

Deverill Estates Limited

# Elroi Manor

## 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

Elroi Manor is a care home registered for personal or nursing care, although at the time of the inspection the provider did not offer nursing care. The home specialised in people are living with dementia, or a mental health condition. The home can accommodate a maximum of 26 people. Accommodation is provided on one floor but spilt into two units. Six out of the 26 rooms had en-suite facilities, people in the other rooms shared communal toilets and shower rooms. At the time of the inspection there were 26 people living at the home.

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

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people, their relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood.

People received their medicines as prescribed, and the storage of medicines was safe. Health and safety checks ensured the home and environment were safe and well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Supervision and annual appraisals were carried out regularly but not always recorded. Staff understood their role and received appropriate training that supported them in their roles. Staff worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this.

People's care plans were consistent and had a person-centred approach to care planning. The provision of activities within the service was extensive and people could take part in multiple activities that maintained personal hobbies and interests.

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 registered manager was aware of the AIS and implemented this within the home.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were reviewed to learn and improve the home. People and their relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the quality of care provided.

Quality monitoring systems included audits and regular checks of the environment to ensure people received good care. These were effective and evidenced an effective governance system at the home.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The previous Good rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

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

The last rating for this service was Good (published 30 August 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

# Elroi Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out over two days. Day one of the inspection was carried out by one Inspector and one Expert by Experience who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried by one Inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced on day one of the inspection. The inspection site activity started on 8 July 2019. The second day inspection site activity was announced and took place on 9 July 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and seven relatives about their experience of the care provided. We spoke with nine members of staff including the owner, registered manager and the deputy manager. We did not use a 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. This was because most people could communicate well with the inspection team.

We also looked at records relating to the running of the home. Records included, five care plans, five medicine records, training data and quality assurance records. We sought feedback from the two professionals who worked with the service.

# Is the service safe?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe living at Elroi Manor. Comments from people included, "Yes, I can go out but staff make sure I'm safe," and, "I feel safe here it's my home, staff look after me."
- There were systems in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and report potential abuse. One staff told us, "I tell the seniors or managers, and if they don't do anything I would report it to the owner." Another staff member said, "We get training and know what to look for especially changes in people behaviours."
- Staff had been provided with training on safeguarding adults.
- There was information around the home explaining how to contact external agencies and report abuse if they needed to.
- A healthcare professional explained how staff supported people well even when they were displaying behaviours that challenged. They told us, "They try really hard to keep people living there when things are breaking down."
- The registered manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. The registered manager told us, "We make sure we follow the local authority's expectations to report." Records confirmed this.

### Assessing risk, safety monitoring and management

- Risk assessments were in place and there was clear guidance for staff to ensure known risks to people were reduced. For example, records showed how people in the mental health unit had access to relaxation techniques, this helped alleviate anxiety and suicidal thoughts.
- In the dementia unit risk assessments were in place to reduce risks of falls. One person's care plan stated they cannot remember how to call for help so the provider installed a special mat that is connected to their call button.
- We reviewed one person's care plan, who lived with diabetes. The diabetic care plan was person specific and blood sugar levels were taken by the district nurse every morning and by staff before the person went to bed at night. The night time reading was handed to the district nurse the following day. There was guidance on a normal blood sugar level range for staff in line with best practice guidance.
- There were personalised evacuation plans, (PEEPS), for people in the event an emergency occurred.
- The environment and equipment was safe and maintained. We reviewed certification and documentation showing regular maintenance and servicing was completed. This included fire, legionella, gas safety, and electrical certificates.

## Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People and their relatives spoke positively about the staffing levels in the service.
- One relative commented, "Staffing use to be a problem but they seem to have employed a lot more, there's plenty when we are here." One person said, "Yes I think so, they come when I need them."
- There were three staff vacancies which had been recruited to. Both the registered manager, and the deputy manager was actively involved in the care provision. Staff told us, "The managers often help out when we need cover."
- Staff told us people's needs were met. A set number of staff were used daily throughout the home to support people. One staff member told us, "We work as a team. We have some agency staff, but they are regular so they are really just part of the team."
- There were systems in place to ensure suitable staff were recruited. Checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

## Using medicines safely

- People received their medicines in line with best practice. Peoples medicines had recently been changed by the pharmacist from blister packs to individual boxes.● The provider had a medicines policy which was accessible to staff, although this needed updating since the changeover to individual boxes.
- The provider had safe arrangements for the storing and ordering and disposal of medicines, although the container for the disposal of medicines was not tamper proof. The provider assured us they would order a tamper proof box from the local pharmacist.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MAR) were completed and audited appropriately. All five (MARs) we reviewed had been filled out correctly with no gaps in administration.
- Room and fridge temperatures were recorded, there were records showing the temperatures had not exceeded the manufacturers recommended storage temperature for medicines.
- Peoples allergies were accurately recorded on their medicine records reducing the risk that they could receive medicines that cause an adverse reaction.
- Medicines that required additional storage in line with legal requirements were stored correctly, and stock balances of these medicines were correct against the register.

## Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice.
- The home had cleaning schedules in place for the general environment and for the equipment used within it, such as hoists and shower chairs.
- The provider employed domestic staff and the home was mostly clean and odour free. Although the domestic staff tended to focus more on the dementia unit.
- Staff encouraged people to do their own cleaning on the mental health unit but they often choose not to engage in cleaning, which meant there was a noticeable difference in cleanliness.
- People's relatives spoke positively about the cleanliness. One relative told us, "It's clean, a bit dated but that's how (relatives name) likes it, it's like their home old fashioned."
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Infection control audits were carried out by the service management.

### Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Incidents were analysed by the registered manager and action was taken where required to prevent further incidents. For example, one person was found to be drinking the alcohol gel from the hand dispensers. The provider changed the alcohol gel dispensers from hand pumps to restricted automatic pumps to prevent this reoccurring.
- Where complaints had been received, records showed these had been reviewed and actions had been completed. The registered manager communicated outcomes to staff reduce the possibility of recurrence.

# Is the service effective?

## Our findings

### 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.

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

- People's needs were assessed prior to them moving to the home. These assessments were comprehensive and assisted staff to develop care plans for the person.
- Expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to ensure people's needs were met.
- Staff used nationally recognised tools in relation to people's skin integrity or identifying a risk of malnutrition or obesity.
- The registered manager was knowledgeable about the National Institute for Health and Care Excellence (NICE) guidelines which meant they were able to support staff to deliver care in line with best practice guidance.
- Information was available for staff to support people living with some specific health conditions such as mental health problems. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their roles. The registered manager carried out regular supervisions and appraisal's but had not recorded them formerly for some time. The registered manager told us they were behind with some of their administrative tasks and had advertised for a second administrator to help them with this.
- One staff member told us, "We get supervision every couple of months." Another staff member said, "We get loads of support, I don't wait for supervision if I need to ask something I just ask."
- Staff felt they had the skills and knowledge they needed to carry out their roles effectively.
- We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia and infection control. One staff member also told us, "We are doing mental health level two diploma now we have people with mental health problems living at Elroi."
- New staff completed an induction which included the Care Certificate in line with recognised good practice. This meant staff could understand the national minimum standards for care.

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

- People received a nutritious diet. Feedback from people regarding the menus was positive.
- Comments from people included, "We get a choice, the chef comes around with a choice for lunch and a choice for tea,"

and, "Food is very good, I am vegetarian."

- We observed people asking for seconds and for alternatives to what was on the menu. Staff accommodated these requests.
- A relative we spoke with told us, "The food is very good, the chef always goes out of their way to make sure (relative's name) has what they like."
  
- People had access to drinks and snacks throughout the day.
- Staff understood people's dietary needs and ensured that these were met.
- People's weights were recorded. Where people showed a significant weight loss or gain staff completed risk assessments and referred people to appropriate services such as dieticians for additional specialist support.

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

- Staff made appropriate and timely referrals to other relevant professionals and services and acted promptly on their recommendations.
- Care records showed people had access to professionals including; GP's, dentists and chiropodists. Health professional visits were recorded in people's care records.
- A healthcare professional we spoke with told us, "A year ago we had some concerns about the care at Elroi, but this past year that has changed." They also said, "Staff listen to our advice and act on it, and always discuss concerns with us, the relationship is much better."

Adapting service, design, decoration to meet people's

- The home was located on the ground floor and split into three units. There was a large communal lounge area and dining area where everyone could access regardless of what unit they lived on.
- People's rooms were personalised. One relative told us, "We have decorated (relative's name) room." They showed us the room and we observed pictures and collages on the walls.
- People had their own personal possessions such as pictures and ornaments. There were views from people's rooms into the garden area.
- Animals such as pigs, sheep, geese and chickens were kept in an adjacent field and people regularly visited them.
- There was a dedicated outside smoking area that was covered for people to use.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- People at Elroi Manor were living with dementia, and or, a mental health condition, which affected some

people's ability to make some decisions about their care and support.

- The registered manager had made ten applications to the local authority regarding people's DoLS. Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required.
- Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions.
- During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Within some records the service had highlighted where a person had an appointed Lasting Power of Attorney (LPA) in place.

# Is the service caring?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. Comments included, "People here are wonderful, can't do too much for you, I get on with all of them." and, "Can't do too much for you."
- Relatives also told us staff were caring. One relative said, "I come in most days, staff are so caring and kind they just take time with everyone." Another relative said, "They have such patience, staff really supported (relatives name) when they first came, but they also guided me with calmness."
- Staff spoke positively about their work and the people they supported. One staff member said, "We have time for people that's what counts." Another staff member said, "I took a pay cut to come here that's how much I love being here."
- Compliments from people and relatives had been received. One comment read, 'Always caring happy staff when I visit (relatives name).'
- People's religious beliefs were considered during pre-admission. A staff member told us, "We have people who are Christians and people who are Jehovah Witnesses, we support people to go to church and we have bible group every week." Another staff member said, "We have someone who has a strong religion and when they become anxious we often say a prayer that helps calm them down."
- A healthcare professional told us, "The staff seem to go that extra mile for people here."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability or age. Training records showed that all staff had received training in equality and diversity.

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

- People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.
- People confirmed staff asked them what their preference was when supporting them, such as what clothes they wanted to wear each day.
- People also confirmed they could get up and go to bed when they wanted and staff supported them with this.
- Staff spent time with people. We observed during the inspection how staff members checked in with people to see if they were happy or needed anything.
- Staff engaged with people in a meaningful way. We observed staff putting their arm around people

reassuring them. Staff had a good bond with people.

- One relative told us, "Before they came to Elroi staff came out and got to know (relative's name) likes and dislikes, they took time to get to know them."
- A member of staff said, "I like to think we know people here. When (person's name) first came here they were shy, now they get involved in most things."
- Staff also told us, if people lacked the capacity to make decisions about their care and did not have relatives, staff would refer them to a local advocacy who could represent their interests.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and respect. One person told us, "In the morning staff get me up, wash me, do my creams and dress me. They are very good."
- A relative we spoke with told us, "Staff do respect (relative's name) but I do get cross when my relative has someone else's clothes on. It's not often, but they could be more careful." They also told us they planned to raise this with the registered manager at the next review.
- People were encouraged to be as independent as possible, support plans detailed the level of support people needed. One person liked to go out on their bike, they were not safe to go on the road. Staff encouraged this person to ride around the grounds.
- A relative told us, "(Relative's name) played the piano all their life, staff encourage this and we had their piano shipped to the home, now they play daily for the residents."
- People's confidentiality was respected, and people's care records were kept within a locked office that only staff had access to.
- People were supported to maintain and develop relationships with those close to them. Relatives were welcome to visit anytime and always felt welcome. One relative told us, "I can come whenever I want and can eat with (relative's name) if I want to."

# Is the service responsive?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised to them because staff knew people well and respected their wishes where appropriate.
- Care plans were person centred which meant any new staff had clear guidance on how to meet people's needs, although care plans and risk assessments were incorporated together. Which meant risk management guidance was not always clear.
- People and family members felt involved in their care. One person told us, "The manager wants me to come up with things I want to do as they say I am not doing much." A relative told us, "I have a review this week with the manager." Another relative told us, "I'm involved, I go to care meetings and they update me regularly in between."

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.

- We spoke with the registered manager about their knowledge and understanding of the AIS and how it was implemented to support people in the service. The registered manager was aware of the AIS and the requirement to adhere to its requirements.
- Care records had communication profiles which showed how staff peoples preferred communication methods. Easy read formats and pictorials were available.

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

- The provider employed an activity co-ordinator who devised a varied activity schedule for people. These included, swimming clubs, cooking clubs, bowling, signing and karaoke. Daily activities were displayed in communal areas.
- People told us, "I like music and arts and crafts, I will have a go at anything," and, "I like the garden."
- A relative told us, "There is so much activities, I come in and bring my dog which people love and staff bring in their children which people love."

- Staff told us, "We have barbeques birthday parties and family parties every year." Adding, "People play football in the garden and we go out as much as possible."
- On the day of the inspection we observed people going bowling, and to the cinema Some people stayed at the service and did singing, whilst another resident played the piano.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- People and relatives felt confident about raising any concerns. They said they would speak to staff or the registered manager. One relative said, "I've raised little concerns in the past they always deal with it quickly."
- Complaints we reviewed were investigated appropriately and responded to in a timely manner.

#### End of life care and support

- At the time of the inspection there was no one living at Elroi Manor who required end of life care.
- Staff told us they had supported people in the past with end of life needs. Staff told us, "We support people at the end of their life to have a comfortable, dignified death."
- People had 'do not resuscitate' plans in place and staff were aware of these. People also had future plan documents in place, which detailed what they would like to happen in the event they should need end of life care.
- The registered manager told us they were working with the local surgery to develop a specialist end of life program within the home.

# Is the service well-led?

## Our findings

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; 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

- People we could speak with, their relatives and staff told us the service was well-led and they had confidence in the registered manager and the deputy manager. A relative said, "Since (registered managers name) came here things have improved so much."
- The registered manager told us that key messages were communicated regularly through day to day contact with staff. Staff we spoke with confirmed this and told us they felt communication within the home was good.
- The registered manager promoted the ethos of honesty, and records evidenced a willingness to learn from mistakes when things had gone wrong. For example, we found records that identified concerns raised about the care of a relative at the end of their life. Records showed this was investigated and communicated to relevant people where needed.
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- The registered manager worked closely with people who lived at Elroi Manor, and the staff team. The registered manager had a proactive style of leadership which people responded well to.
- The registered manager was passionate and dedicated to providing a caring environment for people to live in.
- The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people they cared for. This meant they were totally committed to providing the best service they could deliver, resulting in the best possible outcomes.
- The registered manager was visible at the home and took an active role in supporting people and staff. Relatives told us, "(Registered managers name) is always around." One person told us, "If I needed to I would talk to the manager". Adding "They have asked me what I think."
- "Staff told us, "We had an incident at the weekend, the registered manager, the deputy and the owner came in to support us all weekend."
- Staff felt valued by the registered manager and told us they were confident their contributions were appreciated.

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

regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There was a strong framework of accountability to monitor performance and provide clear lines of responsibility. The registered manager took any major operational decisions to the provider who regularly visited the home and supported the registered manager in their role.
- There were effective quality assurance arrangements at the home to raise standards and drive improvements.
- The providers approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved.
- There was a culture of openness and honesty. Feedback on the service was encouraged through feedback surveys and conversations with people, their relatives and staff.
- The provider had a development strategy to improve the home. This included structural works and redecoration of the home which it could benefit from to make it homelier.
- Staff were motivated by, and proud of the care they gave. One staff member told us, "The manager listens and makes time for you, even if they are busy they say they will come to you as soon as they can, and they do." Another staff member told us, "I can say anything to them they always listen to me". Adding, "We are a family and I don't want to go anywhere else".
- Staff were supported in their personal development. Two staff members told us how they were recognised for their commitment and dedication and promoted to more senior roles.

Working in partnership with others;

- The registered manager told us external healthcare professionals visited people at the home and records confirmed this.
- Healthcare professionals that visited the home were asked for their views and opinions as part of continual improvement. One professional told us, "Another strength is their knowledge of local resources and ability to engage wider professionals in people's care and support, such as district nurses, occupational therapists and speech and language therapists."
- All the feedback we sought from healthcare professionals, without exception, was positive. Other comments we received included, "The care has really improved this past year or so". And, "Staff work hard now to support people, they engage with training and implement their learnings".
- Staff told us they have links with the local community. A staff member said, "We go out and about all the time. People go out to coffee shops and staff know them." Exploring local community options can help reduce the risk of social isolation for people.