

# Zest Care Homes Limited

# Bramley Court

## Inspection report

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Date of inspection visit:  
16 April 2019  
17 April 2019

Date of publication:  
03 June 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?

Good ●

# Summary of findings

## Overall summary

About the service: Bramley Court is registered to provide personal and nursing care for up to 76 people. Some people may have a diagnosis of dementia. At the time of the inspection there were 71 people living in the home.

People's experience of using this service:

The feedback we received from people and relatives was good. Staff we met and spoke with were happy and proud; they were loyal and committed to the provider and registered manager. This was reflected in their attitudes and integrity during the inspection. All staff on duty were happy to contribute to the inspection and share their views and experiences.

The service was safe and risks to people were managed well. Staff knew how to protect people from harm and had received safeguarding training. People were living in a safe, well maintained environment. The service was clean and tidy and free from any unpleasant odour. There were enough staff employed to help keep people safe and to meet their needs. We found that recruitment practices were safe and the relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed, stored and administered safely.

The service was effective in meeting people's needs. Staff received regular supervision and support. The annual training programme was extensive and equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. 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 supported this practice. People were provided with a healthy, balanced diet whilst promoting and respecting choice.

The service was caring towards people. People were treated with kindness, respect and compassion and people were given support when they needed it. Staff were seen to be caring towards people they supported and spoke about people positively. Staff had very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People received end of life care that was dignified, respectful and caring. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a high standard of care because the management team led by example and had high expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles and held the management team

in high regard. Staff described working together as a team, how they were dedicated to providing person-centred care and helping people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

Rating at last inspection: Good (published October 2016).

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

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Bramley Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by a lead inspector, a second inspector and two experts 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:

Bramley Court is a care home with nursing. People receive accommodation, nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During our visit we spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who

could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke with four people living at Bramley Court and six relatives. We spent time with the registered manager and deputy. We spoke with 12 staff members including the administrator, registered nurses, care staff and ancillary staff.

We looked at ten people's care records, together with other records relating to their care and the running of the service. This included seven staff employment records, policies and procedures, complaints, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Most people were not able to tell us if they felt safe living at Bramley Court, due to their level of needs. People were supported by staff who had received appropriate training and understood how to recognise and report signs of abuse or mistreatment.
- The registered manager confirmed safeguarding and whistleblowing policies and procedures were available for staff to access. Safeguarding was regularly discussed with staff.
- The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety. Records confirmed if the registered manager or staff were concerned about a person's safety an alert was raised with the local authority.
- Satisfaction and views around feeling safe included, "My relative is nurtured here as well as being excellently nursed, he is secure in a splendid home", "Yes, it's very safe. At home mum would fall over but I have no worries here. After a long time, I now have peace of mind".

Assessing risk, safety monitoring and management.

- CCTV surveillance cameras were installed around the home to help keep people safe from harm. Staff and relatives at the home told us about the positive impact the cameras had. One staff member told us, "I really like the cameras. They are here to monitor the home, but it makes us all feel safe as a staff team".
- The registered manager gave us examples of how the cameras had helped to reduce the number of safeguarding incidents and referrals to the local authority. The number of falls had also reduced. An example was that one person was found by staff on the floor face down in the corridor. It was unknown if the person had fallen or what had happened. The registered manager sent a request to the CCTV monitoring company to investigate this. It showed that the person had not fallen and they had placed themselves on the floor as part of their behaviour. The home was able to put measures in place to monitor the person's behaviour accordingly.
- The registered manager had in the past used evidence from the cameras to address poor practice with staff, this was often done by showing staff the visual evidence.
- Staff were able to support people who were distressed because they had appropriate training and care plans in place for people living with dementia.
- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people.
- The potential risks to each person's health, safety and welfare had been identified. People who were at risk of developing pressure sores had measures in place to minimise this from happening.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at

risk.

- There was a programme of daily, weekly and monthly checks in place in order to keep the premises, people and staff safe.
- A walk-a-round of the whole home was regularly carried out by the registered manager and maintenance staff.
- Records showed all checks, servicing and maintenance were in place for all equipment.
- Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Hot water temperature checks had been carried out and were within the 43 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.
- The certificates for portable appliance testing, gas safety and electrical installation were all up to date.

#### Staffing and recruitment.

- There were sufficient numbers of staff on duty to keep people safe.
- There were always staff visible in communal areas during our visits. Visitors said that it was comforting to see that staff were always available.
- Staff did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner. Staff were not rushed and supported people to do things at their own pace.
- Staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. At the time of our inspection two people's needs meant they always required a member of staff with them. This had been managed effectively by the registered manager to ensure safety to everyone who used the service.
- We looked at the recruitment records of staff and found they had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked.
- Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the home. Such checks helped the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults and children.
- Records confirmed staff's identification and medical fitness had also been obtained. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

#### Using medicines safely.

- There were systems in place to ensure medicines were managed, stored and administered safely.
- We checked the medicines trolley and found this was clean, tidy and well organised with the opening dates of medicines recorded where needed.
- We looked at a random selection of people's medicines along with their medicines records. This confirmed people were receiving their medicines as prescribed by their GP.
- Medicines were disposed of safely at the service when they had been discontinued or not given for an appropriate reason.
- Controlled Drugs (CD's) were stored in line with legal requirements.
- Medicines were stored at the correct temperatures in line with best practice. This was to ensure medicines remained at optimum temperatures and were safe to use.
- Staff had received training in medicines management and had their competencies checked regularly.

#### Preventing and controlling infection.

- The home was clean, tidy and fresh smelling throughout. Carpets were regularly cleaned and when soiled.



- Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required.
- Housekeeping staff had cleaning schedules which they followed. Records confirmed there was a continual schedule in place for daily cleaning.
- The home's catering areas had been inspected by an environmental health officer which resulted in the home being awarded the full five stars.

Learning lessons when things go wrong.

- Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by the management who monitored for any themes or patterns to take preventative actions.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience.

- Relatives said they felt staff were suitably trained and experienced to support them. Comments included, "They are very good. They are very nice to all the people here", "My mum has many complex needs. The staff are lovely, and I couldn't fault them" and "They all work very hard."
- The home ensured staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were extensive and tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. This had enabled staff to progress to champions within the home for example in, end of life care, oral hygiene and infection control.
- Staff told us the training they received was effective. Training provided was face to face and provided by one trainer. Staff told us the trainer made the learning engaging, interesting and meaningful. Additional subjects were accessed by outside training providers for example palliative care, Parkinson's awareness, and diabetes.
- The home had a steadfast group of staff. They worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision and felt they were supported by the provider, registered manager and deputy.

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

- People received a healthy, balanced, nutritious diet. People's choices and preferences were respected. There were several examples where people's cultural preferences were catered for. Two people were provided with homemade Gujarati cuisine, vegetarian meals from western India. The catering staff had learnt how to source the correct ingredients and master the art of cooking these dishes.
- People enjoyed freshly prepared meals and relatives told us they were enjoyable and there was plenty to choose from. Comments included, "The food is good. Mum needs assistance with eating and staff are helpful. In fact, she has put some weight on" and "Obviously it's not the same as home cooking, but from what I've seen it looks good". Hot and cold drinks, cakes, biscuits and fruit were available throughout the day including night time.

- People who were at risk of dehydration or weight loss were monitored and specialist advice was sought where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff working with other agencies to provide consistent, effective, timely care
- The home ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One visiting GP told us the nurses were well prepared for his rounds, patient annual reviews and had relevant information to facilitate the smooth running of his visits.
- Records and correspondence showed appropriate and timely referrals had been made to health professionals and advice provided had been acted upon.

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

- People's rooms were comfortable warm and clean.
- People's rooms were personalised with ornaments, pictures, soft furnishings and photographs. Some people also had pieces of furniture which they said they had brought in from their previous home.
- The home had a specialised dementia unit. We found that each bedroom had a front door with their name displayed. Throughout this part of the building there were lots of age appropriate pictures and wall murals which were dementia friendly.
- Several areas of the home had been refurbished since the last inspection to improve the environment for people. For example, the corridors around the home had been re decorated. Plans were in place to replace some of the flooring upstairs. The reception area of the home was also under going full redecoration.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager demonstrated a sound knowledge of the MCA. Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- There were no restrictive practices. We observed two members of staff providing one to one support to two people. When they were anxious or distressed the staff were attentive and professional. They provided a good balance of maintaining safety and allowing freedom to move and respecting independence. We saw staff offering choice to people and asking for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.

- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Good systems were in place so that the registered manager would know when these expired and to reapply.

# 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.

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 had good relationships with staff and they looked comfortable and relaxed when approached and supported. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles.
- People appeared well cared for. They looked well kept, their hair was groomed and fingernails were clean. They wore clothing that reflected their age, gender and previous life style and footwear was appropriate.
- We received compliments from people and their relatives about the staff. This included, "For me I love this place because they have been kind and caring to mum and her room is home from home", "One hundred per cent the care is lovely. I would give them all a medal", "They are cheerful, friendly and they know mum well" and "They do look after my dad very well and the staff love him".
- The provider respected people's needs under the Equalities Act 2010. With the support from one carer we spoke with a Gujarati (Western India) person who said she was happy living at the home because there were Gujarati speaking carers who she could communicate with.
- Another carer and activity coordinator spoke with us about a recent event they celebrated, the Hindu festival of Holi. The event was a great success and people, relatives and staff provided positive feedback.

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

- People had access to information within the home about independent advocacy services. Information was displayed along with other leaflets. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure their rights are upheld.
- People were involved in decisions about their care on a daily basis. Staff took time to explain choices and respected people's decisions. Where appropriate relatives and representatives were involved in decisions.

Respecting and promoting people's privacy, dignity and independence.

- People and relatives agreed that they were treated with dignity and respect. Before and after mealtimes we saw staff offer people moist tissues to clean their hands and faces.
- Relatives told us, "The door is always shut when they are getting mum ready in the morning and I feel comfortable waiting outside until they ask me to come in" and "If we want to have some private time with my husband staff offer to take him to his bedroom, so we can have some privacy".
- Staff spoke about the people they were looking after respectfully. They told us they treated people with dignity and respect at all times. Staff clearly knew the people they were caring for and able to describe their likes, dislikes and preferences.
- We saw some good examples where people's independence was promoted. Two staff members were assisting a person to stand using a Zimmer frame and handling belt. They tried twice to get them to stand

but he could not do this safely. They were patient and supportive and asked him to sit back into the chair and explained to him clearly how to position his legs. They then tried again and this time it was successful. They praised him for his efforts and provided the guidance and instruction to walk to the dining table and sit down.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required, for example for those people living with dementia. Some care plans were better than others and work continued to ensure plans reflected the person-centred care people were receiving.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they moved to the home and their past and current medical history and needs. During our visit we saw people being cared for and supported in accordance with their preferences.
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required.
- People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in and staff respected their decisions.
- Activities were discussed at the 'residents' meetings. People took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- Systems were in place when information needed to be shared with people in formats which met their communication needs. This was in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- Two complaints had been received this year. These had been addressed through the homes policy and procedure. Records evidenced that both were thoroughly investigated, and written letters of the outcomes were sent to the complainants.
- People and relatives had formed relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. This information was also shared with staff in shift handovers. People and relatives we spoke with told us they were listened to and had never had to make a formal complaint. They named individual carers who they said were very good and supportive.

End of life care and support.

- People were cared for when they required end of life care, with the support of GP and other community health care professionals.
- Since our last inspection the home had provided relatives and friends with a 'comfort room'. This was a place for peace, solitude and reflection when a loved one was near end of life. The room was decorated in soft tones with comfortable furniture. Music, useful literature and beverages were available. A brochure had been compiled and published by the home entitled, "Preparing for Approaching Death". Contents provided people and their family with information about what to expect when a person entered the final stages of end

of life.

- Staff told us they felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity. Six staff had attended extended training and were the homes end of life champions. We saw that all staff had received training in supporting people when they were dying and further training at a local hospice was booked for this year.
- Staff had received some lovely written comments from relatives when they had lost a loved one, thanking them for their kindness and support. One person wrote, "How can I ever cover the endless kindness, warmth and care, the understanding and nursing skills you have shown over the years".
- Each year the home held a memorial service for family and friends who had lost a loved one. Each family was presented with a framed photograph and a keepsake.



# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- The registered manager led by example and was 'caring, kind and respected'. People and staff spoke well about her and their overall satisfaction of the whole service provision. Comments included, "The manager and deputy are very approachable and listen to us", "I love coming to work every shift, the home is well run and it works well", "I find the manager most helpful" and "I have to travel and take two buses to get to work, that's how much it means to me to be part of the home".

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

- The registered manager told us they were very well supported by the provider (owner). The provider visited the home monthly, phoned regularly and was available to offer support to the home 24 hours a day. It was clear from our conversations that there was a level of mutual respect between provider, registered manager, deputy manager and the staff. We were told the provider openly listened to any feedback or ideas that the registered manager had.
- The registered manager worked closely with the CCTV surveillance company that monitored the cameras within the home. They told us that the cameras were invaluable and were monitored by an operator for a set period of time each day. The registered manager was able to advise the operator of any areas of the home that they wanted monitoring in further detail. An example given to us included asking for monitoring of the staff interaction at meal times. This was to ensure the staff focussed on the mealtime experience of people.
- The registered manager was provided with reports to investigate when poor practice or shortfalls had been identified. The registered manager included the reports as part of their quality monitoring of the home.
- They were able to provide us with examples of how the cameras have helped to improve the quality of care provided to people. One example was around drug administration. In the past nurses had walked away from the medicines trolley and had not locked this leaving it unsafe. Another example included when poor moving and handling practices had been identified by the cameras. The registered manager had used the images from the camera to address poor practice with staff by showing the visual evidence.
- The registered manager told us since having the cameras installed it has had a significant impact in reducing the number of incidents that occurred and had improved the quality of care people received.
- Quality assurance systems were in place to drive improvements within the home. The home had a

programme of audits and quality checks and these were shared out between the registered manager, deputy manager and the maintenance person. Regular audits had been completed of the environment, medicines, care records, health and safety and infection control. Regular checks were also made to ensure fire procedures were safe and in line with health and safety guidelines.

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

- People were empowered to express their views and suggestions about the home. Regular 'resident meetings' were held with people. The last meeting was held on 8 February 2019 and people were asked to make suggestions about the menu choices available to them. People were also kept up to date with staff changes and health care reviews.
- Relatives meetings were regularly held at the home to keep family members up to date with valuable information. The last meeting was held in 10 April 2019 and the registered manager discussed end of life care, CCTV surveillance and about the initiatives the home were taking part in.
- The registered manager and deputy manager held a variety of regular meetings with the staff team who worked in various roles within the home. These meeting included health and safety meetings, clinical governance meetings and trained staff meetings. Staff were asked to make comments during the meetings and minutes were shared with them.
- Every visitor said that they would recommend Bramley Court to other people. Comments included, "I would say it's one of the best", "It's important to tell you I am very, very pleased with this home. Mom has a big family who come all the time and every one of us feels the same".
- The service produced a newsletter which was well received by everyone who used the service. We read some written feedback comments from families. They wrote, "I wanted to tell you how much my family enjoy reading and receiving every publication" and "I enjoy looking through the colourful newsletter. The balance of photographs and text are just the right balance. It's lovely to capture the smiling faces of happy residents". One relative had said it would be good to hear about individual members of staff. This was actioned by the registered manager and in each addition a member of staff will write a piece about themselves. This included information about their families, personal interests, and why they enjoyed working at the home.

Continuous learning and improving care. Working in partnership with others.

- The registered manager had a good working relationship with the local authority and commissioners.
- The home demonstrated that they worked well with other agencies where needed, for example with the GP surgery. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people. The registered manager also provided evidence which showed they worked closely with other health and social care professionals.
- The registered manager attended regular meetings with the local Clinical Commission Group. This was often held every eight weeks and they discussed any issues either parties had.
- The registered manager told us they worked closely with the registered manager from another of the providers homes. They told us they worked well together to share best practice along with supporting each other.
- The registered managers vision for the next 12 months was to continue to provide a high level of person centred care to people. They also planned to deliver further dementia care training to staff. They hoped to put forward staff to become dementia champions. The registered manager told us they looked forward to seeing the homes extension built. They planned to turn this into a tea room where people could visit for pub lunches, quiz's and afternoon tea.