Anchor Hanover Group

Bethune Court

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
Bethune Court is a residential care home providing personal care to 40 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

People required a range of help and support to maintain their independence whilst receiving support for personal care, health needs and with dementia. The home is a purpose-built care environment over four floors. All areas of the home were accessible by wide corridors with hand rails and two lifts.

People's experience of using this service and what we found
People were happy with the care they received. People told us that staff were caring and compassionate and treated them with kindness. One person said, "It's very nice here. People are friendly. The staff are so nice."

People told us they felt safe living at the home. They received their medicines correctly and were supported by enough staff to maintain their safety. Peoples needs were met effectively and were supported by skilled staff. They told us they liked the food and drink and were given choices in how they wished to spend their time.

People were supported to manage their healthcare needs and staff ensured they received any additional specialist support to remain healthy and well.

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.

People told us they liked the activities provided but that staff respected their choices on how they wished to spend their day. People living with dementia were supported by skilled staff who demonstrated good knowledge and skills in supporting those with the condition.

People spoke positively about the management of the service and how they created an open and welcoming service. The registered manager demonstrated an ethos of continuous improvement and had quality assurance systems in place to ensure that good quality care was provided.

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

Rating at last inspection
The last rating for this service was Good (6 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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.

Bethune Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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
The inspection was undertaken by one inspector.

Service and service type
Bethune Court 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
The first day of the inspection was unannounced. We told the registered manager that we would be returning for the second day of the inspection.

What we did before the 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
We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the acting district manager, the registered manager, deputy manager, team leader, four care assistants, activities champion and chef manager. Some

people were unable to unable to provide us with their views. 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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance documents were reviewed.

After the inspection
We contacted four health and care professionals who regularly visit the service for their feedback.

Good

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 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 the service. One person said, "I feel extremely safe living here. They take the precautions that are necessary."
- Staff told us they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "I would look for unexplained bruising, being unkempt, untidy room. I would also look at potential changes in staff behaviour." Another staff member said they needed to be vigilant with those people living with dementia. The staff member said, "I would look for changes in behaviour, they might display timidness or tiredness if they are not normally like that."
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The manager had made appropriate notifications to the CQC and the local authority to report incidents of concern.

Assessing risk, safety monitoring and management

- Risks to people were identified, and comprehensive assessments were in place. For example, some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred.
- Many people were at risk of falls. Mobility risk assessments and falls care plans were clear on people's level of mobility, what equipment they needed and how many staff were required to support them.
- Environmental risks had been assessed. The equipment used to support people had been monitored, checked and serviced regularly.
- Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an evacuation.
- Individual risk assessments had been completed where people's health condition required it. For example, one person had a risk assessment in place as they were at risk of self-harm. Other risk assessments identified what control measures should be in place for people who were at risk of absconding due to their mental health and dementia.

Staffing and recruitment

- There were enough staff to ensure people remained safe. People and their relatives told us there were enough staff to meet people's needs. Staff told us there were sufficient numbers of staff for them to support people safely and spend time with people. One person said, "Yes there is enough staff. They come fairly quickly when I ring the bell." Another person said, "They come reasonably quickly, it's quite a good response. There seem to be enough staff on duty."

● We observed people being supported appropriately when they asked for help, while call bells were responded to in appropriate timescales. Call bells are electronic devices used by people in their rooms to alert staff that they require support. Staffing levels were good during the lunch time period to ensure people sat and ate at the same time.
● The registered manager used a dependency tool to determine the necessary staffing levels required, based on the needs of people. Staffing levels were managed and reviewed on a monthly basis and staff were deployed flexibly around the home.
● Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely
● People needed support with medicines. There were safe systems in place to ensure medicines were administered safely. Staff had received training in administration of medicines and had regular checks to ensure they remained competent.
● Some people required their medicines at specific times and we observed staff following guidance correctly. For example, one person had Parkinson's disease. Foe people living with Parkinson's, it is vital that this regime is maintained as it allows people to manage their condition effectively.
● The administration and recording of medicines were safe. We observed staff giving people their medicines. Staff were patient and ensured people had taken their medicines before leaving. Staff used personal protective equipment when administering medicines. One person said, "I have a pacemaker. I get meds morning and evenings. They are very good at giving me medicine."
● Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these. One person required their medicines to be administered at specific times and records showed staff were doing this.

Preventing and controlling infection
● All areas of the service were seen to be clean, tidy and smelt fresh. Records showed staff maintained a consistent and thorough cleaning schedule of all areas of the service. One person said, "The home is always clean and tidy. They come to my room and clean regularly."
● We observed staff using personal protective equipment (PPE) when carrying out personal care, supporting people with food and administering medicines.
● Staff received training in infection control, food safety, health and safety and legionella awareness. The registered manager completed audits on compliance with infection control.

Learning lessons when things go wrong
● Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. The registered manager had oversight of all incidents and accidents to ensure appropriate actions were taken, including the review of risk assessments and care plans.
● The registered manager had demonstrated a willingness to learn from mistakes and improve existing practices and systems. For example, safeguarding systems had been improved, further training had been sought, and reporting procedures changed following the last inspection. One professional said, "The registered manager is very forthcoming. They have contributed to feedback and suggestions have been adhered to."

Good

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 Good. At this inspection this key question has remained the same. 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

● The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided. One family member said, "They came to the house to do the initial assessment which was very thorough."

● People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had consulted national guidance and implemented the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese. The MUST tool enables provides to monitor people's risk of malnutrition. Waterlow assessments had been completed to assess people's skin integrity.

Staff support: induction, training, skills and experience

● People told us staff were well trained to support their needs. One person said, "The girls are well trained. There's a nice quality to the carers."

● Staff told us the training was effective and relevant to their roles. One staff member said, "The training is good. It's a mixture of online, in house and sometimes face to face. I enjoyed training on safeguarding and personal plan which shows you how to structure care plans which was quite interesting."

● When new staff commenced employment, they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. One staff member said, "I had a very good induction from a staff member who'd been here a long time. It can last up to two weeks and we shadow then for this period. You can ask for more shadowing if you need it."

● Training had been identified according to the needs of the people living at the service. These included safeguarding, mental capacity act, medication, dementia, falls awareness and catheter care. Records showed that there was a high compliance of training for both mandatory and specialist training. One staff member said, "It's pretty good. We have update training every one or two years. We will get a reminder on our e-learning. Dementia awareness was good as I didn't realise they were so many versions of dementia. I learned about habits that can be formed like reclusiveness and the associated conditions. I found that really interesting."

● Staff told us they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "Supervisions help with our career progression or training that needs updating. It keeps us up to date and if we have problems we can deal with it then."

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

● People were supported to have enough to eat and told us they liked the food they received. People were given choices of what they wished to eat and were provided alternatives if they requested this. One person said, "The food is very nice. It's all home cooked and fresh, especially the soup. We get a three-course meal. If you don't want the main meal you get a choice of other lighter dishes."

● We observed the lunchtime meal in the dining room. Tables were attractively laid with tablecloths, napkins, cutlery and condiments. Staff informed people what dishes they had ordered as it was presented to them. The food looked hot and nutritious."

● When some people had difficulty eating independently, staff assisted them patiently. Some people chose to eat in the lounge area or in their own rooms and there were staff available to support them.

● People's specific dietary needs were known and met effectively by staff. For example, some people had their food mashed or pureed to allow them to swallow it safely. Kitchen staff followed guidance provided by speech and language therapists (SALT) to ensure people ate safely.

● Other dietary needs were well managed by staff. For example, people living with diabetes were supported to eat healthily and maintain safe blood sugar levels. People who chose vegetarian diets were supported with alternative dishes. One person said, "The food is excellent, very good. I'm vegetarian and they cater for me well."

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

● People's needs were met by the design and decoration of the home. The environment was conducive to people's needs, especially those living with dementia. For example, large print signs assisted people in finding their way around the home.

● The home was accessible for people and had communal areas for people to socialise and have private time with relatives and friends. Corridors were wide for people to move safely. Hand rails were fitted to support people to mobilise if needed. People who required support to move had equipment in place to help them do so. There were adapted bathrooms and toilets.

● One relative comment from survey said, "The home is very well designed, provides a really great environment to enable a good range of activity and good quality individual accommodations."

● People's rooms were comfortable and personalised. Each room had an en-suite bathroom to ensure and promote their privacy. Communal areas are well decorated with reminiscence items and historical pictures, with prompts and objects to trigger memories. People's community trips were reflected through artful displays on walls with tactile objects for people to touch and explore.

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

● People and their relatives told us staff provided them with effective support with their healthcare needs.

● Staff supported people to access healthcare appointments. One person said, "I go to the hospital for checks. If my family can't support me the staff will arrange something." Another person said, "Not long ago they had to get the doctor to see me. They organised it quite quickly."

● Records confirmed people had access to a GP, opticians, and dentists and could attend appointments when required. Referrals were made to specialist services such as mental health practitioner and speech and language therapists, as needed. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

● Staff liaised effectively with other agencies and responded appropriately when support was required. One relative said, "I've always found them to be very good at notifying mums GP and responding to any concerns."

● People's oral health care was assessed, and they could see a dentist, if this was needed. Oral health care plans captured the level of assistance the person required and the results of any recent dentist

appointments.

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.
● The registered manager and staff had a good understanding of the Mental Capacity Act and were working within its principles.
● Where people lacked capacity to make specific decisions, appropriate assessments had been made. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation. The manager had made appropriate applications for people where DoLS could apply.
● Where conditions had been applied to DoLS authorisations, records showed that staff were meeting these conditions.

Good

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 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 were consistently positive about the approach and caring attitude of staff. One person said, "The carers are so nice. We all get on and that's the truth." People told us staff treated them with the utmost respect. One person said, "It's very pleasant. Everyone is well mannered. They deal with you with courtesy."
- People's diverse needs were captured when they moved to the service and staff supported them to meet these needs. For example, spiritual and cultural care plans recorded people's chosen faiths and how they practised them. One person said, "They take me to church. They are so considerate and lay on transport to take me to Mass. They are extremely accommodating and efficient."
- People and their relatives told us staff provided them with emotional support when they needed. One relative said, "They let her talk which is enormously helpful. The girls are really compassionate, and they show their empathy. At the weekend mum thought she was coming home and became upset. The carer looked through one of her books with her. I was really pleased. They were very responsive."
- We observed a number of caring interactions during the inspection. For example, carers supported people patiently and with sensitivity when helping them to mobilise to lifts and communal areas. Another person who was living with dementia was being supported in their wheelchair to the dining room. The carer alleviated their anxiety by exampling quietly and simply of the importance of their wheelchair footplates to be correctly positioned so that she did not hurt herself.

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

- People and their family members told us they could express their views and be involved in their care.
- The provider had implemented a 'resident of the day' where people could contribute to their care plan review and have one to one conversations with staff about their care. Staff from each area of the service, such as maintenance and kitchen, would meet with people to seek their opinions and views on their support.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, staff supported people to access an advocate or advocacy service.
- Some people were supported by an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. The person was supported regularly by the IMCA who supported them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported by staff as much as possible. People and their

relatives told us staff consistently encouraged them to maintain their mobility and promote their independence. One person said, "They help me have a shower and get dressed. They try and encourage me to do as much as I can myself." One staff member said, "I help them with personal care in the morning, we ask them to do something as simple as washing their own face and hands. I always ask them what clothes they want and offer two or three choices. That's increasing their independence."

● People were treated with dignity and respect, and their privacy was protected. People told us staff ensured their dignity was maintained when providing care. One staff member said, "I ensure that doors are shut, and curtains are pulled. If they have a problem, I take them to a private place where they feel comfortable. I make them feel that they are the important person."

People's privacy and dignity was respected by staff. We observed staff knocking on people's doors before entering and talking to people in a respectful way.

Good

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 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's care plans were person centred and had been developed to ensure staff supported them in a personalised way. For example, some people living with dementia had care plans that recorded specific changes in their mood and behaviour that supported staff to manage their anxieties. One professional said, "They've done really good work with (the person with dementia) to get them settled. There have been positive steps taken with this person with dementia."
- Care plans captured people's preferences, needs and wishes that included their choices about how they wished to spend their day and preferences around personal care and clothing.
- Staff demonstrated a good knowledge of people's history and needs which enabled them to provide more personalised care. One staff member said, "They have life stores. If we find out random snippets of their life before, we can use that in conversation. One resident is from (named country) so will I try to talk to her about living there."
- Staff understood the needs of people living with dementia and provided responsive support to ensure that anxieties were managed, and that people could live meaningful lives. One relative said, "I come as much as possible to share a meal with her. She is now coming downstairs of her own volition. She is now eating well. They had her on a food diary and on new medicines and it's made a huge difference to her cognitive function. She is no longer as bad as she was and no more agitation."
- Technology was used to support people receive responsive care. For example, each person had access to a call bell system that alerted staff when help was needed. Some people, who were at risk of wandering and falling at night, had sensor boxes in their rooms to alert staff to support them.

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 were supported to follow interests and participate in a range of activities that included arts and crafts, quizzes, bingo, skittles, film club and an organised exercise project which promotes movement through music. One staff member said, "People like it and join in. We do it one to one with people who don't like to come out of their rooms."
- People living with dementia were supported to remain active and engaged. Staff engaged in a number of reminiscence activities, that included memory quizzes and memory ball games which prompt discussions on historical events. A reminiscence area had been developed with scrap books of old photographs and historical newspapers to stimulate people's memories.
- People and their family members told us staff were proactive in ensuring people avoided social isolation, especially those living with dementia, and were encouraged to remain active and engaged. One relative said, "There's interactions with lots of different people. She's talking to other residents at the dining room

table and interacting with them. It's a pleasure seeing her come out of her shell again. I told the office we were so pleased with how she settled." One person said, "I don't do the activities, but staff come to my room and chat to me. I never feel lonely." Another person said, "There's all sorts of things on but I like to watch my telly. You are always invited to join in, but I like my own company. I do go down it depends what's on."

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.

- People's communication needs were identified in their initial assessments and used in their care plans. Information about people's anxieties were reflected in these plans to ensure staff could communicate effectively.
- The provider was able to produce information about people's care in formats they understood, such as different languages and braille. People received their contract for living at the home in an easy read format when needed.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would feel comfortable that the provider would address any concerns appropriately. One person said, "if there was something to gripe about, I would tell them, but I don't have any concerns."

Complaints that the registered manager had received had been investigated thoroughly and appropriate responses given. The registered manager had ensured that duty of candour letters were also sent to complainants that explained why something had gone wrong and the actions that were being taken to prevent further occurrences.

End of life care and support

- People had care plans in place to record advanced wishes for their end of life support. These captured any spiritual needs, preferences for pain relief, details on funeral arrangements and family members and professionals who were involved in decisions about their care.
- One person was receiving support at the end of their lives at the time of the inspection. Referrals had been to specialist palliative services to support with home from hospice care. Daily records showed that staff had been responsive in ensuring additional fluids had been given, while staff had provided ongoing monitoring checks and mobility support as they received care in bed.
- The registered manager told us that the provider offered formal emotional support to staff who requested it to support them in their roles.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager had made clear improvements in the consistency of its reporting of regulatory notifications to the CQC and of reportable incidents to the local authority.
- Training had been implemented to allow team leaders to share reporting responsibility with the registered manager, while further support and guidance had been sought from the local authority quality team and local safeguarding board. Records showed that there had been consistent reporting and incidents had been appropriately escalated when needed. The registered manager demonstrated a clear oversight and management of this process.
- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, health and safety, infection control, care plans and falls. The results of which were analysed to determine trends and introduce preventative measures.
- The registered manager ensured that there was an emphasis on team work and communication sharing. Team leaders completed a handover between shifts and staff had time to discuss matters relating to the previous shift.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People, their relatives and staff spoke highly of the skills and approach of the registered manager. One person said, "The managers are both excellent. I see the deputy manager round and out. He's busy with his own responsibilities." One staff member said, "Our manager is absolutely fantastic. Any problems I go straight to her. She will tell us where we can get the support we need. She's out on the floor and checks the rooms. She keeps an eye on everything. Even if she is busy she will come out and help."
- The registered manager understood the importance of promoting an open and inclusive culture at the service. People, their relatives and staff told us that the registered manager was approachable and open.

One family member said, "Management is very good. They keep in touch with us. I let them know if there's anything I'm concerned about not that there has been. They could recognise where they could improve if they had to, not that there's much to improve."

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

● People and staff were actively involved in the service. People could participate in provider focus groups to discuss their opinions and views about the service. The registered manager promoted a 'you said, we did' engagement with people and successes were displayed around the home. These informed people of activities or changes to the home they had asked for and how staff had responded to the requests.

● There were systems and processes in place to consult with people, relatives and staff. Suggestions boxes were prominent in communal areas and one relative told us that they had submitted comments that week. Regular residents' meetings and quality surveys ensured peoples voices were heard and listened to. Records of contact with family members were clearly recorded in care files.

● Staff spoke positively about the support and engagement of the management of the service. One staff member said, "Managers are really good, very helpful. If we are short staffed due to sickness, they'll always come to help if needed. They are very supportive."

● The registered manager had engaged with the local community to promote dementia awareness and to highlight and support social isolation. The dementia champion and registered manager were active members of the Dementia Action Alliance, an organisation that brings providers and businesses together to connect, share best practice and take action on dementia.

Working in partnership with others

● The registered manager had established good partnership working with healthcare professionals such as GP's, Speech and Language Therapists and mental health teams to meet people's needs.

● The home worked with organisations in the local community. For example, with the local authority to share information and learning around local issues and best practice in care delivery.

● The home promoted a 'spare seat' initiative to reduce social isolation in the local community. Through the local press and social media, members of the public could apply to come to the service and have lunch and socialize with other residents.

● The home also acted as a safe haven for people with dementia living in the community, to support people in the community to access a safe place should they need it. The home had organised links and visits with a local school to raise the issue of dementia to a younger generation. The home was part of the Archie Project that links local schools, businesses and care homes.