Greensleeves Homes Trust

Harleston House

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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Harleston House is a residential care home which provides accommodation and personal care for up to 39 people, some living with dementia.

There were 35 people living in the service when we inspected on 20 and 21 April 2016.

There was a registered manager in post. 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 service provided care and support to people which took account of their individual needs, preferences and wishes. Staff and management were dedicated to providing care which exceeded people's expectations. Meaningful relationships had been built up between people and staff, and we observed caring and compassionate interactions. Feedback from people, relatives, and professionals during the inspection was very positive.

Staff were motivated to provide care which impacted positively on people's well-being. Staff worked in partnership with people to ensure that the care delivered was individualised. We observed people and staff singing, dancing and laughing throughout the day. The atmosphere was relaxed and vibrant.

Effective systems were in place which protected people from the risk of abuse. Staff were trained to identify potential signs and knew how to report any concerns.

Risks to people were identified, monitored and reviewed regularly. Assessments guided staff on how to ensure the safety of the people who used the service.

The registered manager and staff supported people who may not be able to make decisions about their own care in line with relevant legislation.

People were supported to maintain good health and had access to a range of health and social care professionals when required.

Appropriate systems ensured people received their medicines safely.
A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. The service encouraged feedback from various sources, and used this as an opportunity to make changes.

The service had effective management and leadership. There was an open and inclusive culture within the service. There were systems and processes in place to monitor and evaluate the quality of the service

provided. Any issues identified by these systems were acted upon quickly and the appropriate actions taken.

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.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely. Staff were knowledgeable about the medicines they were giving.

Is the service effective?

Good

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA and DoLS.

People were supported to have enough to eat and drink.

Is the service caring?

Outstanding

The service was extremely caring.

People received exceptional care by staff who understood how to meet their diverse needs and knew them well.

People views and wishes were listened to, and were supported to take part in events which were significant to them.

Staff treated people with dignity and respect and people's independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was regularly reviewed and amended to meet changing needs.

People were encouraged to live active lives, be part of their community and maintain relationships.

Complaints were listened to and acted on.

Is the service well-led?

Good

The service was well-led.

The service had an open and inclusive culture. Management were visible within the service and knew people well.

Staff, people and relatives spoke highly of the management, and were confident in their ability.

There were effective systems and processes in place to monitor and evaluate the quality of the service provided.

Harleston House

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.

The inspection took place on 20 and 21 April 2016, was unannounced and undertaken by one inspector.

Prior to the inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

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 speak with us, for example, people living with dementia.

During the inspection we spoke with five people living at the service, six relatives and two visiting health professionals. We spoke with the registered manager and four members of care and catering staff. We also observed the interactions between staff and people.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments and medicines records.

We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People commented on the safety of the service. One person said, "I definitely feel safe and secure here." Another commented, "Very safe here, they look out for you". One relative said, "They [staff] are excellent here, and [Name of relative] tells us they feel safe, which gives us real peace of mind".

Staff had received safeguarding training and were able to name different types of abuse they may come across in their work, and signs to look out for in how a person may present. Staff knew how to make referrals to the relevant professional bodies should they suspect a person was being abused. One care worker told us, "I would not hesitate in reporting concerns to a senior member of staff". Staff were also aware of 'whistleblowing' procedures [a system which supports the reporting of poor practice by professional staff] and the service promoted this message by displaying details of the helpline at the front entrance of the service. One care worker told us, "If I saw poor practice, I would remove the person from the situation and report them immediately". We also observed that staff were attentive to people coming into the building, for example, visitors and professionals. There was a member of staff present on reception to greet visitors, and we saw that professionals entering the building had their identification checked to protect people from the risk of potential harm and kept them safe.

People's individual care records identified risks which could affect their daily lives, for example, mobility, falls, nutrition, medical conditions and medicines. The risk assessments provided a level of detail so staff were provided with clear guidance on how to care for individuals. Where people were at risk of falling, equipment had been put in place to minimise the risk and referrals to the falls prevention team had been made. Where people had been assessed but continued to be at risk, the service liaised with the falls team on a regular basis to trial various methods and equipment, and in one case moved a person to another room which greatly improved the situation. This helped the service to be pro-active in their approach to reducing risks to people. Assessments were reviewed regularly to ensure they were reflective and responsive to people's changing needs. One person told us, "I've fallen a few times, and staff came quickly, I was thoroughly checked over".

People lived in a safe environment. There were Personal Emergency Evacuation Plans (PEEP's) for each person living in the service. These plans outlined the support people required to evacuate the building in an emergency situation.

People told us they felt there were enough staff to meet their needs and had no concerns about the staffing levels. One person told us, "I just ring my bell and someone comes." A care worker commented, "Staffing is pretty good here, sometimes if people's needs change it gets harder, but overall it's good". The registered manager amended staffing levels according to people's needs and if more were required they contacted the provider who was supportive of this. The staff rotas reflected the number of staff on duty, and there was always a senior on each shift to provide leadership and effective deployment of staff. Staff interacted with people and responded in a timely manner where they needed assistance. Where people were considered to be at high risk of falling, door sensors and mats were used to alert staff that a person may require support. Staff on duty were alerted discreetly via a pager system to ensure staff resources were used effectively and

people's safety was monitored.

People were protected by the service's procedures for recruitment of staff. Staff, and records we reviewed, confirmed that reference checks and Disclosure and Barring Service (DBS) checks [which provide information about people's criminal records] had been undertaken before they were offered a position in the organisation. This ensured that new staff coming to work in the service were suitable for their role.

There were appropriate arrangements for the safe handling of medicines. People were happy with the arrangements. One person told us, "I get my medication regularly. I have a lot of pills to take and they ask me if I want painkillers too". Medicines were securely stored in each person's bedroom, and medicine administration records were kept with the prescribed medicines. Controlled drugs were stored separately and securely.

Staff were not documenting the times which certain medicines had been given, and there was a potential risk that this could result in intervals between administration being too long. We spoke to the registered manager about this, and on the second day of our inspection charts had been put in place to document times of administration. This demonstrated a responsive approach to improving systems and processes.

There was a comprehensive medicines auditing tool which the service used to monitor administration weekly. We saw that the auditing of medicines had identified areas for improvement, and action had been taken to learn from this. For example, management had spoken to individual staff members in supervision sessions, and had changed the process of booking in new medicines. The service used audits effectively to improve practice.

Good

Is the service effective?

Our findings

People felt well cared for by staff who were trained to do their job. One person told us, "I'm so happy to be here, we are so well looked after". A health professional said, "They [staff] know people very well and understand how important it is to keep people going".

Staff held nationally recognised qualifications, and were trained in subjects such as moving and handling, safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and dementia awareness. Many of the people using the service were living with dementia, and the registered manager told us that all staff had dementia awareness training annually provided by head office trainers. Last year they had introduced 'virtual dementia tour' training which provided staff with a simulated experience of how people living with dementia experienced the world around them, and as a result staff were able to understand better some of the challenges people faced on a daily basis, for example, how disorientated people can become.

The service had a 'dementia care coach' who had a more in-depth knowledge of how to care for people living with dementia and delivered coaching and workshops to staff, providing them with the knowledge and skills to understand and meet the needs of the people they supported and cared for. A further eight staff were awaiting dementia champion training. [A champion is a person with increased knowledge in a specific subject]. Training was linked with the relevant needs of people. For example, diabetic care, assessment for nutrition and skin integrity, exercise, and specialist activity training for older people. Staff told us that training was encouraged and reviewed during supervision sessions.

Supervisions and appraisals provided staff with the opportunity to discuss how they were working, receive feedback on their practice and identify how they would like to develop their skills. One care worker told us, "I feel really valued in my job, the manager praises me often which makes a real difference." Another said, "Greensleeves training programme is really good, that's in addition to other training we receive". Supervision records showed that training was discussed, as well as performance and reflection on practice. There was a comprehensive induction process in place, which ensured that new staff were supported appropriately. One staff member told us how they had shadowed experienced staff, and then they were shadowed to ensure they were competent in their role.

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 decision 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

Care records referred to the importance of gaining people's consent. Reference to this was emphasised throughout, for example, staff were reminded to gain consent before assisting people with personal care. Where consent was required, this was highlighted in colour, immediately bringing it to the reader's attention. Records included specific areas where it was felt that a person may lack capacity, for example, their choice of visitors, or what to eat. This meant that people could be supported appropriately where needed, but were also encouraged to make decisions on other aspects of their daily routine, such as choosing which clothes to wear.

Staff had a good understanding of DoLS and MCA. DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. The registered manager had a detailed log of who had been referred and when, including the reason for referral. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

People were satisfied with the food they were provided with and the meal time experience was positive. One person told us, "The food is great; I have not one complaint." Another said, "The food is always very good". We observed the lunchtime meal. The room was bright and well furnished, the atmosphere was relaxed. We saw people laughing and talking with each other and staff. Some people were enjoying a wine or sherry with their meals. Various soft drinks were offered throughout the meal and staff were available at all times. People who needed support to eat were assisted by staff discreetly. Equipment such as plate guards and adapted cutlery were used to promote people's independence. People were served their meals at the same time, and there was choice. Individual portions differed according to appetite, and we saw lighter options provided for those who had smaller appetites.

People's nutritional needs were monitored and met. Where people were nutritionally compromised the service used screening tools to evaluate, review, and monitor risk. People were regularly assessed and referred to professionals promptly. Food supplements were used to increase nutrition, and people who had problems with swallowing were served softer diets and thickened fluids.

The chef was passionate about their role and told us how important it was to serve food that was appetising and nutritious. They knew people well and told us how they provided diabetic meals and fortified food and drinks where needed. The chef was committed to improving and varying the menu to ensure people didn't get bored with what was on offer, and showed us some menus they had devised, which provided lots of different and appetising options.

Soft drinks were available for people to help themselves throughout the day, in lounges and in communal areas on each floor. This meant that people had access to fluids around the building to reduce the risk of dehydration.

People had access to health care services and received ongoing health care support where required. Referrals to health or social care professionals were done so in a timely manner. There was also a weekly clinic held in the home with the local GP. These clinics provided a forum for staff to raise urgent matters, and ensured people's health needs were met promptly. One professional who regularly visited the service told us, "The staff are brilliant here, they refer people quickly, they come with me to see the patient, and know what they are doing". Another professional said, "Lovely, friendly staff who always follow advice, and know the people here well".

People's individual needs were met by the design and decoration of the service. The registered manager had designed each person's door to resemble a front door to help people feel that their room was their home. Pictures of windows had been designed on the walls, making it feel less like a corridor. There was also a

room designed to resemble a tea room, decorated with objects people would be familiar with, such as old style telephones and an old fashioned cash register. People had been involved in the design of this room, choosing the theme and colours. These projects considered and valued people's opinions, using them to design spaces which provided comfort and enjoyment to people.

Outstanding ☆

Is the service caring?

Our findings

People told us, and our observations confirmed, that staff were extremely caring. One person told us, "I'm so happy here, the staff are lovely and it feels like a family". A relative told us, "It's absolutely fantastic; the staff here really go the extra mile".

We observed people being cared for by extremely kind, compassionate and caring staff. It was clear that positive relationships had been built up between staff and people, and interactions were warm and friendly. People and staff were singing in the corridors, dancing and laughing. The atmosphere was vibrant. One person told us, "On my birthday they all came in and sang to me, staff had signed my card 'from the family', that's how it feels here, like a family".

Staff worked tirelessly to ensure people's well-being was paramount. For example, we observed one person throughout the day who had recently become unsettled. The activity co-ordinator told us in the morning that they were working with them by 'mapping' their needs. This involved observing the person, seeing where they were most at ease, what provided them with reassurance, and looking for triggers which prompted a response. At the start of the day the person was wary of others and uncomfortable in their surroundings. By the end of the day, we saw this person singing, raising a glass and dancing with the staff. There was a commitment to working alongside people to fully understand their individual needs, preferences, and personalities. One care worker told us, "We like to encourage a vibrant community here where everyone is happy".

The service had introduced a "Dreams Come True" project, inviting people and their relatives to make their wishes come true. Nine people had already been supported by the service to realise their wishes. There were photographs displayed in the dining area of people taking part in their chosen activity. One person had told staff of something they used to really enjoy doing when they were younger, and said, "I'll never do that again now will I?". With the person's agreement, staff took action to arrange this and make it happen. We saw a photo of the person engaged in the activity smiling and looking proud of what they had achieved.

Many of the wishes and activities were related to the person's previous work or employment. The activity co-ordinator told us that this often linked directly to reminiscence work by recalling old memories and experiences. For example, one person spent the day doing the job they once did when they were younger. The person told us how they were able to take on the role proficiently, and this gave them a sense of achievement. They said, "You should have seen me, I was serving people and doing it all". Staff were clearly invested in this process and cared about people and how they could enable them to still take part in experiences which were significant to them and which had a positive effect on their well-being. People knew of the "Dreams Come True" project and told us what they hoped to do. One person told us, "I intend to abseil".

People were supported to express their views and be actively involved in decisions about their care. Where agreed, people's families were involved in the care planning process to ensure the wishes and views of people were acknowledged. Weekly or fortnightly resident meetings were held and relatives were invited.

One relative told us, "They include me in [name of relative's] care, they always phone me if there are any problems, or if the doctor has been in, they are fantastic". The registered manager told us how any events or plans for the service were always discussed with people first, for example, Christmas parties or days out. The service encouraged people to take the lead in terms of what they wanted to do, and encouraged participation in decision making.

Staff actively listened to what people were saying and interests they had, for example, many people had often referred to the 'Pally' and how they used to attend this when they were younger. As part of dementia awareness week, the service had arranged an outing to recreate the atmosphere of the 'Pally', through music, dress code and entertainment. People were fully involved in sharing their views of what their experience was of this event, and some people expressed that they would like the younger generation to be involved in the planning of this, as they would not have heard about it before. The local school was invited in to help research the event with people and we saw photographs of people and students planning the day. The venue was selected by people who were escorted there by staff to see if they thought it would be suitable, and also chose the entertainers from searching on the internet. The service facilitated this opportunity for people to take the lead in arranging an event which was important to them, and acted on their views of how the event should take shape.

Information about advocacy was available to enable people to have a stronger voice and support them to have as much control as possible over their lives. Relatives were involved in people's care to ensure people's preferences and wishes were acknowledged, particularly where a person may be living with dementia. Staff sought information about what was important to them from relatives and friends who knew them well. We saw staff encouraging people to make decisions for themselves throughout the day, for example, where to sit, what to do, and what to eat.

People were encouraged to be involved in the recruitment of new staff. The registered manager told us that prior to the interview they talked to people about the candidates coming for interview and asked them if they wish to participate in the interviewing process. One person enjoyed interviewing and wrote their own questions in preparation. Candidates were encouraged to spend time with people, whilst management and senior staff observed their interactions. This gave the service an opportunity to ensure that prospective staff were suitable, and that people were involved in appointment decisions.

People's dignity, privacy, and independence were respected. One relative told us, "[Name of relative] still likes to do things [independently], and they [staff] encourage this". We observed people being given space and privacy when needed, for example, people wanting to spend time alone in their bedrooms or in another area of the home, and staff supporting them to mobilise there safely. The registered manager told us that they valued people's right to privacy, and those of the people who were visiting them, for example, they would ask if they wanted to use a quiet room rather than a communal area to spend time with their relatives. Staff used respectful and dignified language when speaking with people and within documentation about them.

Relatives and friends could visit at any time, and we observed that staff and management had positive relationships with visitors. One relative told us, "Can come and go as we please, we phone in as well with messages, they always respond to our requests". Another said, "I'm so glad my [relative] is living here".

The service had received the Gold Standard Framework (GSF) Care Homes Accreditation award for high quality end of life care. The GSF aims to reduce crises and hospitalisation, enabling people to die well in the place and manner of their choosing. We saw that end of life advanced care plans were in place, and that conversations took place with people about their choices and wishes before they were near to the end of life

to ensure their views were known. They worked closely with the individual and their family to ensure views were documented and personalised features, such as music and lighting, were discussed.

The service had created a 'memory tree' on the wall. The registered manager told us that when a person passes, they placed a butterfly on the wall in memory of that person. There was also a memorial garden. This demonstrated a caring and respectful approach, which provided an opportunity for staff and others to remember people who had lived in the service.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. One person told us, "The staff are wonderful here, they know what I like and what I don't like, and help me to do the things I struggle with".

Staff delivered care which was reflective of people's individual needs. People's care records contained information about their physical and mental health, emotional and social care needs. Care plans were personalised, detailing personal preferences and level of ability.

Tasks that people were still able to perform independently were documented, which ensured that people were enabled to maintain their independence as much as possible. People's preferences, such as what to wear, when to get up and other things that were important to them were reflected, for example, in one person's records we saw that staff had noted that a person's hair style was particularly important to them. In another we saw special interests and hobbies were noted. The most suitable methods of communication were also documented for people living with dementia, for example, if they became disorientated in the building, what language they responded best to so staff could reassure individuals and guide them back to an area of safety. This level of detail provided staff with clear guidance on how to respond to people's individual needs.

People and their families were involved in the care planning process when necessary, and this ensured that people's interests and personal histories were taken into account. One person told us, "They always help me with [name of hobby] and as you can see, it's lovely for me". Care plans were reviewed monthly, responding to people's changing needs. One care worker said, "We value people's views here, no two residents are the same, we have to meet their individual needs".

The service was 'Eden Alternative' accredited. The Eden Alternative philosophy asserts that no matter how old people are, or what challenges they live with, life is about continuing to grow. The service had learnt how to enhance well-being by eliminating the three plagues; loneliness, helplessness and boredom. The registered manager told us that by applying these principles, they had changed the culture of the service over several years, for example, by putting people in charge of choosing, arranging and organising events.

People were supported to follow their interests. There was an activity co-ordinator who told us that they were supported in their role and attend relevant training, for example, they had recently received recognised training to deliver exercise, activity, and stimulation within the service. They were passionate about their role, and told us how they worked in partnership with people and their families to get a real sense of who they were, and the things they used to enjoy before they had dementia. This enabled them to create an individualised activity plan.

The activity schedule incorporated tasks that people used to do, such as daily housework, laundry, and setting the dining tables ready for lunch. These activities gave people purpose and a sense of 'normality', carrying out every-day tasks which were familiar to them. Other activities included exercise, outside activity, pampering sessions, music therapy and cooking. The activity co-ordinator told us how activities were

'resident led', and would go 'off plan' if people wanted to do something spontaneous. People were also supported to go out for lunch or to the park if they wished, and the service planned regular outside events for people to enjoy. During the afternoon we observed that people had gathered in the dining area. Old style music was playing and people were seen singing along, waving flags and dancing with the staff. A health professional told us, "There is always a lot going on here, lots of activity and fun".

The service also had annual training provided by the National Activity Providers Association [NAPA] who is a skilled and specialist activity provider. The registered manager told us how through NAPA they had changed the way they delivered activities, by looking at the life history of people and how they socialised, so they could focus on activity groups that people felt comfortable in, for example, small groups, large groups or one to ones.

A social media page had been set up by the service (password secured) for relatives and friends to log onto and make comments about the service and for them to see what had been happening in terms of activities. The service checked this daily to monitor comments which they used as another opportunity to gain feedback.

People and relatives told us they knew how to complain. One person said, "I have no complaints but would speak to [name of manager] who would act". A relative said, "I raised a concern to [name of manager] who got it quickly sorted". The service had a complaints procedure for people, relatives and visitors to raise concerns. We looked at the complaints log, and saw that where people had made complaints or comments these were responded to and action had been taken to find a solution. The management team also used these comments to as an opportunity to learn and improve the quality of what they provided, and encouraged people to give their opinions.

Good

Is the service well-led?

Our findings

People, relatives and professionals all told us they thought the service was well led. One person told us, "The manager is lovely, she always listens to me." A relative said, "[Name of manager] is absolutely brilliant, and always around".

The registered manager was an effective leader. They had developed and embedded positive relationships with staff and there was an open, inclusive, and person centred culture throughout the service. Staff were compassionate and caring in their approach, and were proud of what they achieved by working in partnership with people. Staff felt supported by the management team. The activity co-ordinator told us, "[Name of manager] balances their role really well and uses people's strengths. They know everything that is going on in the service". A care worker said, "[Name of manager] listens to my suggestions so I feel valued, and they are very approachable".

Staff were clear about what was expected of them in their roles and were motivated to provide effective care. The registered manager was aware of the day to day culture in the service, and operated an 'open door' policy, ensuring they were available to staff and visitors. Various members of staff throughout the day came in and asked questions. This ensured they were aware of any situations which arose, and gave staff reassurance that they could approach them for advice when needed. The service has been accredited to 'Investors in People' for several years. The registered manager told us that they supported, progressed, and coached staff, and had developed effective supervision and appraisals systems as a result. This demonstrated that service was able to promote and develop their staff team.

The registered manager told us they were fully supported by the provider. The operations manager visited the home on a monthly basis, and spent time checking the quality of care, for example, looking at care plans to ensure they were effective, and spoke with people and staff to hear their views. If issues were raised during the visits, they provided support and advice, and if necessary arranged additional visits. Quarterly meetings were also held with head office, and updates were provided in terms of strategic developments, legislative changes, training, and budgets. There were seminars for managers which provided an opportunity to raise questions on particular systems or training they were considering implementing in the service. The trustees also visited the service throughout the year. A member of staff told us, "The trustees come in and make themselves known, which is nice to see". The chief executive and deputy chief executive both separately visited the service twice a year. The provider was taking an active, supportive, and responsive role in ensuring the quality of care provided, ensuring staff and managers were aware of updates, and encouraging feedback to continually develop what it offered to people.

Community links were utilised to avoid people becoming socially isolated. The service had established links with the local school [where students came in and worked with people on organising events], the visiting library, and a 'signing' choir. The management team placed importance on people's experiences, views and opinions, and were positive in promoting intergenerational communication, giving people more opportunity to be socially stimulated. Events were chosen by people and any ideas put forward were fully explored.

Harleston House had been recognised on an online site as one of the top twenty care homes in the East of England in 2016. This site highlights the most recommended care homes in each region of the UK. The Awards were based on reviews and recommendations received from people, family and friends. We reviewed the comments submitted, and saw that these were extremely positive, and reflected the comments we had received form relatives we spoke with during the inspection.

There were quality monitoring systems in place which ensured that practice was reviewed regularly and changes were made to continually improve the service. Audits were carried out in areas such as medicines, care planning and health and safety. The registered manager knew about and referred to best practice guidance, ensuring that the delivery of care was reviewed against these. They had completed a Diploma in dementia care, and from this had introduced changes, for example, staff no longer wearing uniforms, and night staff wearing pyjamas to reinforce to people that it was night time. They had also made cosmetic changes to the building which made it feel more like home for people. This demonstrated that they used their knowledge to make positive changes which directly benefitted people. The management team and provider were committed to providing a high quality, safe, and effective service for people.