

## Ashdown Lodge Care Home Limited

# Ashdown Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Ashdown Lodge is a 13-bedded care home, providing personal care and accommodation for up to 13 older people and people who have dementia. The home is situated in Rustington. At the time of our inspection there were nine people living at the home.

The home is located over two floors which are accessible via stairs or a lift shaft. The home had a lounge and dining area with a garden at the rear of the home.

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

People's experience of using this service:

People's needs were not met by the design and adaptation of the building. For example, the communal toilets were not accessible to people with mobility issues. We found improvements were required, for people living with dementia to ensure people were stimulated and able to orientate themselves regarding the day, date and time.

People told us they felt safe living at the home. One person told us, "The people are friendly the staff are friendly. I'm free to do what I like, go to dinner, sit in the garden." Staff were trained in adult safeguarding and knew how to raise concerns. Risk to people were known and documented and staff were given guidance to support people safely.

People were supported by trained staff who were knowledgeable and knew how to care for people, in line with their needs and preferences. People were supported to live as independently as possible and have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and the policies and systems supported this practice.

People were encouraged and supported to eat and drink well. The meals were varied, and people were able to have choice in what they ate and drank. People had access to other health care professionals and people's health needs were monitored by staff.

Relatives and visitors were welcomed to visit people and they told us that staff treated them with kindness. We observed friendly interactions throughout the day and people appeared happy and relaxed.

Care plans described people's preferences and needs, and people's end of life care was discussed and planned with their wishes respected.

People were encouraged to express their views and had completed surveys. They said they felt listened to

and any concerns or issues they raised were addressed.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. Systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (Report published on 3 May 2018).

Why we inspected: This was a scheduled inspection

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Ashdown Lodge

## 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:

The inspection team consisted of one 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. The expert at this inspection had experience of caring for older people.

Service and service type:

Ashdown Lodge 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.

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, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 9 April 2019.

What we did:

Before inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service about important events.
- Information sent to us from other stakeholders for example the local authority and members of the public.
- We sought feedback from professionals who work with the home, including health and the local authority.

During the inspection:

- We spoke with four people who use the service, three relatives, the registered manager, the providers, team leader, two members of staff and the maintenance person.
- 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 to us.
- We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, samples of policies and procedures and two staff recruitment records.

# Is the service safe?

## Our findings

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

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

At our previous inspection on 8 and 9 February 2018, the service was rated requires improvement for this domain. The topic areas related to a breach of Regulation 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were failures to ensure systems, processes and practices safeguarded people from abuse. Failures to ensure consistent and effective assessment, monitoring and management of risks to people and failure to ensure proper and safe use of medicines. We asked the provider to complete an action plan outlining how they intend to address the areas of concern and by when. At this inspection we found that the provider had taken appropriate action to address these areas of concern.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm.
- Following the previous inspection, the registered manager took action to re-train staff in safeguarding adults with the local authorities training department. This ensured staff understood safeguarding policies and procedures and how to raise concerns. At this inspection we found that staff understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
- The registered manager had updated their systems to ensure that safeguarding concerns were logged and responded to appropriately, reporting to the local authority and notifying the CQC.
- Staff had received safeguarding training as part of their essential training and this was refreshed regularly.
- Safeguarding information was clearly displayed across the home, giving details of how to raise a concern, and the registered manager told us, how they attended safeguarding events to keep up to date and share good practice.
- Staff were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place. One staff member told us, "I would look for changes in behaviour and any physical signs and report to the registered manager."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and managed to keep people safe.
- Following the previous inspection, the registered manager took action to improve the level of detail captured in people's care plans to manage risks to people. At this inspection we found that care plans detailed people's individual risks and gave clear guidance to staff around mobilisation, risk of falls and medication. For example, we found guidance to staff in people's care plans around mobilising. Guidance included direction such as, the person requires total support from staff and will need reminding on how to use their mobility aids safely. Person to be encouraged to move slowly and to stop at regular intervals to

reduce the risk of falls.

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
- Maintenance issues were logged onto a maintenance chart and actioned promptly. We saw that issues were actioned promptly, signed and dated. For example, one person's radiator was not working, which was repaired in a timely manner.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

#### Using medicines safely

- People received their medicines safely and on time.
- Following the previous inspection, the registered manager took action to engage a pharmacy to carry out a full medicines audit. At this inspection we found that the registered manager had safe systems in place for the management of medicines. Monthly audits were completed by the registered manager or team leader. This ensured medicines were consistently well managed.
- Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed.
- Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- There were protocols and guidance for administering medicines 'as required' (PRN).
- People felt safe and told us they received their medication on time and as prescribed.
- We observed a member of staff administering medication safely, explaining to the person what they were for and asking how they were feeling. One person told us, "They are always ready to help you, if something new is given to you they will tell you what it is."

#### Staffing and recruitment

- We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this.
- A dependency tool was used to determine levels of support for each person. One person told us, "Staff are very quick most of the time and good at answering my call bell."
- The provider had an established care team, some of whom had worked at the home for many years.
- The registered manager used agency staff to cover staff shortages, such as annual leave and sickness.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- We found that staff recruitment folders included, employment history checks, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
- Dedicated cleaning staff followed cleaning schedules which ensured the home was clean and odour free. Cleaning staff told us, "I do a deep clean of bedrooms, bathrooms and communal areas once a week. I sign and date what I have done and keep all products locked away."

- Staff confirmed that they had infection control and food hygiene training.
- One person told us, "They desperately try to keep it clean and tidy".

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accidents and incidents were managed safely and communicated to staff. For example, following a medicine error caused by the pharmacy where they had not included a divider to separate people's medicine administration records. The registered manager took action to re-train and competency check staff. They also contacted the pharmacy to alert them to the error, raised a safeguarding concern and shared information and lessons learnt at a team meeting.
- Staff understood their responsibilities to raise concerns, record safety incidents and near misses reporting them to the manager where appropriate.
- One relative told us, "She does have falls from time to time. We've always been told by staff when."

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our previous inspection on 8 and 9 February 2018, we found areas that required improvement for this domain. There were failures to ensure staff had specialist training around dementia and how to support people with behaviours that may challenge. Adaptations inside and outside the service did not always support people living with dementia. Staff knowledge and understanding of the Mental Capacity Act was limited. At this inspection we found that the provider had improved staff training and knowledge in key areas and some adaptations had been addressed. However, at this inspection we found additional improvements were required.

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

- At this inspection we found that people's needs were not met by the design and adaptation of the building. For example, the communal toilets were not accessible for people with mobility issues. Most people had a commode in their bedrooms and used them throughout the day and night. Whilst some people chose to have commodes in their bedrooms it was not clear if people preferred this option because they were not able to access the communal toilets effectively. We discussed this with the provider who explained they were in the process of getting quotes to redesign the communal bathrooms. This is an area that requires improvement to ensure that communal bathrooms are fully accessible to people.
- Whilst the provider and registered manager had taken some action following the previous inspection to purchase signage at key decisions points to help people navigate their way around the home. We found that further improvements were required. For example, there was nothing for those living with dementia to orientate themselves regarding the day, date and time. On several occasions we observed people asking staff what day and time it was. We recommend that the provider seeks further advice and guidance from a reputable source to make the environment more dementia-friendly and explore how technology and equipment could help to promote people's independence, well-being and provide stimulation throughout the day.
- People's bedrooms were personalised with people's possessions. Some rooms were en-suite; however, the toilet space was very small with a shutter door that was pulled across, making the space between the toilet and door very tight for people. It was not clear if people with mobility issues would be able to pull the door across once on the toilet.

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

- A pre-assessment was carried out before people moved into the home to help gain an understanding of people's background, needs and choices.

- Information was used to form people's care plans and was further developed as staff got to know people better.
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in this process and that people consented to care and treatment.
- Care plans were regularly reviewed and amended when people's needs changed.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support.
- Staff received training in a range of areas such as, supporting people with dementia, safeguarding and moving and handling. Training records confirmed this.
- One relative told us, "Yes, staff totally understand people with dementia and how to look after them. They definitely have the skills."
- Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
- New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers. Staff were also supported to achieve their QCF level 3 in health and social care. This is a recognised competency-based qualification.
- Staff received regular supervision and appraisals. Staff told us, they received supervision and felt supported by the registered manager.

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

- People had enough to eat and drink throughout the day.
- People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet.
- People were given a choice of food at mealtimes and alternatives were available. One person told us, "Food not bad at all, we are given a sheet of paper to say what we want and if I don't like what's on offer they will they make you something else."
- People told us that they enjoyed the food.
- Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic or gluten free diet and those who were vegetarian.
- People's weight was recorded to monitor that people maintained a healthy weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs when required.

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

- Staff worked well with other agencies to provide people with timely care.
- People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. For example, it was identified that one person was falling regularly. The registered manager involved the falls team and ensured that a sensor mat was put in place. The person's

furniture in their bedroom was rearranged to reduce obstacles to promote safer mobility. Following advice from the falls team a new pair of better fitting slippers were purchased and adjusted. Since this intervention the person is walking better, and the falls team were satisfied that everything that could be done was completed.

- People's everyday health needs were recorded and overseen by staff who accessed support from a range of health and social care professionals such as GP's, district nurses, social workers and dieticians.

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

- The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 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 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. For example, we found authorised DoLS in people's care plans for restrictions such as going out of the home. The DoLS stated when people must be accompanied by staff due to the risk of getting lost.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. One member of staff told us, "I Monitor people's behaviour and ensure the person is respected, always offering choice."

- People had mental capacity assessments (where appropriate) in their care plans, detailing where the person lacks capacity. For example, one person's mental capacity assessment determined that they lacked capacity around their medication. We saw details of conversations with the person, family members and professionals.

- We also found details of people who had given lasting powers of attorney to family, for property, affairs and health and welfare.

# 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

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 were complimentary about the care and support they received. One person told us, "You feel secure and that they care and listen to you. They are interested."
- We saw good interactions between staff and people, they knew each other well and had developed caring relationships. For example, one person complained of being unwell, the member of staff felt the person's head and said they felt quite hot, so they took the person's temperature. The staff member gave the person reassurance as their temperature was normal and asked the person if they would like to lay down for a bit.
- People and relatives told us they thought the registered manager was very caring. One person told us, "Very kind and caring, very nice person. She brings the paper round every morning and I have never had any requests turned down, very much in touch."
- Staff adapted their communication style, body language and used gentle touch to reassure people.
- We observed staff giving people encouragement. For example, we observed a member of staff supporting a person to get up out of their chair, using their Zimmer frame and giving the person encouragement and support when needed.
- Staff treated people equally and recognised people's differences. One person told us, "I can go to church whenever I want."
- The registered manager gave an example, where one person followed a strict religion so they researched the beliefs of the religion to help staff's understanding and how to support the person.

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

- Staff supported people to make decisions about their care. We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.
- People's views were sought through reviews and through daily interactions.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff told us that they prompted people with personal care such as washing, brushing their hair and teeth.

- People's privacy and dignity was respected by staff, when supporting people with personal care, by closing the door and curtains.
- People were supported to maintain and develop relationships with those close to them, relatives and friends were made to feel welcome when visiting loved ones.
- People's equality and diversity was respected. Staff adapted their approach to meet people's individualised needs and preferences.

# Is the service responsive?

## Our findings

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

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

At our previous inspection on 8 and 9 February 2018, we found areas that required improvement for this domain. People's care plans did not contain enough information about them to enable staff to provide care in a person-centred way. This meant there was a risk that people might not be supported in a personalised and meaningful way. At this inspection we found that the provider had improved the level of detail in people's care plans to ensure they were person-centred, and staff had the right information to support people.

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

- People received personalised care that was responsive to their needs.
- People their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
- People's care plans were person-centred and covered key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person.
- Care plans were kept electronically. Staff used hand-held devices which linked to people's care plans, this meant that staff could update people's daily records promptly whilst spending time with them.
- People had access to activities throughout the week. We observed planned activities such as arts and crafts, quizzes, singing and films.
- On the day of inspection, we observed one member of staff engaging people in a quiz and singing through an app on the television.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- The registered manager gave an example where one person moved to the home following a stroke which affected the person's speech. Staff worked together to produce prompt cards, including letters of the alphabet, numbers, pictures, key words and names. This helped the person to make day to day decisions and express their wishes and choices and tell staff what they wanted, such as if they wanted a cup of tea or if they were in pain.
- People's communication needs were identified, recorded and highlighted in people's care plans. For example, care plans identified if people required glasses or hearing aids and gave guidance to staff on how to support people.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to contact if they needed to raise a concern or make a complaint.
- There was a complaints policy in place which people were given a copy of and we found complaints information on noticeboards.
- People and relatives told us that if they had a concern they would speak to the manager. One relative said, "If I had a complaint I would give them a chance to put things right."
- The provider had effective systems in place to respond to complaints. The registered manager followed up complaints personally with people before responding formally in writing within an agreed timeframe.
- Any complaints received were reviewed internally and used as a learning to help improve practice.
- The registered manager had introduced a 'suggestion box' for people which was placed in the lounge area. This enabled people to write down suggestions and niggles anonymously. The box was checked for comments each day.

#### End of life care and support

- At the time of inspection no one was receiving end of life care.
- Care plans recorded conversations with people and relatives (where appropriate) about their wishes for end of life care, including their preferences and funeral arrangements.
- Staff knew which people had DNACPRs (Do Not Attempt Cardio Pulmonary Resuscitation) so that people's wishes were known and respected.
- Advanced care plans were used to capture people's spiritual and cultural needs during and after the end of life process.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our previous inspection on 8 and 9 February 2018, the service was rated requires improvement for this domain. The topic areas related to a breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality assurance and information governance systems at the service were not fully operational, in key areas such as monitoring people's risks, informing the CQC of specific incidents and fully embedding policies and procedures. We asked the provider to complete an action plan outlining how they intend to address the areas of concern and by when. At this inspection we found that the provider had taken appropriate action to address these areas of concern.

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

- Following the previous inspection the registered manager took action to implement effective quality assurance and information governance systems, to assess, monitor and improve the quality and safety of the service. At this inspection we found scheduled audits in place to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes to their care.
- The provider had engaged external specialists and advisors in the monitoring and improving of the service.
- There was a person-centred approach to people's care. Staff knew people well and understood their individual needs.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.
- The registered manager had created an open and positive culture that delivered high-quality person-centred care. One relative told us, "Overall they keep my mum safe, she's not stressed and seems happy. She's had no falls and she's got her mojo back, It's a calm relaxing environment." One member of staff told us, "This is very much a family home and has a home from home feel."

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

- Following the previous inspection, the registered manager took action to ensure accidents, incidents and safeguarding concerns were recorded accurately and reported to the local authority and CQC in a timely manner. At this inspection we found that the registered manager had good systems in place to monitor accidents and incidents and notify the CQC about relevant notifications.
- 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.

- The registered manager promoted an open and honest service and lead by example. People and staff told us the registered manager was accessible and supportive.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the home.
- Staff understood their roles and responsibilities and what was expected of them. Staff understood the providers vision and values of the home and could tell us what they were.
- The registered manager referred to the staff office as a 'staff hub' room' which displayed key messages to reinforce good practice within the team, such as; Does it have to happen now? If the individual doesn't want to get dressed or go to bed does it really matter? Even if it is something they need to do at some point, might it be less stressful for you both if you tried again later?
- Policies and procedures were in place and promoted a commitment to upholding staff well-being, equality and inclusion.

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

- People, relatives and visiting professionals were engaged and given opportunities to be involved, through daily feedback with staff and regular care reviews.
- People, their relatives and staff took part in yearly surveys.
- Quality assurance questionnaires were analysed to highlight areas for improvement. We reviewed the most recent questionnaires and found that feedback was positive.
- Staff meetings were held regularly and daily hand over meetings between staff to discuss matters relating to the previous shift and share any concerns.
- People's views were sought through regular resident's meetings. We observed minutes of these meetings on the noticeboard.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. The registered manager had an improvement plan in place that they discussed regularly with the providers. Detailing areas for improvement such as, creating a more dementia friendly environment by June 2019.
- There was a strong emphasis on team work and communication. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.
- The provider had an 'Employee of the month' scheme. This meant staff were recognised and rewarded for their hard work. Staff told us, this made them feel appreciated.

Working in partnership with others

- Staff worked in partnership with other organisations to ensure people's needs were met. For example, one person with dementia displayed some behaviours that could challenge at night which caused distress to other people. The registered manager contacted the dementia crisis team for advice and guidance. Extra support was given to support the person at night and the home provided an extra staff member during the day. By working together staff were able to understand the person's needs better and improve their well-

being and behaviour.

- Where appropriate the registered manager ensured information was shared. For example, raising timely safeguarding concerns with the local authority.
- One professional said, "The residents I have visited always appear to be well dressed and comfortable."
- The provider had good links with other care homes and kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE) and government initiatives.