internal bank staff or the provider's bank staff. The management team and staff confirmed regular staff were being used to promote continuity of care.
● The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the home.

Using medicines safely
● People were supported to receive their medicines safely. The provider had a medicines policy which provided staff guidance on how medicines should be managed safely. All medicines including controlled drugs were received, stored, administered and where necessary, disposed of safely in line with legislation and guidance.
● Care plans and medicines administration records (MAR) contained the support people required with their medicines including how they liked to be given their medicines and the level of support they required. MAR charts were completed appropriately. Where people were prescribed 'as required' medicines (PRN) such as pain-relief appropriate protocols were in place for staff and these medicines were kept under regular reviews.
● Staff authorised to administer medicines had completed medicines training and had their competency assessed, to ensure people were supported with their medicines safely. Staff demonstrated a good understanding of people and their medicines needs.
● People's medicines were reviewed regularly by healthcare professionals such as GPs and pharmacists to ensure they were effective, and people were not taking medicines they did not need. Medicines records were kept up-to-date to ensure accurate information was shared with emergency and hospital teams where required.

Preventing and controlling infection
● People were protected from the risk of infectious diseases. The home was generally clean; however, people, their relatives and staff said more could be done to improve the level of cleanliness in the home. We saw an action plan which had been recently developed to improve the standard of cleanliness.
● The provider had infection control policies and procedures and staff had completed infection control and food hygiene training. We observed staff washing their hands and wearing gloves and aprons when they supported people. Staff told us they would not come into work if they were unwell and would isolate anyone who had an infectious illness to prevent the spread of diseases.
● Food temperatures were taken before they were served. Fridge temperatures were recorded and food in the fridge was labelled with a date to ensure it was safe to eat.

Learning lessons when things go wrong
● Lessons were learnt from accident and incidents. The provider had accident and incident policies and procedures which provided guidance for staff on how to report and record accidents, incidents and near misses.
● Accident and incidents were reported and recorded, and appropriate actions taken to ensure people remained safe. For example, where people experienced a fall, this was monitored and analysed to identify trends and ensure appropriate measures were in place to prevent repeat occurrences.

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.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because staff sought their consent before supporting them. The registered manager told us that people could make day-to-day decisions regarding the food they ate, clothing they wore or activities they participated in.
- Where people were unable to make specific decisions about their care and support needs, for example, about the use of a call bell and/or their medicines, mental capacity assessments were carried out and best interest meetings were held to make decisions in line with the Act.
- Where people were deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions of the authorisations were being met and kept under review.
- Despite this, we found that records including consent to care and support and best interest decisions were not always signed or did not always list who was involved in making these decisions. The management team and staff told us this was because they had recently transition to a new care planning system and that all these information could be found on the archived care plans. The service could not present us with this evidence, therefore we were unable to make an accurate judgment on this.

We recommend that the service consider current guidance on MCA 2005 and update their practice accordingly.

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

- Before people moved into the home, their needs were assessed by the management team or senior care leads to ensure it could be met. People were also supported by their relatives or social care professionals to visit the home, so where possible, they could make an informed choice.
- Staff told us people had the option of spending a day at the home to decide if was suitable for their needs.

● Initial assessments covered people's physical, mental and social care needs; including personal care, nutrition, medicines, behaviours, communication and moving and handling.
● Where required other health and social care professionals including a discharge coordinator, social workers and the mental health team were involved in these assessments to ensure people received care and support that met their needs and in line with best practice.

Staff support: induction, training, skills and experience
● Staff were supported to acquire the knowledge and skills required to perform their role. A person told us, " The company policy is very strong on staff training and the staff are properly trained." A relative said, "Staff are professional, every single one of them."
● All new staff completed a comprehensive induction programme which included the Care Certificate which is the national induction standard for new care workers. New staff shadowed experienced staff members, so they could become confident in the role. Staff had completed various dementia care and awareness training and managing behaviours that may challenge. Throughout our inspection, we observed people being supported by staff that understood their health and care needs.
● Staff training, supervision and appraisals had all been completed in line with the provider's requirements. Staff said their line managers were 'open', 'approachable' and 'fair'.
● Staff told us they felt supported in their role and were satisfied with the level of training and professional development they received. A staff member commented, "We get mandatory training and a lot of other training, I can request for any training without a problem. I feel I have the right skills to support people's needs."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink sufficient amounts for their health and wellbeing. People told us the food was "Tasty", "Lovely" and "Always very nice." A relative said, "There seems to be enough food."
● People's nutritional needs were assessed, their likes, dislikes and intolerance or allergies were recorded, and their dietary needs met.
● There was no menu in place for people, at each mealtime, available meals were written on a board for people to refer to. During meal times, people were offered plated choices of food and their choices respected. Throughout the day, people had a choice of cold or warm drinks within reach.
● Meals were freshly prepared by kitchen staff and where people required their food prepared differently due to a health reason, both kitchen and care staff knew the support to provide.
● People's weight was monitored regularly to ensure they were maintaining a healthy weight. Where people were found at risk of malnutrition, dehydration and swallowing difficulties, healthcare professionals such as GPs, dietitians and SALT teams were involved and staff followed their recommendations to ensure people's dietary needs were met safely.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access healthcare services. A relative said, "The doctors come around to review [my loved one] every now and again."
● Each person was registered with the home's GP surgery. A GP visited the home once a week and when required to treat people. Records of professional visits showed dentists, opticians, pharmacists, district nurses and the mental health teams had also treated people at the home.
● Where people had hospital appointments, they were supported by their relatives or staff to attend these appointments. The home uses the 'red bag scheme' which included important information and personal belongings of people to create a better care experience whilst in hospital. This also provides emergency and hospital teams important information to help provide safe care and treatment.

● There was evidence to demonstrate that the home was responsive and worked proactively with health and social care professionals to deliver safe care and support. Records showed relatives were regularly updated with professional visits, so they were up to date with the care and treatment their loved ones received.

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

● People's individual needs were met by the adaptation, design and decoration of the home. A person told us, "It's a nice place." The home was recently decorated to support people families with their environment and to promote navigation.

● People's rooms were decorated and personalised to their needs; some rooms were en-suite. One person's room was decorated with soft toys, staff told us they loved soft toys; our observations and their records confirmed this.

● The entrance of the home was accessible for people using wheelchair. Corridors in the home were wide and had handrails to promote easy navigation. There were adaptable communal baths to support people with limited mobility. Lifts were available to promote easy access between both floors.

● People's rooms were identifiable by numbers and a memory box . The memory box included people's names, photographs and things or activities important to them. At our inspection, we observed the home being decorated with old photographs of the local community to trigger memories and reminiscence for people living with dementia.

● The lounge area allowed people to sit individually or in groups and people had access to the garden. Where required, doors were secured with codes to promote people's safety

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.

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

- People were supported by staff who were kind, caring and respectful towards them. A person told us, "I think I'm lucky [being] here. It's nice, the staff are nice." A relative commented, "The staff are amazing."
- People received care and support from staff that were attentive and understood their individual needs. A relative told us, "It's absolutely perfect here. [My loved one] couldn't be in a better place."
- We observed that staff had built respectful relationships with people, knew their preferences and provided care and support that met their needs. We observed a member of staff having an interesting conversation with a person about their relatives and the [staff's] own family whilst fixing a jigsaw puzzle together.
- People's diverse needs had been assessed and their life histories available in their care plan to help staff build relationships with them. Staff had completed equality and diversity training, they respected people's differences and supported them without discrimination. For example, people were supported to express their sexuality, practice their faith and cultural differences. Religious representatives visited the home to support people with their faith.

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

- People were supported to make decisions about their care and support needs. A person told us, "[Staff] are very good. I can't put anything against them. I'm definitely not made to do anything [I don't want to]…. I've got no complaints."
- People were provided with choice, so they could make day to day decisions for themselves. One person told us, "If I need help I would not be afraid to ask, staff don't limit you to a time to get up or go to bed, and I can have a shower, a wash or a bath if I want."
- Where people required additional support with their care and support needs, a key worker system was used to encourage and support them to make decisions. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- Relatives told us they were involved and consulted about their loved one's care and support needs. A relative said, "There is good contact constantly between the home and us."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality were upheld and they were not discriminated against in anyway. A person told us, "The staff are very kind and helpful." We observed staff discreetly supporting people with their personal care .
- Staff told us to promote privacy and dignity, they knocked on each person's door before entering, they ensured curtains and doors were shut during personal care and guided people through the support they

were about to deliver.

● Information about people including their care plans were locked in the duty office or in locked trolleys and staff knew the importance of keeping information about people confidential.

● People's independence was promoted. A member of staff told us, "I can wash everyone quicker but to promote their independence it is important to let them have a go and I don't care how long it takes me. If they are struggling I will ask them if they want me to help."

● We observed that where people were capable of supporting themselves, for example with eating, mobilising or making a choice, staff promoted their independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received care and support that met their needs. A relative told us, "You can't fault the staff. They make [my loved one] laugh, keep her happy and she always looks nice when we visit." Another relative said, "Staff see to all my [loved one's] needs and he is happy."

● Each person had a care and support plan in place which provided staff a guidance on how their needs should be met and the level of support required. Care plans included people's physical, mental and social care needs; including their personal care, nutrition, behaviour, medicines and mobility.

● Staff knew people well and attended to them promptly. Various staff members answered specific questions about people care and support needs, and this was consistent with information in their care plans. How did they meet people's dementia needs?

● People and their relatives were involved in the care planning and told us people's preferences were respected. Daily care notes were reflective of the care and support planned for people and the care plans were kept under review to ensure people's needs were met.

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 had been assessed and met. Care plans contained information about people's senses and communication; including hearing, reading and speech. Each person care plan provided staff guidance on how their communication needs should be met. For example, one care plan stated, " [Person's name] has glasses but tends not to wear them, [Person's name] likes to be spoken to slowly and softly, she is hard of hearing, so you need to speak softly near her right ear." We observed staff following this guidance.

● We saw that some people were wearing glasses and one person told us they were going for a new hearing aid to improve their social interactions

● The registered manager told us that where required, large print and pictures were used to support people's communication needs.

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 and develop relationships with those important to them. Throughout our inspection, we observed visiting relatives spending their time with people. Relatives said they could also

take their loved one's home or into the community.

● People were supported to participate in activities of their interest and stimulated in ways that were socially relevant and suitable to their needs. We observed people engaged in activities including puzzles, bingo, music, ball games and chair exercise. The home had two pet cats, four guinea pigs and a fish tank and people's relatives and staff also brought in their pet dogs for people who loved animals.

● People had access to the local community and its facilities. People were supported to shops, parks, clubs, theatres and restaurants. Recently, people had been on a boat trip and to a historic building to look at the gardens and have tea. During our inspection, a local nursery visited the home and we observed positive interact between the children and people living at the home. For example, one person had big smiles on their face whilst a child showed them their toys. We also observed that people were positively engaged with visiting animals including reptiles brought in by a visiting entertainer.

● The home worked in partnership with specialist organisations in dementia care to design reminiscence activities which were socially and culturally relevant to people and to reduce the risk of loneliness, boredom and isolation. People were supported to celebrate their birthday and we observed this during our inspection.

● Various artists including musicians and tribute acts entertained people at the home. Reborn life dolls were brought into the home monthly to engage with people interested in babies. Daily logs were kept of activities people participated in, their level of participation and their mood to ensure their needs were being met.

Improving care quality in response to complaints or concerns

● Complaints were handled satisfactorily. People and their relatives told us they knew how to make a complaint if they were unhappy. One person said, "I'd call in one of the staff I feel confident with and tell them."

● At the time of this inspection, people told us they did not have anything to complain about but said their complaints or concerns were acted on promptly when raised.

● The service maintained a complaint log and had received three complaints since January 2019 and these had been resolved satisfactorily.

End of life care and support

● People and their relatives had been consulted about their end of life care needs. People who did not wish to be resuscitated had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been agreed with them, their relatives where appropriate, staff and completed by their GP.

● Where people had been assessed and placed on ?end of life care, their relatives and appropriate healthcare professionals were involved to ensure their end of life care needs and wishes were met.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home was well-led. People and their relatives were complimentary about the management team.
- The home was managed by a registered manager and deputy manager. Both managers demonstrated a commitment to provide high quality, meaningful and a person-centred care and support for people living with dementia. We observed that a manager knew people on personal basis and address them by their preferred names and interacted with them appropriately.
- The management team engaged various stakeholders including people, their relatives, staff and health and social care professionals to plan and achieve good outcome for people living with dementia.
- The management team understood their responsibility under the duty of candour and had been open, honest and taken responsibility when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Where required, they had notified CQC and other health and social care authorities of significant events that had occurred at the home. The service had also displayed their last CQC inspection report rating on their website.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values which included promoting person centred care, dignity and respect, compassion and independence. Staff upheld these values when performing their roles and told us they treat people as they themselves would like to be treated.
- All staff were complimentary about the home managers. They told us they felt supported in their roles and were confident any issues raised with managers would be handled well. They said they were happy working at Parkview because they all worked well as a team.
- There were systems in place to assess and monitor the quality and safety of the service provided. The home carried out various audits in areas including medicines, infection control, health and safety, unannounced night time checks, meal times and care plans and staff files. Where issues were identified for example with the environment, action was taken to improve on the service delivered.
- Both management and care staff demonstrated a willingness to learn and to improve on the quality of the service delivered. They told us they were open to suggestions to deliver a better experience for people.

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

● People and their relatives views were sought to improve the quality of the service. Surveys, residents' and relatives' meetings were used to gather feedback about the service. Minutes of meetings showed where issues were identified, action was taken to improve the quality of the service in areas including laundry care.

● Various staff meetings were held to update and gather staff views about the service. Minutes showed that these meetings were interactive, and staff were given opportunities to make suggestions and feedback on areas that required improvement.

● The service also had strong links with the local community and had built relationships with local schools, nurseries, churches, clubs and restaurants to engage people and to minimise the risk of social isolation.

Working in partnership with others

● The service worked in partnership with the local authority, the local clinical commissioning group (CCG), hospitals and other health and social care professionals to plan and deliver an effective service.

● The local authority contract monitoring team had carried out monitoring checks at the home and their feedback was positive.

● The home also worked in partnership with other homes owned by the provider and staff teams including care-coordinators sharing good practice to improve people's experience for example about activities they participated in.