

Hallmark Care Homes (Cambridge) Limited

Arlington Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Arlington Manor is a residential care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 85 people.

Arlington Manor is a brand-new care home offering accommodation over three floors. Each floor has shared facilities such as lounges, dining areas and kitchens as well as single bedrooms.

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

People who lived at Arlington Manor were provided with good, personalised care by staff who were kind, caring and compassionate. People were happy at the home and felt safe and well-cared for. One person said, "It's a first-class place."

Staff delivered personalised care and support to each individual to make sure each person lived the life they wanted to live. All staff understood how to support people's privacy, dignity and independence. Staff frequently 'went the extra mile' to make sure people had the care they needed.

Staff were motivated, knowledgeable and skilled to provide care to each person. They had undertaken training in a wide range of subjects relevant to their role and were encouraged to develop further. Staff knew about keeping people as safe as possible and followed care plans and risk assessment guidelines to ensure no-one was put at risk. Staff supported people 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.

People were offered a range of things to do, in groups or based on their own interests. Staff were developing numerous links with the local community so that people living in the home could feel involved. Any concerns were listened to and addressed and people's wishes were taken into account as they approached the end of their life.

The service was very well-led by a registered manager who inspired the staff team to put the people they were supporting at the heart of everything they did. The provider's values were put into practice by the staff and governance systems ensured the service provided was of very high quality. People, their relatives and staff were involved in improving all aspects of running the service and their voices were heard.

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

This service was registered with us on 8 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's date of registration.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Arlington Manor Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team on the first site visit day was two inspectors 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. One inspector visited on the second day.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we had received about the service. We asked for feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who were living at Arlington Manor and five people's relatives about their experience of the care provided. We spoke with nine members of staff including care workers, senior care workers, members of the hospitality/housekeeping team, members of the maintenance team and an activities team member. We also spoke with the registered manager, the deputy manager, the customer relationship manager and two members of the provider's head office staff.

We looked at a number of records. This included four people's care records and multiple medication records; three staff files in relation to recruitment, training and supervision; and records relating to the management of the service such as meeting minutes, accident/incident records and audits.

After the inspection

We received comments about the home from five external professionals who regularly visit the service. Some of their comments have been included in the report.

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 for 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 told us they felt safe at Arlington Manor. They gave us a number of reasons why they felt safe including plenty of staff around all the time, call bells in their bedrooms, a reception area manned by staff and a secure system for getting in and out of the front door. One person said, "I do feel safe here, much safer than at home." A relative told us, "[Name] is safe, absolutely safe. There's almost always a member of staff about; all the lifts and stairs are security coded; and they always phone me straight away if [my family member] has any problems."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. One member of staff told us they would report to the management team. If no action was taken, they would ring the local authority.

Assessing risk, safety monitoring and management

- Staff completed assessments of any potential risks to people as part of the care planning process. These included the person's risk of falling, risk of acquiring pressure sores and any risks relating to eating, drinking and weight loss. They put guidance in place for staff so that risks were minimised.
- Maintenance staff undertook regular checks of all equipment and systems in the home, such as the fire safety awareness system, to make sure people, staff and visitors to the home would be safe. Staff had completed a personal emergency evacuation plan (PEEP) for each person so that emergency services would know how to support them in the event of a fire. All staff had received fire safety training, had been part of a fire drill and knew where the PEEPS were located.
- The staff team ensured that all visitors to the home, such as those using the building for a meeting, were aware of safety protocols as soon as they arrived. A member of staff told us, "The company invest heavily to make sure the home is as safe as possible."

Staffing and recruitment

- People and their relatives, as well as the staff, told us that most of the time there were enough staff on duty to meet their needs and keep them safe. One person told us, "Staff levels are very good, and getting better, including weekends." A relative said, "Weekends it's really good here, still plenty of staff around."
- The registered manager told us they were looking at how staff were deployed, to make sure that there were enough staff available to meet people's needs at the busiest times of the day, such as when people wanted to get up or go to bed.
- The provider employed a lot of staff in addition to the care and nursing staff. Every member of staff belonged to a department, which had a head of department. For example, hospitality staff worked in the café to offer drinks and snacks to anyone who wanted them, including visitors to the home. Housekeeping

staff ensured the home was spotlessly clean. Catering staff provided food to meet every person's taste and needs. Reception and administration staff made sure everyone who walked through the door was made welcome and looked after.

- The provider's recruitment process ensured as far as possible that new staff were suitable to work at Arlington Manor. Prospective staff underwent a rigorous interview process. A member of staff told us about the pre-employment checks the administrator carried out, such as references, proof of identity and criminal records checks through the Disclosure and Barring Service. They added, "I wasn't allowed to start until [all the checks] were back."

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. The provider used an electronic system for the recording of all aspects of medicine administration. Staff who gave people their medicines had undertaken training and had their competence checked regularly by a member of the management team.
- Although we found a couple of minor areas for improvement, the registered manager took action immediately to ensure the issues would not happen again.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were aware of their responsibility to keep people safe from the spread of infection. They used gloves and aprons appropriately.
- Laundry staff were very proud of the equipment and systems in the laundry, which ensured that each person's clothes, soiled linen, staff uniforms and so on were all washed separately and with appropriate chemicals.
- The home was spotlessly clean and smelt fresh throughout. The registered manager told us the staff team was involved in two quality improvement projects organised by the provider: hand-washing and flu vaccinations. The provider offered free flu vaccinations to the whole staff team.

Learning lessons when things go wrong

- The registered manager gave us many examples of how they used every opportunity to use errors, incidents and accidents to improve staff's practice.
- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- Staff involved in any errors with medicines were fully re-trained and their competence re-assessed to prevent further errors.

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's needs were thoroughly assessed before the registered manager offered them a place at the home. The deputy manager told us, "Absolutely everyone has an assessment before they come in." This was to make sure that the staff team could meet the person's needs and included people being discharged back to the home from hospital.
- The management team ensured staff delivered up to date care in line with good practice. They also ensured the home provided equipment to enhance people's care and promote independence.

Staff support: induction, training, skills and experience

- The provider had processes in place to ensure that staff received all the training they needed so that they could do their job well. New staff received a two-week induction. This included face-to-face and on-line training on the computer as well as shadowing an experienced member of staff. A member of staff told us, "Hallmark is all about trying to build us up and move us forward."
- Staff in every department received the same training. This included safe-guarding, Mental Capacity Act, dementia awareness, fire safety and moving and handling. A member of the housekeeping team said, "It's so we're all on the same page," meaning that every member of staff was working in the same way in all areas.
- Staff felt very well supported by the provider, the management team and all their colleagues. All staff received regular supervision from their line manager and were encouraged to attend departmental and full staff meetings. They knew they could speak with any of the management team at any time. One staff member said, "The one-to-one is really useful – we can ask questions and get feedback."

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

- People had enough to eat and drink and told us they liked the food. Staff supported people to choose the meals they liked and assisted those who needed help to eat. The chef provided alternative choices if people did not want the meals on the menu.
- Special diets were catered for. For example, the chef had devised a menu with one person to help them in their goal to lose weight. Staff were fully aware of people who were at risk of not eating or drinking enough. Night staff offered people fortified drinks to boost their calorie intake during the night. The registered manager explained this was so the drinks did not interfere with the person's appetite for food and the social aspect of mealtimes.
- There were 'hydration stations' in the corridor on each of the upper floors so people could help themselves to drinks and snacks whenever they wanted to. The host in the café in the home's foyer offered drinks and snacks to people, their relatives and any other visitors to the home.

Staff working with other agencies to provide consistent, effective, timely care

- External professionals were very pleased with the way the whole staff team welcomed them into the home and worked with them. They told us that staff promptly followed any advice they gave them. One external professional told us, "The staff have been more than happy to follow up on guidance I have given them." They gave an example of one person wearing an item of clothing that had become too small: this had been replaced by their next visit.
- Staff worked with local hospitals and provided additional support to people in hospital if they needed it.

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

- Arlington Manor was a brand-new, purpose-built home, with a wealth of well-designed features. For example, as well as the café, there was a cinema room, music room and a celebrations room, which had a bar in one corner. There were accessible 'outside areas' on both of the upper floors. These included an indoor greenhouse where people who did not want to go out into the garden could still do some gardening. Corridors ended in sitting areas with large murals, to distract people from the exits or staircases.
- Suites with a kitchenette, bathroom and sitting area had been included in the design so that couples could remain together and be as independent as they wanted to be. Signage throughout the home was clear so that people knew where to go and which was their room.

Supporting people to live healthier lives, access healthcare services and support

- As well as the nurses employed by the provider, other healthcare professionals such as GPs, district nurses, and a chiropodist visited the home to support people to maintain their health.
- Staff encouraged people to walk around the home and use spaces such as the café and music room as well as walking in the garden. A therapist visited weekly to provide people with the opportunity to do some gentle exercises and dancing. Another therapist provided pedicures and manicures.
- Staff told us that one person's pressure areas, which they had on admission to the home, had healed. They said another person "has improved so much [they] are a different [person]."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "[The MCA means] we assume capacity unless we're told otherwise. We spend more time with people who lack capacity so they can make choices."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.
- Conditions on DoLS authorisations were known about and understood by the staff and were being met. One person sometimes got anxious and asked to leave but they were not safe to do so. Staff accompanied

them to the café "to wait for the bus" until their anxious moment had passed.

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

- The whole staff team were very passionate about their jobs. They treated people really well and demonstrated that people were at the heart of everything they did. There was a tangible person-centred culture in the home. A member of the housekeeping team told us, "Person-centred care is about everything, food, laundry, everything."
- Staff were fully encouraged to spend as much time as possible with people. One member of staff said, "Arlington Manor is very relationship-based, not task-based. It's about caring about the resident, not all about what we have to do for them."
- Everyone spoke highly about the staff. Words used to describe the staff included fantastic, responsive, caring, kind, loving and respectful. One person told us, "The staff are all so good here, you can't fault any of them – excellent – 100%." External professionals' comments included, "Staff are positive, caring, enthusiastic, supportive" and "Staff are very caring, helpful and treat their residents with courtesy." The provider had an truly caring attitude towards the staff as well as the people who lived at the home. They genuinely valued everyone's contribution to the service.
- We saw positive interactions between people and staff, who clearly enjoyed each other's company and treated each other as equals. An external professional was very impressed when a member of staff described a person living with dementia as "one of us" when they sat together, chatting happily.
- Relatives and external professionals made very positive comments about the welcoming, relaxed, friendly atmosphere they found every time they visited. One external professional said, "The home is very welcoming – everyone's lovely. There's nice background music on all the time."
- Staff 'went the extra mile' on numerous occasions. This included doing things for people, sometimes in their own time, such as supporting people to hospital appointments; staying with a person while they were in hospital; bringing in home baking to share with people; bringing in their dog to comfort people who were missing their pets; taking one person back to their old haunts in the local area and accompanying another person on a golfing tour.

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

- Staff supported and enabled people to be involved in decisions about their care and to express their views about what went on in the home. Staff knew people well and knew how to support each person in the way they preferred.
- Visitors to the home were always made to feel very welcome. The staff team worked within the principles of John's Campaign (a campaign for the rights of people living with dementia to be supported by their relatives/carers while in a caring institution). They ensured that people's relatives/carers could take as great a part as they wanted to in the care of the person and were never excluded, for example as the result of an

outbreak of infection or by limited 'visiting times'. A relative told us they were always made to feel very welcome and kept fully informed about their family member's progress.

- An external professional told us, "Reception staff are super-helpful in dealing with any enquiries from residents as a matter of urgency rather than being told to wait (which is rare in my experience [of other services])."
- The registered manager made sure that people knew about advocacy services, if they needed someone who was independent of the home to help them with their affairs and to make sure that staff were always acting in the person's best interests.

Respecting and promoting people's privacy, dignity and independence

- The home's charter stated, 'We value people and our relationship with them... We respect the dignity of the human spirit and acknowledge the contribution that each and every person can make.' There were numerous ways in which staff upheld these values and respected people's privacy and dignity.
- Alongside all the usual actions, such as knocking on doors and covering people up during personal care, staff also considered other aspects of care. A member of the housekeeping team told us how vitally important it was to launder and return people's clothes quickly and well. They said, "I wouldn't want to wear shrunk clothing – why should [people who live here]?" Another member of staff said all staff had to be passionate about whatever they did: "It's as simple as making the beds with love and to each person's preference. It's the little things that matter."
- Staff encouraged and supported people to retain their independence and make choices, in every aspect of their lives. A member of staff told us, "We let people do as much as they can do then help with what they can't."
- Staff made sure any discussions about people were held in private. They stored care records securely so that people's confidentiality was fully maintained.
- The design of the building supported people's privacy, dignity and independence in many aspects. For example, the call bell (when a person wanted help) was a very gentle, pleasant musical sound, not an intrusive, institutionalised noise; a person was able to continue caring for their spouse in one of the suites, because they had nothing else (such as cooking, cleaning or shopping) to worry about.

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

- The provider used an electronic system for care planning and each person had a care plan in place, supported by relevant risk assessments. As this was a new home, care planning was constantly under review and development. We found some care plans were lacking in a few details, such as some people's food preferences. However, staff knew people very well, including their likes and dislikes. A member of staff said, "People get the level of care they need and they can be as involved as they want to be."
- Progress notes were written several times a day so that all staff knew the care each person had received. The registered manager had arranged further training for staff as she had recognised these notes were too task-based and needed more personal information.
- Relatives told us they were kept fully updated on their family member's care and were invited to attend six-monthly reviews of the care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Arlington Manor had fully taken on board their responsibilities under the AIS. A policy was in place and an action plan had been developed. Much of the plan had been delivered. This included installing induction loops (to assist people who wore hearing aids) when the home was built and producing information for people in larger font or braille when required.
- A comment from a relative had prompted the registered manager to improve the experience of people being admitted to the home. A full information pack had been developed, which included all the services in the home and which member of staff to contact. Each head of department also arranged to visit the person and their relatives, within the first 24 hours of their stay, to explain the role of their department and what people should expect from them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff took great care to find out about each person, including their likes and preferences so that they could introduce them to other people who they might like to spend time with. They spent time chatting to families and getting to know them, which let families know they were as important as the person themselves.
- The activities team organised a very wide range of things for people to do and to get involved in. From group games and walks in the garden, to weekly clubs and individual activities, people said there was

always something they could join in if they wanted to. An external professional said, "There's an extensive activities programme; they know each person really well."

- The team was supported by external professionals such as a music and dance therapist who ran a weekly exercise/dance session. They told us "I'm so happy they see the worth in what I'm doing. It's so beneficial to be able to do this regularly – this is quite a forward-thinking team." The sessions merged with the pre-school children who spent one day a week at the home. People living there had taught the children the Lambeth Walk and Daisy Daisy. A member of staff said, "People remember the music and they really light up. It has social, emotional and physical benefits and there's lots of reminiscing."
- The café was really busy – people going out for walks and lots of visitors. Staff brought individuals down and read the newspaper with them, played a board game or chatted together. One person told us how much they enjoyed being able to come to the café whenever they wanted to.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was displayed so that everyone knew who they could contact.
- The management team had an open-door policy. There was management cover at the weekends so that there was always someone that people or their visitors could talk to.

End of life care and support

- Everyone who lived at Arlington Manor had an end of life care plan in place. At the time of the inspection, the GP had prescribed 'just in case' medicines for one person but the person had improved and no-one else was on end of life care.
- One person had reached the end of their life since Arlington Manor opened. The person's relatives had been very complimentary about the care that had been provided. The staff team had hosted the person's wake at the home, to help support the family.
- The registered manager told us they had already built up links with the local hospice and they were looking into partnership working with the Macmillan nurses.

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

- People were very happy living at Arlington Manor and they and their relatives were satisfied with the service being delivered by the staff. Outcomes for people had been excellent, with several people improving their physical and/or mental health as well as their social lives.
- The provider had a charter in place, detailing their vision and values. A member of staff told us, "The charter is our vision and is displayed in a large framed poster behind the reception desk for everyone to see." The very last line of the charter read, 'And above all, we care'.
- Staff were very happy to be working at Arlington Manor and several of them who had worked in other care settings told us this was the best job they'd had. One member of staff said, "It's a lovely home" and another told us, "It's really nice here – I'd recommend it to a relative [if they needed this type of care]." Staff also made very positive comments about the provider. One said, "This is like a five-star hotel, the company will provide anything that's needed."
- External professionals also made very positive comments, including "I've never seen such a positive team like there is here. Everyone is smiling and cheerful" and "The team is really supportive and kind. I haven't seen anyone not having patience [with people]. All will go the extra mile."

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 staff team had developed a culture of openness, transparency and honesty. They shared everything, including when any mistakes had been made, with everyone who needed to know. An external professional had been very impressed when they heard a manager ringing a person's family within 15 minutes of the person having a fall. Relatives confirmed the communication from the staff was excellent.

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

- There was a registered manager in post. They provided very strong leadership, promoted a one-team approach in all aspects of the service and engaged all team members in the running of the home. They told us this had greatly improved staff morale. They said, "I lead by example and operate an open-door policy to be readily available and visual to my team." They also said, "I've never worked with such a passionate team" and had no hesitation in telling the staff team they could not do the job without each and every one of them.
- Staff liked and respected the registered manager. One member of staff told us, "I really like [name] – she's very strong. There's a lot of respect from the team towards her: I like that. She's very straightforward, a

fantastic manager."

- The provider was described as "very generous" in the ways they showed their appreciation of the staff. They organised an annual award ceremony as well as events such as 'Hallmark's got talent' and 'Hallmark in Bloom'.
- The management team carried out a range of audits, which were entered onto a computer programme that was monitored by the provider's head office staff. Any shortfalls found by the audits were included in an action plan, with clear timescales and responsibilities.
- The registered manager understood their legal responsibilities, such as notifying the Commission of important events that happened in the home.

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

- The provider had several ways in which people, their relatives, external professionals and other visitors to the home could be involved in the running of the home. Residents' and relatives' meetings took place and written surveys were sent out. There was a 'menu committee', which met weekly to review the menus and make any requested additions or changes. A well-stocked salad bar was now available at mealtimes for people who preferred that to the meals on the menu.
- The staff team had a telephone number to ring, which was a confidential line to the director. Staff told us, "[The director] takes any feedback very seriously and things happen."

Continuous learning and improving care

- The management team were developing a culture of learning and improvement. They gave us examples but we also saw this for ourselves. Our feedback following the first day of our inspection had resulted in several changes having been made by the second day. For example, staff had told us how washing up took time that they would have preferred to spend with people. The registered manager had ordered five dishwashers by the time we returned on the second day.
- The registered manager said, "We deal with any feedback in a positive way." They had thanked the staff for raising the matter of the dishwashing. They had put processes in place to address other issues we had found, such as inconsistent recording on food and fluid charts and repositioning charts.
- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure people were given the best possible care and support.

Working in partnership with others

- The staff team, and in particular the Community Relations Manager (CRM), were developing a wide range of strong links and partnerships with other professionals, organisations and others outside the home. For example, in their role as dementia champion they were forging links with a local private hospital and delivering dementia awareness training to their staff in their own time.
- The CRM was actively working on links with the local community. The staff team hosted a carers' café and computer club and offered their 'wellness suite' for the falls prevention team to meet their clients. The café was very well-used and people said it was even better at weekends, with lots of children and dogs.
- A local pre-school used a room in the home on one day a week. This partnership benefitted both the school and the home. As well as people clearly enjoying the contact with the children, the school reported that parents had said what a difference it's made to the children – "All round, a very positive experience."