

Cavendish Care Home Limited

Cavendish Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cavendish Care Home is a residential care home registered to provide, accommodation for persons who require nursing or personal care, to a maximum of 24 people. The service is a specialist dementia care home. At the time of our inspection there were 22 people using the service.

People are accommodated in one adapted building which has a large conservatory extension and enclosed back and front garden.

People's experience of using this service and what we found

Risks to people were assessed and action taken to reduce or mitigate these. This included risks associated with the Coronavirus. People were protected from abuse. There were enough staff in number and experience to meet people's needs. People's medicines were managed safely.

People's care was delivered in a personalised way, recognising and respecting people's individual choices, preferences and protected characteristics. Staff were trained and supported to deliver care in line with best practice guidance and the law.

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 also supported this practice.

Particular attention was paid to supporting people to have a positive dining experience which resulted in good outcomes for people. People's specific nutritional and dietary needs were met.

People had access to healthcare professionals, which included emergency health support and mental health specialists as needed. Support was provided to maintain and improve people's mental wellbeing. There were arrangements in place to support people's end of life care and wishes.

Staff were kind and patient towards the people they looked after. Staff understood how to support people with the challenges that living with dementia could bring. A relative said, "We cannot fault the care which mum gets; they understand her."

People were supported to express their views and to feel part of the care home's community. Staff treated people with dignity and respected their right to privacy. People were supported to maintain daily skills which supported their ability to remain as independent as possible.

People's representatives were kept informed of any changes to their relatives' care or needs. A relative said, "We are informed of any changes in mum's health or medication and any other situations which may affect her."

Managers promoted a culture which enabled people, their representatives and staff to feel comfortable in giving feedback, raising a concern or where needed, to make a complaint.

Managers had a clear vision for the service and effectively communicated this, along with their expectations, to the staff who shared their commitment to supporting people to live well with dementia. A relative said, "There has been a huge change and difference since the new manager [started]. For the better."

There were robust quality monitoring systems and processes in place to ensure outcomes for people remained positive and that the service remained compliant with necessary regulations.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11, 12 and 15 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve, safeguarding service users from abuse and improper treatment, person - centred care and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contained those requirements and also the Key Questions Effective and Caring which required improvement.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Cavendish Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. 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

Cavendish Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cavendish Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 February 2022 and ended on 25 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight relatives to gain their feedback on the service provided. We spoke with two care staff (one a senior care leader), two housekeepers (one also a social activity co-ordinator), the registered manager and the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed six people's care records including a selection of records relating to medicines administration. We reviewed the recruitment records of two staff including staff training records. We reviewed records relating to the management of the service; quality monitoring audits, action plans and a selection of policies and procedures.

After the inspection

We sought and received feedback from a healthcare professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from the risks associated with abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at Cavendish Care Home.
- People were supported by staff who had received relevant training and knew how to recognise potential abuse and knew how to raise safeguarding concerns.
- The provider had safeguarding policies in place which aligned with the local authority's multidisciplinary safeguarding protocols. The provider had processes in place to check that safeguarding procedures were being followed. A relative said, "We know that they (the staff) love her to bits and she is looked after well so she is safe."

Assessing risk, safety monitoring and management

- Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out to reduce risks such as those associated with fire and legionella infection.
- Regular fire evacuation drills were undertaken to ensure staff knew how to support people in the event of an emergency. The effectiveness of these drills was reviewed as were people's personal emergency evacuation plans (PEEPs).
- Risks to people's health and wellbeing were assessed and action taken to reduce or mitigate risks. This included risks associated with the development of pressure ulcers, falls, malnutrition and distressed behaviour.

Staffing and recruitment

- People were protected from risks associated with the employment of unsuitable staff as safe recruitment practice was followed.
- Checks on staff were completed before they started work. This included screening with the Disclosure and Barring Service (DBS). Past employment checks and checks into gaps in employment were also completed. Appropriate references had been obtained.
- Managers had faced workforce challenges during the pandemic but had been able to maintain safe staffing numbers so people's needs were met. Staff had contributed to this by operating as one team and sharing workloads as required.

Using medicines safely

- People's medicines were kept secure and administered safely. Medicines administration records were appropriately signed by staff when administering people's medicines.
- Staff received medicine training and regular practice assessments were completed to ensure they remained competent to carry out this task.
- Arrangements were in place for obtaining and returning medicines from the pharmacy. This ensured people's medicines were available when required and safely returned to the pharmacy when no longer required.
- Medicine audits were undertaken to ensure the above arrangements remained in place and people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to see their families in accordance with their preferences and in line with government guidance.

Learning lessons when things go wrong

- Managers were proactive in using situations which had not gone to plan, such as falls or altercations between people, to learn from these and to adjust the management of these where needed. A relative said, "There was once a couple of issues with a resident which made mum feel unsafe, but it is in hand."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant 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

- People's needs were assessed prior to admission to the care home to ensure these could be safely met and were within the skills and capabilities of the staff team to support.
- On admission and following admission, staff used recognised assessment tools to assess and review people's care needs.
- Managers ensured people's needs were also met in line with appropriate and locally agreed care pathways. This included referral requests for assessment to, the mental health services, continence support service, falls clinic and occupational therapy for mobility or moving and handling equipment.

Staff support: induction, training, skills and experience

- All staff had completed the care certificate, either when they first started work or as a 'back to basics' refresher training (the care certificate consists of 15 standards to which all care staff must work to and has practical and theoretical components to complete).
- Further training had been provided in subjects relevant to staffs' roles and responsibilities and staff were expected to update their training yearly or as required.
- The registered manager and nominated individual proactively supported staff to improve their skills and knowledge by providing them with additional training opportunities and by encouraging and supporting them to complete these.
- Additional training had been completed by staff in 2021. This had focused on the service's specialist areas of care; dementia care, supporting associated mental health needs and positive behaviour support for the management of behaviour which can challenge or cause distress.

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

- Staff worked with a specialist catering provider who provided the care home's food and which met people's needs.
- A range of foods and drinks were therefore provided which included textured altered food and drink for people at risk of choking, food fortified with additional calories for people at risk of losing weight, for example, people who walked with purpose and food which people could easily pick up with their fingers.
- People were appropriately referred to speech and language therapists (SLT) for assessment and staff followed their instruction when supporting people with their food and drinks.
- People's weight was monitored and concerns about this were referred to the GP for further investigation.

Staff working with other agencies to provide consistent, effective, timely care

- People had been provided with support by NHS Rapid Response teams when they had become acutely poorly and required assessment and treatment. This enabled timely and effective care and treatment to be given in their own home (the care home), and where safe to do so, had avoided admission to hospital.
- Staff appropriately referred people to community nurses for assessment and treatment in relation to risk associated with damage to the skin from pressure and any required wound care.

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

- The environment supported people living with dementia. Easy read signage was observed around the home to indicate areas such as the dining room and bathrooms/toilets. Bedroom doors were painted different colours and had photographs displayed on them, representing something important to the person whose bedroom it was, to help them identify their personal space.
- All bathroom and toilet doors were painted red making them easier for people to locate. Handrails were painted in a warm pink making them stand out from the wall. The rest of the decoration was plain and calming.
- A relative made the following comment about the environment, "It's a very appealing environment, good décor, nice and bright décor."

Supporting people to live healthier lives, access healthcare services and support

- People had access to regular chiropody to ensure their comfort and help maintain their mobility.
- Where people allowed staff to, they were supported to maintain their oral hygiene and were supported to access dental treatment when required.
- People who lived with diabetes had access to NHS specialist support to ensure their diabetes remained stable and any health risks associated with this were identified and addressed.
- A relative said, "Chiropodist, eye examinations and district nurses are available for residents if needed."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for where people's liberties were restricted. Any conditions related to DoLS authorisations were being met. The registered manager and staff had received training on how to work within the principles of the MCA and to therefore deliver care and support to people in the least restrictive way possible.
- Assessments had been made of people's ability to consent to the care and support provided to them.

Where possible people were supported to make independent decisions about their care. People's ability to make independent decisions was reviewed each time a decision had to be made; staff appreciated that people's ability to make decisions could alter.

- When people lacked mental capacity to make decisions about their care and treatment, best interests decisions were made on their behalf. This process had been followed for two people who needed to take their prescribed medicines to maintain their health but who could not consent to this. A best interests decision was made to administer medicines covertly (hidden in food or drink) to these people, to ensure their medicines were administered and taken as prescribed. Decisions to apply these restrictions were made with the involvement of healthcare professionals and with consultation with people's representatives.
- Best interests decisions had also been made in relation to regular testing of people for COVID 19.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us their relatives were well treated and staff were kind to them. A relative said, "All staff are quite caring; I have never seen anyone be nasty to the residents, all staff are caring towards the residents."
- Staff had completed training on equality and diversity. We observed people being treated as adults and equally, irrespective of their disabilities or differing abilities. Staff appreciated the differences in people and valued what each person had to contribute. People expressed differing beliefs and values which were respected by the staff.
- People who presented with behaviour which challenged (as part of their dementia), were understood by the staff who were able to support these times of distress in a non-judgemental way and protect them from being treated differently by others around them. A relative said, "The carers understand mum and her needs. Sometimes mum is [anxious], but they are very patient with her."

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

- People were supported to make independent decisions and choices about their care. People's representatives sometimes helped in this process but where people did not have a representative to support them, the help of an independent advocate was sought.
- People's choices, decisions and views were respected and the information about these incorporated into people's care plans for staff guidance. For some people, any deviation from the decisions they made about their care or about their daily routine caused them distress so it was important these were understood and respected.
- We observed people expressing views or thoughts which sometimes upset themselves and those around them. Staff were kind and listened to them and sometimes used distractions techniques to move their thoughts along to something less distressing.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was protected both in terms of personal information about them and their physically privacy. Information about people's care was only shared with people's legal and nominated representatives.
- People's bedrooms were recognised by staff as being the person's personal space and these often contained items of personal meaning to people which was respected. People's right to private family time

was respected and with pandemic visiting restrictions lifted, we observed people spending time with their relatives in the privacy of their own bedroom.

- We observed staff maintaining people's dignity, especially at times when this could have been compromised, for example, when people attempted to remove their clothes in public or when needing help to use the toilet.
- Staff helped people to retain the skills needed to remain as independent as possible. Staff knew people's abilities well and made judgements as to when to provide help or when to actively encourage people to use the skills they had. This was seen during mealtimes and in the provision of activities, when staff were often observed providing enough support and encouragement without taking over from people and de-skilling them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's care was planned in a personalised way; which took into account people's choices, wishes and altering needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care was planned around their individual needs, choices and preferences. People's representatives were seen by staff as being key to supporting individualised care.
- The registered manager had completed the Dementia Lead Award and had been involved in completing a compendium of best practice in dementia care. The systems and practices they had introduced and implemented reflected best practice. This had resulted in improving outcomes for people who lived with dementia.
- The "Tree of Life" had been introduced in order to highlight a person's likes and dislikes and capture key information that linked to their identity. This information was incorporated into people's care plans making them personalised and detailed.
- The registered manager had introduced the concept of dignified dining which involved implementing changes to the crockery and cutlery used by people. This was done by consulting with people on an individual basis and looking at the aids and support they personally needed. The registered manager told us this had led to people having a more enhanced dining experience, it had promoted dignity and had ensured people were not singled out because of their disability. In addition, this had supported people to gain weight gain, which in turn supported good health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A collection of picture cards had been developed by staff who used these to support people's communication, for example, during mental capacity assessments and when making choices.
- A communication tool had also been developed and could be used to help meet people's cultural communication needs.
- Some of the doors in the home, such as bathroom and toilet doors, had easy read (pictorial) signs displayed to help people locate essential facilities.
- People's preferred way of communication as well as their communication needs were recorded in their communication care plan for staff guidance.

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's relatives and friends were able to visit them in accordance with COVID-19 safe visiting guidance.
- The service employed activity coordinators who spoke enthusiastically about the activities on offer. Activities helped people engage with the seasons, nature, personal interests and hobbies, including national holidays and celebrations. People were consulted about what they would like to do. One person described the activities as "fun".
- People were also supported to enjoy one to one activities, which included just chatting with staff, puzzles, colouring and knitting.
- The service was planning to welcome entertainers back into the home (following pandemic restrictions) for music sessions, music and movement and visits from a therapy dog.

Improving care quality in response to complaints or concerns

- The registered manager and nominated individual proactively sought feedback from people, their representatives as well as visiting professionals, so that any concerns or dissatisfaction could be addressed early on. Two relatives told us they had been able to raise concerns which were addressed.
- Arrangements were in place for the management of complaints and for these to be investigated and resolved where possible. The provider had processes in place to ensure their complaints policy was followed.

End of life care and support

- Staff worked in partnership with healthcare professionals to regularly review people's level of frailty so that treatment and care could be adjusted accordingly.
- Staff aimed to have conversations with people, about their end of life wishes, early on in their stay at Cavendish Care Home. Staff recognised that people's ability to make important decisions and to express their preferences diminished as people's journey with dementia progressed.
- People's representatives were involved in the planning of their relatives' end of life care and were able to spend time with them at the end of their life.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

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

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

At our last inspection the provider had failed to operate systems to effectively monitor the quality of services and care provided and to ensure the service remained compliant with necessary regulations and legislation. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements to the quality monitoring processes now provided the registered manager and the provider with the tools they needed to effectively monitor the quality of care and services provided. The audits used now provided managers with the information they needed to know where improvement was needed and if this had been effective.
- Audits were completed by the registered manager and senior staff and actions drawn up to address the shortfalls identified. We found some people's medicine records had not been maintained according to the provider's policy. We brought this to the attention of the registered manager who explained they had already identified this and had plans in place to address these issues.
- The provider's monthly audit had expanded since the last inspection and was now capturing the areas where shortfalls had been identified in the last inspection. The depth of auditing had also improved. For example, in relation to safeguarding and incidents between people who lived with dementia, the provider's auditing now included a review of the action taken in relation to bruising found on people, altercations between people and falls.
- Audits of care plans now included cross referencing them with information held in other care records such as care plan reviews and risk assessments to ensure they were relevant, and person centred. We found it difficult to always track when an adjustment had been made to a care plan and discussed this with managers during the inspection. Following the inspection, they confirmed they had considered our feedback and had adjusted the system to now be able to see when changes were made and by whom.
- The registered manager had systems in place to keep her on track with areas which she needed to monitor or tasks which she needed to complete. There were matrices in place for tracking DoLS applications

and authorisation review dates as well as staff supervision and appraisal sessions.

- Systems had also been introduced to record and review changing levels of risk. Colour coding flag levels of risk related, for example, to people's weights and the management of COVID 19. Accident and incidents were audited and analysed for trends and patterns which may influence the action taken to manage these.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider representative (the nominated individual) were visible around the care home and people were clearly used to seeing them and talking with them. The nominated individual included people's feedback in their monthly audit of the service.

- Both the registered manager and the nominated individual were clearly passionate about providing people with support which was personalised and had taken the time to empower the staff to be able to deliver this.

- A member of staff said, "I see (nominated individual) at least once a week. He asks staff how they are, he's a real gentleman, one of the best bosses I have had." They also said about the registered manager, "You can talk with (registered manager) about anything. She wants a person-centred approach throughout how we deliver care. We are listened to." A relative said, "The manager is caring, approachable and understanding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their legal responsibility to be open and transparent about things which go wrong and to explain the actions they have taken to address things.

- A relative said, "Mum fell over once, it was just before (time given) and straight away they phoned me, called the doctor out and she was okay."

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

- People had been involved in making decisions about their environment, such as choosing the lounge chairs and coffee tables. People had also been consulted about the purchase of two budgies (birds) for the communal areas. They had also been consulted about welcoming a cat into the care home who we saw during the inspection.

- People were actively involved in choosing that they would like to eat. The day before our inspection, people had been involved in a taster day, organised by the catering provider, so they could try new dishes and make choices for the new menu.

- People had quarterly meetings and each year they were supported to complete an extensive feedback questionnaire. The feedback received helped managers make improvements to the service. Although there had not been a relative's meetings during the pandemic a relative said, "Staff are approachable, the owner speaks to you."

- A report written by the nominated individual reported on feedback they had gained from staff in December 2021 and January 2022. Staff had fed back that they had really enjoyed the extensive program of training provided in 2021. Staffs individual feedback forms recorded positive comments about the support they received from senior care staff and the registered manager.

Continuous learning and improving care

- The registered manager and provider were keen to improve the services provided and subsequently outcomes for people who lived with dementia.

- Learning had been taken from an outbreak of COVID 19 in the care home and subsequently, extra radios and other virtual assistant technology had been purchased for bedrooms and hallways, to support people

not to feel lonely during times of needing to self-isolate.

- Learning had also been taken from looking at people's dining experience. This had led to a decision to use the conservatory at the rear of the care home as a dedicated dining room (previously people dined in the two lounges). Air conditioning had been installed in the conservatory enabling this space to be used in all seasons.
- A relative said, "There has been a huge change and difference since the new manager. For the better."

Working in partnership with others

- Managers of the service worked with local authorities to ensure people who required specialist dementia care, could be quickly assessed and gain access to the support the care home could provide. A relative said, "If mum had not been admitted into this home, we know that she would have died by now."