

# Hallmark Care Homes (Wokingham) Limited

## Alexandra Grange

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Alexandra Grange is a residential care home for older people some of whom have some degree of dementia. The home is arranged over three floors with the middle floor dedicated to people who have a diagnosis of dementia. It can provide accommodation and personal care for up to 58 people at any one time. On the day of the inspection 50 people were using the service.

People's experience of using this service:

- The registered manager did not always ensure they maintained clear and consistent records when people had injuries and the Duty of Candour was applied. This means providers must act in an open and transparent way with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- We made a recommendation to explore relevant guidance on how to ensure environments used by people with dementia were more dementia friendly.
- We have made a recommendation about seeking guidance from a reputable source to ensure principles of the Accessible Information Standard are met.
- There was an activities programme and some people were involved in activities. The registered manager took action to ensure all people had opportunities for social engagement and meaningful activities according to their interests to avoid isolation.
- People felt safe living at the service. Relatives felt their family members were kept safe.
- Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately.
- Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- We observed kind and friendly interactions between staff and people. People and relatives made positive comments about the staff and the care they provided.
- People told us staff were available when they needed them and staff knew how they liked things done most of the time. The registered manager reviewed and improved staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times.
- Staff training records indicated which training was considered mandatory by the provider. The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed.
- There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to control the spread of infection and keep the service clean.
- People had sufficient to eat and drink to meet their nutrition and hydration needs. Hot and cold drinks and

snacks were available between meals.

- People had their healthcare needs identified and were able to access healthcare professionals such as their GP. The service worked well with other health and social care professionals to provide effective care for people.
- People received their prescribed medicine safely and on time. Storage and handling of medicine was managed appropriately.
- People confirmed staff respected their privacy and dignity. The registered manager was working with the staff team to ensure caring and kind support was consistent.
- We observed people were treated with care and kindness. People and their families were involved in the planning of their care.
- The service carried out risk assessments and had drawn up care plans to ensure people's safety and wellbeing. Staff recognised and responded to changes in risks to people who use the service and ensured a timely response and appropriate action was taken.
- The registered manager held residents and relatives' meetings as well as staff meetings to ensure consistency in action to be taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.
- Staff felt the management was open with them and communicated what was happening at the service and with the people living there.
- People and relatives felt the service was managed well and that they could approach management and staff with any concerns.
- The management and staff team had reviewed, assessed and monitored the quality of care. They encouraged feedback from people and families, which they used to make improvements to the service. The provider was taking steps proactively as part of the quality assurance to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Rating at last inspection: At the last inspection the service was rated Good in all the domains (Report was published 02 September 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risks and ensures we are able to schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Alexandra Grange

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors, a specialist advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, e. g., caring for people with dementia in this inspection. On the second day one inspector carried out the inspection.

#### Service and service type:

Alexandra Grange is a residential care home for older people some of whom have some degree of dementia. The service is arranged over three floors with the middle floor dedicated to people who have a diagnosis of dementia. It can provide accommodation and personal care for up to 58 people at any one time.

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 was an unannounced inspection. This meant the service was not aware we were coming.

#### What we did:

- Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.
- We reviewed the information the provider sent us in the Provider Information Return. 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 also contacted 18 community professionals for feedback and received five responses.
- During the inspection we spoke with nine people who use the service and three relatives. In addition, we spoke with the registered manager, the deputy manager and 12 members of the staff team.
- We observed lunch on each floor, planned activities and interactions between staff and people living at the service.
- We carried out a tour of the premises.
- We looked at records relating to the management of the service for example:
  - Audits and quality assurance reports
  - Completed surveys from people who use the service
  - Eight people's care records
  - Records of accidents, incidents
  - Falls analysis
  - Compliments and complaints
  - Five staff recruitment files
  - Staff support, supervision and appraisal information
  - Maintenance records
- Following the inspection, we asked the provider for some further information which we received. This included follow up information on survey analysis, meeting minutes, further recruitment and training information and policies relating to the running of the service.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe living in the service and they knew who to ask for help if they felt unsafe. Staff knew how to deal with and report any issues relating to people's safety.
- When there had been safeguarding concerns raised, the registered manager dealt with them appropriately.
- Staff told us they were very confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and the care they received. The service assessed the risks and took action to mitigate them. There were guidelines to ensure staff supported people appropriately including with personal care, emotional and behavioural support and consent. Risks were kept under review and staff reported any changes promptly.
- Staff had a good knowledge regarding risk management to ensure the people were safe and received necessary care.
- When people had specific needs such as pressure damage, wound management plans were in place including initial assessment, monitoring of progress of healing and involvement of community nurses.
- Comments from community professionals said, "They call us to ask for advice and we come here regularly. We have no concerns and we like it here. It is one of the better homes. Happy staff and everyone is helpful."
- Emergency plans were in place to ensure people were supported in the event of a fire and equipment was available to help staff.
- The environment and equipment was safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work. The registered manager had action plans in place to ensure safety in the service such as fire and legionella.

Staffing and recruitment:

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience. We found some discrepancies with employment histories, verification of reasons for leaving and evidence of conduct. We pointed this out to the management team. We have since been provided with evidence that the discrepancies have been rectified.
- Overall, there were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed. We received some feedback about night shifts needing more staff. We noted this to the registered manager who took our comments on board. However, staff felt there were enough staff to do their jobs safely. Both registered and deputy managers were always helpful ensuring the service operated at

safe staffing levels.

- We observed care staff answered call bells promptly on our visit. People and relatives felt staff were available when needed. We saw staff responded to people's request for support during the day.

Using medicines safely:

- People had their medicines managed safely.
- The service used an electronic system to record medicine administration. Staff told us the system helped them minimise medicine errors and encourage consistency. It also helped them monitor stock to prevent issues with medicine being out of stock.
- People were supported to have their medicines at the right times. Staff told people what their medicines were for and supported them to take their medicines as prescribed.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People were offered PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager, deputy manager or senior staff to ensure they were being managed safely. We reviewed the stock of specialised drugs kept in a separate cabinet and it tallied with the records kept.
- Four people received medicine covertly. We reviewed the paperwork in place. We noted to the registered manager to ensure the administration care plans were reviewed regularly. This was to ensure the covert administration of medicine was in line with Mental Capacity Act legal framework.
- Two people were in control of administering their own medicine and they were encouraged and supported to maintain it. The medicine was kept locked in their rooms.

Preventing and controlling infection:

- Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free.
- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the service clean and working in the laundry.
- The registered manager or the senior staff carried out regular audits to ensure standards of cleanliness were good.
- The kitchen area was clean, well-ordered and access was restricted to staff to avoid any risk to people. Hazardous substances were properly managed. Chemicals and cleaning products were kept securely locked away.

Learning lessons when things go wrong:

- When people had accidents, incidents or near misses these were recorded on the service's electronic system. These were also discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrences. The registered manager, deputy manager and senior management accessed the reports to ensure all the actions were taken to address any concerns and to support people to stay safe.
- The registered manager took on board the queries or issues we raised during our inspection, and addressed them promptly.



# 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

Good:  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 care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences, and their social interests. People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.
- People received effective care and support from staff who knew how they liked things done. People and relatives felt the staff knew them well and provided good care and support. They said, "Yes, [the staff] they know how to look after me", "Yes, they are all well trained" and "Yes, they appear to be (well trained)."
- We observed the staff interacted well with the people and responded to those who needed help.

Staff support: induction, training, skills and experience:

- Staff received training that equipped them with the knowledge they needed to support people. The provider had a system for monitoring staff training to ensure training was up to date.
- When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. A staff member described the training as "some of the best training" they had received. They said how staff members would mention their training philosophies to each other as they worked to encourage each other.
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervisions. Staff felt the training and support they received equipped them to carry out their role.
- A senior staff member said they spent "as long as is necessary" with staff members on supervisions. They added, "It should not just be a tick box exercise." Another member of staff said they enjoyed the supervisions. They said, "It is nice to look back and have others to reflect on your work".

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. Staff made sure foods were available to meet people's diverse and cultural needs and preferences.
- People liked the cooked food most of the time. They agreed choices were offered to them. They said snacks and drinks were available at any time and they were encouraged to drink regularly.

- People were supported to have their meals and they ate at their own pace. Some people chose to eat their meals in their bedrooms and they were served promptly.
- The staff and the kitchen staff were aware of people's dietary needs and preferences. If people needed their food and fluid to be monitored, staff regularly monitored it to ensure people received enough nutrients during the day.

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

- People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People had medicine reviews carried out by the GP to ensure they were on the right and effective prescribed treatment.
- People were referred to various health professionals in good time to address any health or changing needs. The staff were knowledgeable and well informed about people's health and wellbeing. We saw the care for people's health and wellbeing was proactive and organised well.
- On the two days of our inspection, some people were not feeling well and the staff called the Rapid Response and Treatment Team to attend them. We were informed they were also monitoring treatment to help them manage a health ailment.
- A community professional thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support.

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

- The design of the premises was somewhat suitable for the needs of the people with dementia. On the first floor, there were some people living with dementia. During inspection, we looked at the environment with the registered manager to determine how dementia friendly it was.
- Not all the doors had dementia signage indicating it, for example, toilet or bathroom signs were not to the size the person with dementia would be able to recognise.
- Toilet seats were white and did not stand out against the décor in the toilets rooms. Best practice guidance states ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence.
- We observed aids such as coloured crockery used to support some individuals when eating, were not used. Research has shown that signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people with dementia or memory loss live.
- People were able to walk around the corridors and there were a couple of areas to sit down for quiet time. However, the signage to guide people where to go when coming out of their bedroom was minimal. The outside area was well designed and provided a pleasant place for people to sit outside or enjoy outdoor activities. People were not able freely access the outside area and would have to be helped.
- The registered manager told us there were plans in place to start redecoration and changes within the service. The registered manager assured us our comments and observations about dementia friendly environment would be taken into account as part of the work.
- Some elements of the interior helped them orientate around. For example, the doors to people's rooms were depicted as their front door, brightly painted and furnished with door handles and a picture of an article that was a particular memory to that person.
- However, the whole floor presented a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- We recommend the service explores all relevant guidance on how to ensure they make environments used by people with dementia more dementia friendly.

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 on such authorisations were being met. The registered manager and the deputy manager had a good understanding of the principles of MCA. The management team regularly reviewed people and applications submitted while awaiting authorisation.
- People agreed staff asked them before providing any care or support. We observed staff were polite and respectful towards people and their decisions.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people and helping them make decisions. Staff said they were constantly being quizzed about the MCA. They would stop and ask each other about the requirements, which all staff would know.

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives agreed staff were caring and kind. They said, "I think the staff are wonderful", "Most of them are very kind", "You get spoilt here" and "The staff are very kind without exception."
- People agreed staff knew how they liked things done when supporting them.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, verbal feedback, residents and relatives' meetings, and annual surveys.
- People's records included information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.
- Staff respected people's choices about how and where they wanted to spend their time.
- People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings and other items important to the person. We observed people and their appearance. They looked well cared for with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives agreed staff showed them respect and said they were "very friendly and kind".
- People and relatives agreed staff protected their dignity and privacy. Staff respected people's privacy and explained how they would support someone with personal care. We saw that staff knocked on people's doors before entering their room.
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible.
- Staff understood the importance of treating people with respect and compassion so they could live their life as chosen. They said, "Always offer them choice...least restrictive option and treat them how I would want my mum to be treated", "Treat people with respect, offer privacy, not ignoring their wishes and voices" and "Treat residents equally and try to help them be empowered with their own abilities by making reasonable adjustments".
- People's right to confidentiality was protected. All personal records were stored on the computer with password protection and kept locked away and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with

appropriate people when necessary.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had care, support and treatment plans in place that were detailed and described routines specific to each person. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals.
- The staff used shift handovers and daily meetings to inform all about any tasks to complete or what was going on in the service. The registered manager and the deputy manager monitored the service and practice regularly during the day. This way they could pick up anything else of importance and to ensure appropriate action was taken to address any issues.
- Staff were aware of different ways of communicating with people, for example, pictures, objects of reference, using pen and paper or signing.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room. One relative said, "I come in nearly every day and it always seems very calm and pleasant."
- There was a program to engage people in activities, maintain their social skills and achieve emotional wellbeing. Activities were listed and available to people, visitors and staff throughout the service. We observed a few activities going on and we saw people enjoyed getting involved, chatting to others in between.
- We also observed when activities were not happening, some people were sitting in the lounges in a big circle with the television or music on. Sitting in smaller circles would have encouraged more interactions between people.
- We noted this to the registered manager and they promptly took action to review activities and the way they were planned and recorded.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.
- We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of AIS.

Improving care quality in response to complaints or concerns:

- The registered manager took complaints and concerns seriously and used it as an opportunity to capture any trends and improve the service.

- We saw the registered manager and the provider responded to complainants in writing informing them about the action taken.
- We saw the service received compliments regarding the care and support provided to people. The registered manager and the deputy manager always thanked the staff and appreciated their work.
- The people and relatives felt they could approach the registered manager or one of the staff members in the team if they had any issues to report. The staff felt they could approach the management team with any concerns should they need to.

#### End of life care and support:

- At the time of our inspection there was one person receiving end of life care and appropriate records to support the person were in place. Care plans had information about people's wishes and preferences about how they wanted to be cared for at the end of their lives.

# 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

Requires Improvement: □ The service mostly remained well-led, the leadership and management assured person-centred, high quality care and a fair and open culture. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- In the last 12 months there had been eight serious injuries that were notifiable incidents indicating duty of candour was applied. Duty of Candour, Regulation 20, is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to where care and treatment goes wrong or causes or has the potential to cause harm or distress.
- We asked the registered manager to provide us with evidence the regulation had been followed when these serious injuries had happened. People were supported to go to hospital to treat injuries and update the care plan most of the time due to changes in their care needs. Whilst the registered manager and staff had an understanding about their responsibilities in relation to Duty of Candour, all steps to be taken and outcomes had not consistently been recorded. Therefore, they were unable to evidence that Duty of Candour principles had been applied in all cases as per regulation and their own policy.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. There was a 'whole team approach' and culture in the service had continued to develop and grow. People and relatives agreed the service was managed well.
- Staff felt listened to and the registered manager and provider were approachable. Staff spoke positively about them and felt they were supportive. Staff said, "They are very supportive and we are trusting our manager", "I get a lot of support from the management" and "[It is managed] very well, best place I've worked".
- The registered manager and the deputy manager praised the staff team saying, "We have an amazing team, it is my team. They respect each other and they respect us. The staff will support us with audits and actions to do and show accountability. We would not be here if it was not for them".

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

- 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 safety and quality of care provided.
- There was a commitment from the registered manager and the deputy manager who encouraged staff to provide people with quality care and support they wanted.
- There was a clear management structure in place, which gave clear lines of responsibility and authority for



decision making about the management. The registered manager provided clear direction for the staff to ensure they provided an effective and safe service.

- The registered manager and the deputy manager had an open-door policy and welcomed any feedback of how to maintain good service. There was a happy, open, and inclusive atmosphere within the service.
- The registered manager had quality assurance systems in place. These included audits of care plans, staff files, complaints and safeguarding concerns, reviews of incidents and accidents and quality satisfaction surveys. Senior management also reviewed the quality of the service. They reported back to the registered manager and the deputy manager, who recorded the information in the home action plan to ensure necessary improvements were made.

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

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. They actively sought feedback including conducting quality assurance surveys to gain the views of people, relatives, and staff. The registered manager, the deputy manager and the staff team were very motivated to provide care and support to people as their needs and health were changing.
- The registered manager held meetings and forums for people who use the service and relatives to listen and gather any views or concerns they had. People who use the service could get involved in health and safety committee meetings and also attend fire training.
- The registered manager held regular staff team meetings to ensure any items arising from audits, reviews or relatives and people's meetings were shared with the staff team. This was to ensure all team members were aware of any issues, actions to take and pass on positive feedback. The staff team also discussed topics such as any changes in people's needs or care, best practice and other important information related to the service.
- The registered manager also promoted a policy of the month to help staff understand any trends identified during the month.

Working in partnership with others:

- The registered manager had a well-established partnership working with outside organisations and in the service. There were examples provided where external health and social care professionals had been consulted or kept up to date with developments. The professionals were positive about the registered manager and the service. They said, "Yes as far as we are concerned they always help us with information that we require to carry out the tasks we need to" and "I find [the registered manager and the deputy manager] extremely engaging and supportive to work with".
- The service had good links with the local community and the provider worked in partnership to improve people's wellbeing. For example, community groups attended the service to provide entertainment and events held for the public, such as dementia training.
- The registered manager encouraged feedback and acted on it to continuously improve the quality of the service so the people enjoyed living in the service. Records showed the service had positive relationships and regular contact with professionals including GP's, community nurses, occupation therapist, Parkinson's clinic, mental health team and the local authority.