Country Court Care Homes 2 Limited

Fenchurch House

Inspection report

Spalding Common
Spalding
PE11 3AS

Tel: 08435069452

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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

Fenchurch House is a residential care home providing personal care to up to 60 older people, some of whom may be living with dementia. At the time of our inspection there were 54 people using the service. The service is in a newly built home spread over three floors.

People's experience of using this service and what we found
People received high quality care at Fenchurch House. Staff had the training needed to provide safe care and they took the time to ensure it was individualised to meet each person's needs. Staff had received training in supporting people with dementia and this was reflected in the care provided and how calm and settled the home was. The environment was warm and welcoming and had been designed to maximise people's independence.

People were complimentary about the care they received and felt there were no improvements needed. They told us their needs were met and staff were kind, caring and responsive. Staff prioritised promoting people's independence and family life. People praised the food and the ability to visit the coffee bar with relatives.

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.

Systems to keep people safe were in place. There were enough staff to meet people's needs and checks had been completed to ensure they were safe to work with vulnerable people. Medicines were safely managed and people received their medicines at the right time. The home was clean and staff worked to reduce the risk of infection.

Risks to people were assessed and care was planned to keep people safe. Concerns were raised with the health and social care professionals as early as possible to facilitate people getting the correct support in place for their well-being. Care plans were accurate and reflected people's needs.

There were systems in place to monitor the quality of care provided and action was taken to rectify any issues.

Relationships were in place with the NHS and universities to work with them to further understand the needs of people living with dementia. The home benefited by accessing training and support at the leading edge of dementia care, which enabled them to support people's health and well-being.

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

Rating at last inspection

This service was registered with us on 19 October 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our responsive 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.

Fenchurch House

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, a senior care worker, the chef and a housekeeper. 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 five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us the home was a safe place for them to live. One relative said, "The care is very good, I know [Name] is safe with them."
• Staff had received training in how to keep people safe from abuse. They understood the different type of abuse they needed to be aware of and how people may behave when they were at risk. Staff were confident in raising concerns and were certain the registered manager would take appropriate steps to keep people safe.
• The registered manager had worked with the local safeguarding authority to keep people safe. They had investigated any concerns raised and where needed, had taken action to minimise risks to people.

Assessing risk, safety monitoring and management
• Risks to people were identified and care was planned to keep people safe. Risks were reviewed regularly to ensure the care planned stayed relevant. For example, where people needed support to move around the home, there was a clear description of how to support them safely. The information included the number of staff needed and which equipment was to be used. All this information supported staff to provide safe care.
• Where risk assessments had identified equipment was needed to keep people safe this was in place. For example, one person had a special mattress and cushion to relieve pressure in bed and when sat in their wheelchair. Equipment was assessed regularly to ensure it was being used correctly and remained safe for people to use. This ensured people were protected from the risk of avoidable harm.
• Risks around people's actions had been assessed. For example, one person's care plan noted on days when they were more unsettled staff should offer one to one support to prevent incidents. This flexible approach balanced the person's right for independence with the need to keep people safe.
• Environmental concerns had also been reviewed. For example, people's ability to keep themselves safe in an emergency had been assessed. Personal evacuation plans were in place to support emergency services to evacuate the home safely.

Staffing and recruitment
• There were enough care staff to meet people's needs. Staff and people living at the home told us the staffing levels supported them to provide safe care. One person told us, "They [staff] normally answer the call bell quite quickly, there can be busy times when I may have to wait a little longer but that doesn't happen much."
• The registered manager had calculated how many staff were needed on each floor to support people's needs. Staff regularly checked in with the senior on each floor so they could monitor if more support was needed. If one floor was behind with care tasks, staff from other floors would provide support. In addition, there was always a deputy manager on duty who was not counted in the staffing figures and could step in to

support staff if needed. This meant that people received timely care.
• The provider also employed other staff so the care staff could focus on people's needs. There were three hospitality staff who supported people to access drinks and two activity staff who supported people to be entertained and access the local town. In addition, there were administrative, housekeeping and kitchen staff. This meant care staff were able to focus on meeting people's needs.
• Staff told us they had been required to provide references and a Disclosure and Baring Service check before they could start working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
• Medicines were safely stored. The building had rooms on each floor which were used to store people's medicine. Each medicine room was fitted with an air conditioner unit which allowed the temperature to be controlled to ensure it was in the allowable range for medicine storage. Fridge temperatures were checked daily and were within the allowable range. This meant that people could be certain their medicine was effective when it was administered.
• Accurate medicine administration records were kept. Records had photographs to help staff correctly identify people. Records had been completed each time a person was administered their medicine. Separate sheets were in place for medicine administered via a patch so the placement of the patch could be recorded. The accurate recording enabled the registered manager to monitor if people had received their medicines as prescribed.
• Protocols were in place to support staff to administer medicines prescribed to be taken as required, for example, pain relief. The protocol indicated if the person was able to ask for the medicine of if staff needed to monitor them and make the decision for them. This meant people were supported to access their medicines in a consistent way.
• The registered manager worked with healthcare professionals and the pharmacy to ensure people accessed medicines as quickly as possible. For example, one person had needed antibiotics for an infection we saw they were available to the person on the same day they were prescribed. This supported the person to recover quickly from their infection.

Preventing and controlling infection
• People told us the home was kept clean. One person said, "Our rooms are cleaned well every day."
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
• The provider had opened the home to visitors without the need to book an appointment. They had removed the need to complete COVID-19 tests before visiting. They just asked visitors to not visit if they felt unwell. This supported people to maintain regular contact with their family and friends.

Learning lessons when things go wrong

• Staff were required to record any incidents which happened in the home. For example, if a person fell. The registered manager reviewed all incidents to ensure staff had taken appropriate action to keep the person safe. For example, by completing observations on their health and reviewing their care plan.
• Incidents were reviewed by the registered manager on a monthly basis to see if there were any trends and action could be taken to improve safety. For example, they had identified more falls were happening in the early evening. The registered manager arranged for more activities to be provided at this time to keep people engaged and to stop them walking around the home. Figures showed that this action had been successful in reducing the number of falls.
• The provider reviewed the information to ensure the number of incidents in the home was not excessive compared to their other homes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received an assessment of their needs so that safe care could be planned. Where people had long term conditions the registered manager identified best practice guidance in supporting people with their specific conditions and ensured that this information was available to staff in people's care plans.
• Care plans showed that the registered manager had ensured recognised good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the Waterlow tool. The provider had policies and procedures in place to ensure that up to date guidance and legislation was available to staff. This ensured that risks were effectively assessed to identify people's care needs.

Staff support: induction, training, skills and experience
• Staff received an induction when they started to work at the home. This included training in how to support people to move safely and how to recognise and report abuse. In addition, new staff shadowed an experienced member of staff to gain knowledge and experience.
• Ongoing training was provided for staff to ensure their skills remained up to date. Records showed that the registered manager had a system in place to monitor when training became due so they could ensure staff's skills remained safe and effective.
• Staff received ongoing support and supervision from the registered manager. Staff's annual appraisals were completed. This is where staff would be able to identify their career development and any training needs with the registered manager.

• Supporting people to eat and drink enough to maintain a balanced diet
• People told us they were happy with the meals provided. One person told us, "The food is good, they go out of their way if you want something different." Another person told us "I'm vegetarian but there's never any lack of variety in what I'm offered." A relative commented, "[Name] is a fussy eater but they always offer something else, their favourite is omelette and beans."
• When people moved into the home the chef got a food profile on them outlining their food likes and dislikes along with any allergies and illnesses which affect their diet. For example, some person needed gluten free food, while others were lactose free.
• People's ability to eat and drink safely were assessed. Where needed their diet was modified so their choking risk as minimise. For example, some people required their food to be fork mashable, while others needed their fluids thickened. People at risk of choking were monitored when eating. Kitchen staff were aware of the different levels of soft diet and which people needed their food modified for safety. People were therefore protected from the risk of choking.

• People's ability to maintain a healthy weight was monitored. Where there was a risk of people not maintaining a healthy weight, their weight was recorded and tracked monthly. Any concerns were raised with the GP. Staff promoted a food first approach and enriched people's diet by adding extra cream and butter to meals. Where needed people were prescribed fortified drinks to help them maintain their weight. These actions supported people to remain healthy.
• People were supported to investigate concerns with their diet. For example, by having allergy tests completed. Where tests showed intolerance to certain items they were removed from the person's diet. This supported people's needs to have a diet tailored to their individual needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The registered manager had built relationships with healthcare professionals to improve the care provided to people. For example, they had arranged for a community psychiatric nurse to visit weekly. This was because medicine changes had been slow to be made. The weekly visits had supported people to have their needs assessed and to be put on the right medicine quickly. This change had supported people's health and well-being.
• The registered manager also worked with the Dementia home care team. They requested support as soon as they noticed actions which may become an issue. This early intervention enabled changes in medicines to be made before the person reached crisis and stopped their placement at the home from breaking down.
• Records showed that healthcare advice and support had been sought for people when necessary. Care plans detailed which healthcare professional to contact in an emergency. For example, one care plan noted that staff needed to contact the community nurses if a person's catheter did not function properly. This ensured staff could act promptly to raise concerns.
• The registered manager also kept in touch with the hospital when people were admitted from the home. This enabled them to tailor the support they would need when they returned to the home.

Adapting service, design, decoration to meet people's needs
• The home had been purpose built and the provider had provided social spaces such as people may experience in their everyday lives. For example, there was a beauty salon, movie room and a pub. There was also a coffee bar downstairs where people were able to get hot and cold drinks and snacks. One person told us, "It's good to be able to have somewhere to make drinks for visitors, there's plenty of places to sit where it's quiet." These social spaces helped people to feel part of a community.
• The ground floor communal rooms had access to the garden. Outside there was plenty of tables and chairs for people to sit and enjoy. There was also a summer house which had drinks and snacks and a bowling green. These facilities encouraged people to spend time outdoors which was good for their health and well-being.
• The home was immaculate, the provider ensured that it stayed looking smart. One person told us, "The maintenance man is kept busy, as soon as any marks appear on the paintwork he appears with some paint to touch it up." This constant attention to detail ensured the environment remained a pleasant place for people to spend time.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

• Staff had received training in the MCA and understood that people with the capacity had the right to make their own decisions.
• Where people may lack the capacity to live at the home the registered manager had submitted applications for them to be assessed under the Deprivation of liberty safeguards. No one with a DoLS in place had any conditions relating to their DoLS
• Where people lacked capacity, staff understood that decisions needed to be made in people's best interest. Health and social care professionals and people's relatives had been included in the decision-making process. For example, mental capacity assessments and best interest decisions had been undertaken when people needed bedrails to keep them safe in bed. This process ensured restrictions placed on people were the best option to keep the person safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us they were happy with the staff who cared for them. One person said, "The staff are very good and caring. There seems to be a low turnover as I see the same faces and get to know them." A consistent group of staff enabled relationship building and supported staff to get to know people's needs. This meant staff were more likely to notice when people were under the weather.
• The provider had Wi-Fi installed in the building and it was available for people to use. People also had telephones in their bedrooms. This enabled people to maintain their relationships with friends and relatives.

• Staff understood that people living with dementia would be variable in their responses. For example, one person living with dementia refused their meal and staff took it away. Five minutes later staff offered the person their meal again and the person cheerfully accepted their meal and began to eat. In another example, staff were aware a person liked their medicines at a set time in the early morning. If not administered at that time the person would refuse medicines. Staff's training and understanding of dementia supported people's wellbeing.

Supporting people to express their views and be involved in making decisions about their care
• People's choices were recorded and respected. One person told us, "I just ask when I want a bath and they see when they can fit me in. It's rare that they can't manage it on the day I ask." Respecting people's choices encouraged people to continue to make decisions about their care.
• People's care plans also recorded their preferences and their ability to make choices. For example, one care plan noted the person would be able to choose what to eat and they liked breakfast and lunch in communal areas but tea in their bedrooms. When people living with dementia found it difficult to make a choice the staff supported them by visually showing them a choice. This maximised the person's ability to voice their wishes.
• The registered manager worked to support people's decisions. For example, a person living at the home was keen for their spouse, who had been placed in another home, to be with them. The registered manager worked with the social worker to make this happen, agreeing to accept the wife on a lower rate so the local authority funding could cover the cost. The two people were sat side by side clearly engaged and content with each other. This supported the couple's wellbeing.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in supporting people's privacy and dignity. Staff explained how ensuring their had consent was important and they always asked for people's consent before providing care. In addition, staff told us they would ensure they closed doors and curtains before providing care to support people's

dignity. People could be reassured that staff understood how important people's privacy and dignity was.
• The provider had taken time to think about the needs of people living at the home. For example, all the dining room chairs had arms. This helped people to stand up without staff support. Cutlery was also based on people's needs to maximise their ability to eat independently. Where people were safe, they were able to have the facilities to make hot drinks for themselves in their bedrooms. This supported people to maintain their independence.
• The provider had taken into account that people liked to celebrate special events with family and friends. They had provided a beautifully decorated room that people could book along with a meal for special occasions. This enabled people who may not be able to leave the home easily to honour special events.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

• Care plans reflected people's needs and had been reviewed on a regular basis to ensure they took account of any changes people needed in their care. In addition, care plans contained the information needed to support staff to tailor the care to people's individual needs. For example, they identified where people needed support and where they could be independent in caring for themselves.

• Where people had been diagnosed with conditions care plans contained information on concerns for staff to monitor. For example, when a person had diabetes, their care plan recorded what insulin the community nurses were administering. It also included what the risk of having high or low blood sugar was and how to identify when to be concerned about a person. This level of information supported staff to act quickly in an emergency and to help prevent the need for hospital admission.

• Systems were in place to ensure that any changes in people's needs were shared with staff. The registered manager attended the daily handover when information was passed between shifts. This allowed them to identify any concerns or action that was needed to keep people safe.

Meeting people's communication needs

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

• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.

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 and registered manager understood the importance of activities on people's physical and mental health. They had designed a plan of activities to support people. For example, they had trips out and physical activities in the home such as yoga. The yoga session was well attended. One person told us how they had been to a local shopping centre and to a garden centre.

• People were complimentary about the activities offered to them. One person told us, "There's plenty of activities that we can join in when we want." Another person said, "We can help with the gardening and there are trips out fairly regularly." There was lots of joy and laughter on the dementia floor. They had a

machine which projected interactive games onto floors and tables. People enjoyed interacting with this activity and it supported them to maintain their abilities. For example, they had to pop bubbles on the floor, so the movement supported their ability to walk.
• The registered manager had implemented a make a wish campaign where people expressed what they would most like to do either in our outside of the home. One person told us about a day out they had at a local forge, where they helped the blacksmith to make an item. They told us, "We had a trip to the forge as I had heard about it and wanted to have a go."
• People received a weekly newsletter to keep them up to date on activities and other things in the home. For example, who had a birthday that week. The registered manager ensured that each person's birthday was celebrated with a cake.

Complaints
• People told us that they knew how to raise a complaint, but they had never felt the need to do so. The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant.
• The registered manager had investigated complaints in line with the provider's policy. Records showed people were happy with the outcome of complaints. For example, when a family member raised a concern the manager investigated and responded to the complainant with the action taken. The family member responded in writing and said they were impressed with how the registered manager handled the complaint.

End of life care and support
• People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
• The registered manager ensured there was an extra member of staff on duty to support people at the end of their lives so that if a relative was not able to be there people were not left alone. The family of one person expressed how sad they had been not to be there with their loved one at the end of their life, but were comforted as the registered manager had promised that they would not die alone and had made sure a member of staff stayed with the person in their last hours.

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.

This is the first inspection for this newly registered service. This key question has been rated 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
• The provider had a charter of rights which set out what people could expect in relations to having their social, ethical, religious, cultural, political and sexual needs met.
• People living at the home and relatives told us the registered manager and staff were kind and approachable, and the service was well managed. One person told us, "[Registered manager] listens and is genuinely interested in us." Another person said, 'They've helped us settle in very well, nothing is too much trouble, all the staff are very nice from the maintenance man up to [registered manager]."
• Staff were positive about the registered manager and felt they had the skills needed to manage the home. One member of staff said, "[Registered manager] is very supportive. They are easy to approach and available even when not at work. They supported me to go for a promotion." Staff were also complimentary about colleagues. One member of staff said, "Staff work as a team, if we are short staffed, we work as a team to ensure people are happy. People get the best care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. This allowed us to monitor the home for any concerns.
• The provider understood their duty of candour responsibilities to be open and honest with people and relatives about incidents which happened. There had been no incidents which met the requirements of duty of candour.
• The provider had audits in place to monitor the quality of care in the home. We saw they had identified concerns and the registered manager had taken action to improve the care people received. There was also a monthly reporting system to head office. This allowed the provider to monitor the quality of care provided with their other homes and identify if there had been a fall in standards. This supported consistent high-quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The registered manager explained people had been asked for their thoughts on the care they received. One person told us, "I'm asked for my opinion by [registered manager] but there is never anything that I think can be improved." Another person told us, "We're asked for feedback. We told them that the spuds were not

being cooked well, boiled were hard and chips weren't crisp, and they have improved now." This feedback enabled the manager to understand where improvements could be made.
• Relatives meetings were held regularly to keep relatives up to date with what was happening in the home. Since the pandemic the registered manager was holding the meetings virtually over video conferencing. They felt that this worked well, and more relatives were able to attend.
• The registered manager explained they also asked staff and health and social care professionals to complete questionnaires. This information was also used to improve the quality of care provided.

Continuous learning and improving care
• The registered manager was keen to ensure the care provided was in line with the best research and guidance available. They had partnered with and NHS research team and two universities conducting research in dementia. For example, they were currently involved in research to look at the effect of discharge from hospital for people with dementia.
• Being involved in the research enabled them to get access to the latest training and support as well as contributing the knowledge base of dementia care. For example, they had a research team visiting the home to look at what training could be provided to relatives to understand how to better support their loved ones when they visited. This was important at it helped to maintain family relationships when relatives could understand the disease.
• The registered manager ensured lessons learnt from accidents and incidents, complaints and safeguarding were shared with the whole staff team so that everyone knew what went wrong. This decreased the risk of similar incidents reoccurring.
• The registered manager took action to keep up to date with changes in legislation and best practice. For example, by keeping their nursing educations and registration up to date.

Working in partnership with others
• The provider worked collaboratively with health and social care professionals to ensure that people received care which met their needs.
• The registered manager had introduced staff champions into the home. There were champions in areas such as safeguarding and infection control. They would liaise with the NHS and local authorities to ensure they were working in line with their policies and procedures. The champion could them provide support to colleagues when needed.
• The registered manager was building links with the local community. They had started having dementia friendly coffee mornings. People from the local community were welcome to attend. This supported people in the community caring for people with dementia as it provided a safe non-judgemental space for them to socialise.