

St Michael's Care Homes Limited

# Dorley House Residential 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

Dorley House provides care and accommodation for up to 33 older people with care needs associated with older age including dementia. There were 19 people living at the service on the day of our inspection. Dorley House is an adapted building in a residential area of Eastbourne with a passenger lift and access to outside areas.

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

We found that improvements had been made following the last inspection. Documentation was stored on an electronic system and included relevant information about people's care and support needs. Care plans and associated risk assessments provided guidance for staff about people's individual and environmental risks. People received their medicines safely. Medication records had been audited and reviewed by the manager.

People's personal preferences had been considered, they, and their relatives (if appropriate) had been involved in decisions about their care. The service worked closely with other healthcare professionals to ensure people's physical and mental health needs were met.

Staff received training and supervision to ensure they had the skills, knowledge and support to provide people's care safely. The manager had ensured refresher training had been provided and there was an ongoing training, competency and supervision schedule.

Recruitment procedures ensured only suitable staff worked at the service. New staff completed an induction, training and competency assessment before working unsupervised. Some tasks were delegated to senior care staff. However, the manager had oversight of all staff training, supervision and competency checks completed.

Robust quality assurance checks had been completed. The manager had implemented a new programme of auditing and observations. This was ongoing and used to identify areas for improvement and learning. Actions had been highlighted and work had taken place to implement improvements. Although some improvements were recent, the positive impact on people and staff of these improvements was evident.

There were systems in place to ensure people were safe. Infection prevention control measures meant people were protected, as far as possible, from the risk of COVID-19. Staff knew what actions to take to protect people from the risks of harm or abuse. Staffing levels were appropriate to meet the needs of people living at the home. We saw staff respond to people promptly offering support and reassurance when needed.

People spoke highly of the meals provided. Nutritional needs had been assessed and reviewed. People were

provided with choices and menus were regularly updated to incorporate new meals requested by people. Kitchen staff knew people well and supported care staff to ensure people's nutritional needs were met.

There was a positive and friendly atmosphere at the home. People engaged in daily activities if they chose. There was a daily activity schedule, however, this was changeable based on people's wishes on the day. People were seen to interact positively with staff and each other, staff told us there were small friendship groups which had developed. People were able to spend their day how they chose. For those who preferred to spend time in their rooms, one to one support was offered.

Staff told us they felt supported by the manager. People, relative's and staff views had been sought. All feedback gained was used to further improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection (and update) The last rating for this service was requires improvement (published 24 October 2018). There was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

#### Why we inspected

We carried out an unannounced inspection of this service on 19 December 2019. A breach of legal requirement was found in relation to Regulation 17 Good governance. We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Dorley House Residential 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 Care Act 2014.

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

The inspection was carried out by one inspector.

#### Service and service type

Dorley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. A new manager had been working at the home since February 2021 and had commenced the process to register with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The inspection took place on the 5 and 6 May 2021.

#### What we did before the inspection

Before the inspection we contacted other agencies including the local authority contracts and monitoring team and social workers involved with the home. We reviewed statutory notifications sent to us by the home about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Not everyone living at Dorley House was able to tell us about their experiences. We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences. We spoke with four people who used the service and spent time observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the provider, manager, care staff, housekeeping, kitchen and activities staff.

We reviewed a range of records. This included three people's electronic care records and ten medication records. We looked at two staff files in relation to recruitment and individual and small group staff supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data sent to us following the inspection and reviewed fire safety information given to us by the provider. We also spoke to five relatives for feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

We made a recommendation at the last inspection. Staff did not have access to relevant and up to date guidance in relation to local authority safeguarding procedures. Improvements had been made.

- Staff had received safeguarding training. Safeguarding information was available for staff to access when needed. Staff were aware how and when a safeguarding should be raised with the local authority, we saw examples when concerns had been raised appropriately.
- Not everyone was able to tell us whether they felt safe. We carried out observations and saw people respond positively to staff interactions. People appeared comfortable and relaxed with staff. Relatives told us, "They keep everything in order." And, "They keep them safe and looked after."

Assessing risk, safety monitoring and management

We made a recommendation in the last report as people's risk assessments did not contain relevant or up to date information and identified risks had not always been documented. At this inspection we found improvements had been made.

- Care records were recorded on an electronic system. Staff carried mobile devices or used a laptop to access and update records. All relevant information had been included in care plans and associated risk assessments completed to ensure staff had access to accurate information to keep people safe. These included risk of falls and specific mental and physical health needs identified for people. Staff demonstrated a clear understanding of people's needs and preferences, one told us "We know people's personalities, and their needs, this helps us respond to them in the best way". Relatives told us, "Staff seem to know people really well and their needs" And "I feel happy that they are safe and looked after."
- At the last inspection we found that emergency evacuation procedures needed to be improved. Personal emergency evacuation plans (PEEPS) were now recorded electronically as well as within a fire safety folder to be used in the event of an emergency evacuation.
- Servicing contracts were seen, checks were completed in relation to legionella, gas, electric and servicing of equipment. Areas of the home which required maintenance and redecoration had been identified and improvements were continuing to ensure the environment and furniture was well maintained and decoration was of an appropriate standard. During the inspection new flooring was being fitted in some bedrooms. The provider assured us improvements would continue and communal bathrooms and toilets would be a priority.

Staffing and recruitment

- Recruitment processes were in place and appropriate checks and information sought before new starters began work. This included photographic identification, proof of eligibility to work in the United Kingdom and Disclosure and Barring Service (DBS) checks.

- The manager told us that gaps in recruitment had been filled to ensure a core group of staff were in place. No agency staff had been used since they began work at the home. Staffing levels had been determined by completing dependency assessments. As occupancy levels increased staffing levels would be reviewed and assessed to ensure people's individual needs could be met. Relatives told us " Staff are great, I think they work really hard."

#### Using medicines safely

- Systems were in place to ensure safe administration, ordering, storage and disposal of medicines.
- Staff received training and competency checks to ensure people received their medicines correctly.
- Medicine administration records (MAR) were reviewed during the inspection. Some people had medicines prescribed 'as required' these are known as PRN medicines. PRN protocols were in place, some PRN medicines had recently been discontinued or were now prescribed daily instead of PRN. The manager had identified this during a recent medicines audit and also some minor discrepancies within the MAR charts.
- Rectifying these discrepancies had been delegated to senior care staff and was in progress. The manager was carrying out further checks and competencies with staff to ensure PRN documentation improvements were embedded into practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Guidance was being followed to keep people safe. Relatives told us that they were kept updated on any visiting requirements.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives we spoke with told us, "We still prefer to do garden visits, as it works for us, but we know we can go in if we want to" A number of relatives told us they were looking forward to being able to take their relatives out now that guidance had changed.
- We were assured that the provider was meeting shielding and social distancing rules. Due to people's dementia and memory loss, some people were unable to remain socially distanced. Staff helped people to socially distance where possible for example, dining seating and chairs had been rearranged to ensure only two people sat at each table.
- We were assured that the provider was admitting people safely to the service and government guidance was being followed.
- We were assured that the provider was using PPE effectively and safely. Staff were seen to wear PPE correctly.
- We were assured that the provider was accessing testing for people using the service and staff. Visitors to the home completed lateral flow tests and had temperatures taken prior to entering the main building
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean. Staff had received infection prevention control and COVID-19 specific training.
- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were documented within the electronic care planning system. Any accidents/incidents were reviewed by the manager and analysis completed to identify any trends and themes. If any follow up care or checks were required these were documented by care staff when completed.
- Any actions identified were shared with staff to ensure learning was taken forward.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We made a recommendation in the last report as decisions relating to DoLS were not clearly recorded. Staff were unable to access information around specific conditions when DoLS were in place for people. At this inspection we found improvements had been made.

- The manager demonstrated a good understanding in relation to DoLS and mental capacity. DoLS information was recorded and accessible to staff if needed. Relatives told us the manager had explained the DoLS procedure to them when an application had been made.
- Staff had received MCA and DoLS training. Staff were seen providing people with choices and asking for consent before care was provided. People's capacity was considered and reviewed in care plans. This meant staff had access to relevant information when providing people's care.

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

We made a recommendation in the last report regarding the environment to ensure the home met the needs of those living with dementia and cognitive impairment. Some improvements had been made, including areas of redecoration. Personalisation of bedrooms was continuing where appropriate. Shared bedrooms were no longer offered to ensure people's privacy and dignity was maintained.

- An improvement plan was in place. This included an ongoing period of refurbishment. Unfortunately, some work had been delayed due to COVID-19 but had recently recommenced. This included new flooring, replacement furniture in some bedrooms and redecoration as rooms became empty. We discussed with the provider and manager further plans in place to improve signage and ensure this was dementia appropriate

and the provider assured us they were prioritising improvements to communal bathrooms and toilets.

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

- People's needs were assessed before they moved into the home. Care needs were regularly reviewed, and changes made when needed. The electronic care records had a green, amber, red alert. This identified immediately if care plans were current, due for review or if reviews were out of date.
- Care plans included specific information regarding people's specific dementia needs. For example, one person was prone to sudden anxiety and this could lead to them becoming upset. Information in the care plan clearly identified triggers and actions for staff to follow should this occur. During the inspection we observed staff following this guidance to alleviate the person's anxiety promptly and effectively.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction. This included mandatory training and shadowing an experienced staff member. The manager had recently introduced further training and observations as part of the induction to ensure that any new staff members were competent and confident to meet the specific needs of people living at Dorley House, prior to working unsupervised.
- Staff received required training to ensure they were able to meet people's needs, further COVID-19 specific training had also been completed. During the pandemic, training had been mostly e-learning. The manager had carried out several observations and competency checks to review staff knowledge and practice.
- Individual and small group supervisions had taken place and supervision schedules were ongoing. Staff told us they felt supported by the manager.

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

- People's nutritional needs were assessed and reviewed. Relevant information was recorded in care records and kitchen staff were made aware of any specific dietary needs. This included allergies, preferences and any equipment required to assist them to eat independently.
- People told us they enjoyed the meals and we observed lunch on both days. People were smiling and sharing appreciative comments with each other and staff. The chef has worked at Dorley House for many years and knew people and their meal preferences very well. Staff recorded food and fluid intake and people's weights were reviewed regularly.
- People were asked for their meal choices in the morning. Pictorial menus were available to assist people to make choices however staff had identified that people preferred to see the meal when it was served. Both meal options were dished up and taken to show people. This meant they could change their mind if they wished and decide based on the meal on the plate. People's feedback and meal requests were sought, and menus were refreshed regularly. Relatives told us a loved one who had previously been underweight, now looked well nourished. And another said, "He loves the food, he says he really enjoys it."

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

- Staff attended a full handover at the start of each shift. This included details about people's day/night and any relevant changes, appointments, accidents or incidents. This meant that staff starting shift were up to date with any relevant information.
- Staff we spoke with knew people well. Staff reported any concerns to senior care staff or the manager. Staff contacted GPs, paramedic practitioners' chiropodists and other health professionals when needed.
- People were supported to attend appointments. On the day of the inspection one person attended a hospital appointment. An extra member of staff came in to support them in the transport and escort them to the appointment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Respecting and promoting people's privacy, dignity and independence

- Staff supported people with kindness and respect. Whilst assisting a person to transfer from a chair to wheelchair the person's consent was sought. Staff spoke to them throughout, giving clear easy instructions to involve them and ensure the transfer was done comfortably.
- Staff were seen to respect people's dignity when providing care and support. For example, people who liked to be smartly dressed were supported to do so. Staff told us "Its important people are dressed the way they like."
- People were able to walk around the home without undue restrictions. Some chose to return to their room after meals, whilst others remained in communal areas chatting to each other, reading or participating in activities.
- When people became anxious or upset staff responded promptly and spoke to them calmly and quietly. Staff engaged with people stopping to chat and participate in activities and check they had everything they needed.
- Relatives told us "The staff are really caring people". And, "They take really good care of him, he always looks clean and well looked after, I can tell he is comfortable."

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

- People were involved in day to day choices when appropriate. Not everyone was able to share their views or be involved in decisions regarding their care due to their dementia. Relatives and those legally entitled to be involved in decisions told us they had been asked for information about the person when they moved into the home.
- Face to face visits had not been possible during the Covid-19 pandemic due to visiting restrictions. People had been contacted by phone and/or email if any changes needed to be discussed. Staff told us they had worked hard to ensure people had as much contact with relatives as possible when visits were not taking place. One told us, "We worked really hard to keep families involved as it was such a difficult time for everyone."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; 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

At the last inspection we found that people were not being provided meaningful activities. Time spent with people who remained in their rooms had not been recorded and people did not have access to any sensory items, books or pictures to stimulate or occupy people. We found improvements had been made.

- The provider had employed two activity staff to provide activities seven days a week. We saw that people were able to participate in activities throughout the day. The activity staff member told us they had a schedule of planned activities, but this was flexible. Activities were person led and changeable dependant on people's wishes on the day.
- People chose how they wanted to spend their time. During the inspection activities included singing, cooking, games and dancing. People were seen to join in as they wished and come and go from the main lounge area as they chose. Some people preferred to sit and watch, others were reading newspapers and books. Special events had been planned to keep people occupied, including a VE Day celebration. For those people who remained in their rooms, staff provided one to one support, this including reading aloud, music and singing. Relatives told us how staff had made a cake on a person's birthday during lockdown and had sent photographs to their family of them celebrating on the day.
- People who remained in their rooms had one to one activity support provided. Staff had worked hard to get to know peoples likes and dislikes, involving family and friends where possible. This information had been added to people's care records including a pen portrait of the person, and a 'Who am I' form which had been completed for many people.
- Information had been included within care plans to ensure staff knew people's life history, preferences and how they wanted their care to be provided.
- Although visiting had been restricted during the pandemic, staff had supported people to speak to friends and relatives on the telephone, on video calls and more recently visiting the home safely. Relatives felt staff and the manager had worked hard to ensure contact was maintained. This meant that people were supported to maintain relationships that were important to them.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs had been assessed. This information had been used in communication

care plans to inform staff. For example, one person was visually impaired. Care plans informed staff of the need for clear verbal communication, extra assistance needed in the event of an emergency evacuation and that the person enjoyed sensory activities.

- Pictorial menus were available to assist people with meal choices and information could be provided in large print if needed. The manager was also aware of relatives' communication preferences.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure in place.
- Relatives told us they would not hesitate to raise any concerns directly with staff or the manager should they occur.
- The provider had no ongoing complaints. The manager told us they had an open-door policy and encouraged people and visitors to raise any minor concerns with them to enable these to be addressed promptly.

End of life care and support

- The manager had identified that some care files did not include information in relation to people's choices and preferences in the event of their death. Work was in progress to improve this. This included discussions with staff to ensure they were able to have meaningful conversations with people and their relatives.
- As part of care reviews, staff were speaking to people and their relatives and friends if appropriate to ensure relevant information was recorded regarding people's specific end of life wishes. End of life care plans completed also included religious and spiritual preferences.
- Do not attempt resuscitation (DNACPR) records were recorded in electronic care records to ensure staff were aware who had a DNACPR in place. At the time of the inspection no one was currently receiving end of life care.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 robustly assess the risks relating to the health safety and welfare of people. There were significant shortfalls in the oversight and leadership of the service. People's records were not always completed and updated to ensure staff had the right guidance to support people safely. DoLS, MCA and Legal Power of Attorney (LPOA) information was not clear. There was an over reliance on sharing information verbally. People were not involved in choices and decisions and quality assurance systems were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new manager had recently been employed and they were in the process of registering with CQC. In the short time the manager had been at Dorley House they had implemented robust quality assurance systems. This included detailed auditing of processes, systems and documentation.
- Fire safety and evacuation information had been recorded to ensure people could be evacuated safely in an emergency. Audits had identified shortfalls and where improvements were needed. Actions had been implemented immediately and improvements were visible. For examples, improvements to medication processes and end of life care information. These changes and improvements were being embedded into practice through regular staff supervision, training and manager support, to ensure all staff had the information, knowledge and skills moving forwards.
- DoLS, MCA and LPOA information had been recorded within electronic care records and staff had received refresher MCA, DoLS and safeguarding training. Records were person centred and demonstrated people were involved in care choices and decisions. Decisions made about people's care had involved the person, their relative or those legally entitled to make decisions on their behalf.
- Electronic care records were updated throughout the day by care staff and reviewed regularly by senior care staff and the manager. Information was updated as required. A detailed handover was completed at the start of each shift. This meant that staff had up to date accurate information about people and were able to tell us about any incidents or changes to their care needs. A relative told us "Staff know him really well; they know what he likes. If I ring, or visit, they know all about him and can tell me what he has been up to and if he is well."
- Staff spoke positively about the improvements and felt supported by the manager. Staff told us they were

involved in improvements and changes. The manager was keen to empower staff with further training and the implementation of lead roles, for example infection control, to enable staff to learn and share information with the staff team to continually improve the care being provided. The manager was working to enhance staff awareness and understanding of dementia. Other planned changes included improvements to the environment and signage.

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

- The manager and registered provider were aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications which are required by law, had been completed and sent to CQC when required.

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

- There was a cheerful and positive atmosphere at the home. Staff and the manager were seen to openly engage with people and clearly knew them well.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. These included staff meetings, feedback questionnaires and regular conversations with people to involve them in daily choices and decisions. Relatives were contacted and updated by the manager and staff by email, telephone or face to face now that home visiting had recommenced. During the pandemic social media groups had been utilised to share information regarding activities and events taking place. Relatives we spoke with told us they were keen to have regular updates and hoped that good communication channels would be maintained moving forwards.
- Staff meetings and satisfaction surveys were carried out, providing management with feedback and information to enable them to monitor care and continue to make improvements.
- Feedback from people we spoke with was positive, one relative said, "Mum's happy so we are happy" And another, "It has been difficult when we could not visit during Covid, but I do feel like the staff tried to keep me updated."

Continuous learning and improving care; Working in partnership with others

- By identifying areas for improvement, the manager had been able to implement many positive changes. Improvements were under constant review to ensure that learning was taken forward. To facilitate these improvements the home worked closely with GP's and paramedic practitioners, mental health and local authority teams. They were also accessing support from dementia organisations and researching participating in a university study to improve experiences for people living with a dementia.