Caring Homes Healthcare Group Limited

Moorlands Nursing 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
Moorlands Nursing Home is a care home providing accommodation and personal care to people. The home accommodates up to 41 people in one adapted building. People living in the home had a range of needs including those living with dementia and/or long-term health conditions. At the time of the inspection, 30 people were using the service.

People's experience of using this service and what we found
Risks to people were managed effectively to reduce possible harm. Management plans provided guidance to staff to promote people's safety. People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew actions to take to report abuse. Incidents and accidents were managed in a way that lessons were learnt from them. People's medicines were administered and managed safely. There were enough nursing and care staff available to support people. Staff were trained in infection control and followed procedures to reduce risks of infection.

Thorough needs assessment was conducted in line with best practice guidance before people were accepted to use the service. People were supported to eat a balanced diet and drink enough to keep hydrated. Staff were supported in their roles through effective induction, training and supervision. People had access to healthcare services they needed to maintain good health; and staff liaised effectively with other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff were kind and compassionate to people. People were treated with respect and dignity. People's care and support was tailored to meet their individual needs. People's end of life wishes were documented in their care plans and followed. People were supported and encouraged to participate in activities they enjoyed. The home was safe, well decorated and suitable to the needs of people.

People and their relatives knew how to raise complaints about the service. The registered manager responded to complaints appropriately, in line with the provider's procedure. The registered manager engaged people, their relatives and external organisations to develop and improve the service. The service had effective systems to monitor the quality and safety of the service.

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

Rating at last inspection
The last rating for this service was Good (published 26 June 2017). At this inspection the service remained Good overall.

Why we inspected
This was a planned inspection based on the previous rating of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Moorlands Nursing 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. 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 (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of caring for older people.

Service and service type:
Moorlands Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
The inspection was unannounced. The inspection took place on 20 December 2019.

What we did:
Before inspection we reviewed the information we held about the service which included notifications of events and incidents at the service. 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 inspection:

We spoke with 10 people using the service, three relatives, one befriender, two care staff members, two qualified nurses, the clinical lead, the registered manager, and the regional director. We carried out general observations to see how staff interacted and provided care to people in the communal areas. We looked at six care files, four staff files, quality assurance reports and other records relating to the management of the service including health and safety information and records relating to incidents and accidents.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risk of abuse. People and their relatives told us they felt safe at the service. One person said, "Yes, I feel safe here."
- Staff had completed training in safeguarding people from abuse and knew the signs to recognise and actions to take. They told us they would report any concerns to the registered manager; then to the regional office and if no action was taken they would whistle blow to relevant authorities.
- The registered manager demonstrated he understood their responsibilities to safeguard people from abuse. They had raised safeguarding alerts where there were concerns of abuse, carried out investigations and notified necessary authorities including CQC.

Assessing risk, safety monitoring and management.

- People were protected from the risks of avoidable harm. Risks to people were thoroughly assessed and management plans were comprehensive and clearly indicated how to reduce risk to people. Risk assessments covered various areas of people's physical health conditions, mental health conditions, personal care, skin integrity, mobility, falls, nutrition and moving and positioning.
- We reviewed management plans in place to support people with pressure areas and people at risk of developing them. The plan showed people were provided with pressure relieving equipment, had adequate nutrition and proshield cream to help with healing, regular repositioning, and having the input of tissue viability specialist nurses. We checked repositioning charts and noted they were completed fully. Pressure mattresses were checked daily to ensure they were at the right setting. The tissue viability nurse visited during our visit and they told us staff followed their recommendations regarding managing pressure areas and there were improvements.
- Where people used oxygen in the home due to health conditions, there were detailed management plans to reduce the risk associated with this in line with health and safety requirements.
- Risk management plans were reviewed regularly to reflect changes in people's needs.
- Health and safety checks and risk assessments of the environment were carried out including fire safety, electrical installation, gas safety, portable appliance testing (PAT), and water management and legionella; and these were up to date.

Learning lessons when things go wrong.

- Lessons were learnt from incidents and when things went wrong. The registered manager analysed incidents regularly, identifying patterns and treads. Actions were taken to manage and reduce the risk of recurrence. Where people experienced frequent falls their care plans were updated; and they were referred to the falls clinic and provided additional support.

● The registered manager reported incidents as required. Actions to reduce further recurrences and learning from them were shared with staff during handover meetings.

Staffing and recruitment.
● There were enough staff available to support people with their needs. However, relatives told us staff were sometimes rushed especially in the mornings. One relative commented, "They are short of staff at times mainly in the mornings making people stay around in wheelchairs instead of transferring people into their armchairs." We observed staff responded to people's needs and calls for assistance within reasonable time. There were staff in areas with people and we noted people being cared for in their rooms were checked on at regular intervals.
● Staff told us staffing levels were enough on each shift to support people. One member of care staff said, "The staffing level is good. We help each other, and it works well like that." A qualified nurse told us, "Staffing wise we are good. The number of qualified nurses and care workers we have on each shift is enough. We work as one team."
● Staffing level was determined based on an analysis of people's needs and this was regularly reviewed to ensure the correct number of staff was available. We checked the recent analysis against the rota and the number of staff on duty on the day of our visit matched. The two weeks rota we reviewed also showed that shifts had been covered as planned.
● Robust recruitment checks were conducted before applicants could work with people. These included criminal records checks, references, employment history and right to work in the UK. The provider also checked that nurses employed had the appropriate qualifications and their professional registration was up to date and continued to be valid.

Using medicines safely.
● People's medicines were administered and managed safely. Only qualified nurses administered and managed people's medicines.
● Medicine administration record (MAR) charts were maintained and they were correctly and legibly signed. Controlled drugs were administered and signed by two members of staff. Where people had 'as required' medicines, there was a protocol in place to manage this and we noted staff followed the protocol.
● Medicines were kept secured in a locked trolley which was stored in a room only accessible by authorised staff. Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions. Regular checks were made of storage temperature areas to ensure they remained safe.
● Regular medicines audits took place and records of medicines received and taken out of the home were maintained to ensure effective management of people's medicines.

Preventing and controlling infection.
● People were protected from the risk of infection. Staff had been trained in infection control and knew procedures to follow to reduce the risk of infection. There were domestic staff available to maintain the cleanliness of the home. The home was clean and free from odour. Clinical waste was managed effectively. We saw staff used personal protective equipment (PPE). There were hand washing facilities and hand sanitisers available at strategic places around the home.
● Regular infection control audits took place. The catering staff were trained in food hygiene and understood how to reduce risk in relation to the handling of food.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed and planned for before they started using the service. The registered manager and experienced nurses carried out initial assessment of people's needs before they were accepted to use the service. As part of the assessment process, people and their relatives, if they wished could visit the home to check it met their requirements.
- Assessments of needs covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviour, mobility, and skin integrity. Various nationally recognised assessment tools were used such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs. Waterlow for assessing the risk of pressure sores, falls analysis and the Abbey Pain Scale for determining pain levels.
- Other healthcare professionals such as tissue viability nurses, speech and language therapist (SALT) and occupational therapist were involved in the assessment process if necessary.
- People's needs were reviewed on an ongoing basis and care plans updated to reflect changes and new information gathered about them.

Staff support: induction, training, skills and experience.

- People were cared for by staff who had been trained and had the skills to meet people's needs. People and their relatives told us staff knew how to support them. One person said, "They [staff] have gotten to know me and how to meet my needs." One relative commented, "I believe staff have the right training for the job."
- Records showed, and staff confirmed, they were supported to be effective in their roles. One member of the care staff told us, "I had an induction when I started. The induction was very useful. At the beginning I felt lost but with the induction I felt confident. I have had all the training I need. The training here is amazing. In this job we need to be constantly trained and we get that here." A qualified nurse commented, "I have learnt a lot since I have been here. The registered manager is very supportive. The fact that the he is a qualified nurse is very good as it means we can go to him for support and be supported."
- Records showed staff had completed training relevant to their roles. Staff also received training specific to the needs of people they supported. For example, wound management, hydration and nutrition, dementia and changing behaviour. Staff received regular supervision and annual appraisals. These were used to improve staff performance and identify training needs. The qualified nurses were supported by the registered manager and clinical lead to keep their nursing registration up to date.

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

- People's nutritional and hydration needs were met. One person said, "The food is always nice." A relative

told us, "The food is very good and nutritious. The lunch is always very lovely."
● People's care plans highlighted their nutritional and hydration needs and dietary requirements. Where people were fed through Percutaneous endoscopic gastrostomy (PEG) they were supported with this as required. PEG tube is a medical procedure in which a person receives their food and drink through a special tube passed into their stomach when a person cannot receive food or drink orally due to certain medical conditions.
● We observed at lunchtime that people were given choices of what to eat and drink. Staff assisted people who required support to cut up their food and to eat and drink enough. People who required pureed or soft diet received these; and people who needed food supplements as part of their nutritional requirements received this too. Staff served and assisted those who were cared for in bed with their meals too.
● Drinks, fruits and snacks were served throughout the day. People who had been identified as at risk of malnutrition and dehydration were offered food and drink at regular intervals throughout the day and food and fluid charts were maintained for them.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People and their relatives, where appropriate, gave their consent to the care they received; and people's liberty was promoted in line with legal guidance.
● Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA.
● People's capacity to make specific decisions had assessed and the support they needed noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interest decisions. We saw best interest decisions for the use of bedrails, management of medicines, and using a safety belt on a wheelchair. Appropriate risk assessments were also carried out in these areas.
● The registered manager made DoLS applications to the relevant supervisory body where it was deemed necessary and we saw that DoLS authorisations were valid, and their conditions met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.
● People had access to healthcare services they needed. Records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT), chiropodist and tissue viability nurses (TVN). The TVN we spoke with confirmed staff liaised effectively with them and implemented recommendations they made. The GP visited weekly or as when required.
● Staff worked jointly with other services and professionals to ensure people received effective and timely care. Each person had a completed 'External Transfer Form' which contained people's personal profile, medical conditions, and contact details. People took a copy of this form with them when they go hospital for

admissions or move between services. Staff told us they ensured people also took along their medication list, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and other personal items such as such as hearing aids, glasses, and dentures.

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

● The environment was suitably adapted and decorated for people. People had access to adequately furnished communal areas where they could relax, socialise and spend time with their visitors. Bathrooms and toilets with fitted equipment such as grab rails and call bells for people to use. There was an assistive bathroom which was appropriately adapted to meet people's needs. There was good signage around the home to help people find their way around easily and make it a more dementia friendly.

● People's rooms were personalised to their individual requirements. People could choose the colour scheme for their room, furnishing of their choice and decorate it to their taste.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care; and their protected characteristics were respected. One person commented, "They [staff] are very kind to us." A relative told us, "The staff are understanding and kind. They do an important job caring for people."
- Staff knew people well and how to care for them. They addressed people by their preferred names and knew people's preferences, for example, where to sit at lunchtime and how they preferred their hot drink made. Staff were able to give us examples of how people expressed themselves. People were comfortable in the company of staff and there was a relaxed atmosphere throughout in the home. We noted staff were gentle in the way they supported people. They took time to listen to people's concerns and asked questions about how people were; and provided reassurance as needed.
- Care plans included information about people's backgrounds, family histories and their cultural and religious needs. Where people had specific religious or cultural needs it was noted in their care plans and staff knew about this. Religious services took place at the home regularly and people were supported to attend places of worship of their preference. Staff understood the importance of treating people equally and respecting their differences and had completed equality and diversity training.

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

- People and/or their relatives were involved in making decisions about their care. Care plans indicated how people expressed themselves and who supported them to make decisions about their care. Care plans included details of persons those who acted and supported people with decision making. We saw that people were involved in their care planning and their views or that of their next of kin was obtained. One relative explained how they had been involved in deciding on how to keep their relative safe and reduce the risk of falls.
- People were given a choice about their day to day activities, what to eat and things they preferred to do. Throughout our inspection, we noticed staff seeking people's views and checking with them what they wanted to do before it was carried out for or with them.
- Staff noticed when people were confused or struggling to decide. They gave people time, reassured them and communicated with them in the way they understood. One staff member told us, "Sometimes we use picture charts to help people who are not able to communicate verbally to make choices and decisions. We keep the choices simple so that it is easy for them. We are careful, so we are not choosing for them but helping them choose what they want."

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

● People were treated with dignity; and their dignity and independence was promoted. One relative told us, "My relative is always clean and smartly dressed." We heard staff knock on people's doors and saw they waited for a response before entering. Staff closed doors when they supported people with their personal care. Staff spoke to people politely, using appropriate tones and language.
● Staff had completed training in dignity in care. Staff told us they encouraged people to do the things they could for themselves in support of their independence. One staff member said, "It does not matter how little they can do, you encourage and praise them for their effort. It adds value to their self-worth."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● People received care to meet their individual needs and requirements. Care plans included details of people likes, dislikes, preferences, choices, routines, backgrounds and needs. People told us staff knew them and their preferences and how to care for them. One person said, "I like to stay in bed until late and staff know this. They let me stay until I'm ready."
● People received support from staff to meet their physical health needs and mental well-being. Staff supported people with their personal hygiene, oral and dental care; and support with activities of daily living. Care plans provided guidance to staff on how to meet people's individual needs.
● The home operated a 'resident of the day' scheme. The scheme focused on one person, one day of the month. A senior staff member reviewed the person's care needs, updated their care plans accordingly and ensured the person's care records were up to date and reflected the person's needs. This ensured people's care remained relevant to their needs and they received care and support tailored to their individual needs. All the care records we reviewed were up to date and reflected people's current needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.
● People were engaged in activities to occupy them; and were supported to maintain relationships which mattered to them. Various social activities took place to enable people to relax and engage with others. There was a cinema room where people gathered to watch movies and enjoy other entertainments. On the day of our visit people enjoyed a movie together. Staff encouraged and supported people who needed support to join in.
● Other activities that took place regularly at the service to engage people included games, exercise classes, puzzles and music sessions. Religious and national festivals such as Halloween, Easter, St Patricks and Valentine's day were celebrated.
● People were supported to go out on trips or visits to local shops and centres. People who were cared for in bed received one-to-one activity from staff such as reading a book, chatting or hand massage.
● People enjoyed performances from external musicians and entertainers who visited regularly to entertain people. There had been a Christmas performance recently from the local school pupils to entertain people. Pupils from the local school also visited periodically to perform and engage people in activities. The local librarian visited monthly to brings books, DVD's and CD's for people. A pet charity group also visited with their pets, so people could enjoy their company if they wished. One person told us, "I look forward to the entertainers visiting. I enjoy them."
● People maintained relationships which mattered to them. We saw relatives as they visited people. They told us they were welcomed at the service and were given the space and time they needed with their relatives. People were also supported to visit and spend time with their relatives in their homes.

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

● People's communication needs were identified through care planning. This included people's needs with regards to their hearing, sight and speech. We observed staff communicating with people with limited communication using gestures, body language and pictures. Staff came down to people's level so they could hear them.
● The registered manager told us that if people required information about the home in different language sand in formats such as Braille and large prints, they could make them available in these formats.

Improving care quality in response to complaints or concerns.
● People and their relatives knew how to raise concerns if they were unhappy about the service. One relative told us, "I have complained in the past and they looked into it and I'm satisfied with the way it was handled."
● The registered manager understood their organisation's procedure for complaints. Record of concerns and complaints made about the service were maintained. The registered manager had investigated and responded to complaints and concerns received about the service. Actions were taken to resolve them in line with the provider's complaint procedure.
● Any lessons learnt were discussed and shared with staff as part of improving service quality.

End of life care and support.
● People received the end of life care that was tailored to their needs. People had advance care plans in place which were designed with their or relative's involvement. The plan stated people's end of life wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status. It also included if people wanted to go to hospital and important people to be contacted at the last stage.
● Staff had completed training in end of life care. Staff we spoke to knew people's end of life wishes. Staff also showed they understood the need to be supportive and sensitive to the needs of people and their relatives at that time.
● We saw detailed care plans in place for two people receiving end of life care. The palliative care team were involved. Staff checked on the individuals regularly and ensured they were comfortable. They had medicines recommended by their GP and palliative care team to manage pain relief.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Continuous learning and improving care.

● The home delivered a service that was person centred and the management worked to continually improve the quality of service delivered.

● People and their relatives told us the home provided good care and was well-run. One person said, "No place is happier than here. The manager is very caring and easy to talk to. The staff are jolly. I'm happy with it here." A relative mentioned, "The care is excellent. It is a family-oriented home and the manager has an open-door policy. It was such a relief when [my relative] came here. If one can say that they are doing too good a job of looking after people here I would say so."

● All the staff we spoke with told us the home was good and they would consider placing someone they loved in the home. One nurse commented, "I can put my loved one here for the safe, effective, responsive and well-led care provided from top to bottom. The team is good."

● The quality of the home was regularly assessed and monitored. The registered manager conducted various audits and checks to identify any gaps in the service. These included falls, infection control, catering, DoLS, care records, medicine management, staff training, supervision, recruitment and health and safety. The registered manager had arranged for workshop training for staff to improve their knowledge and skills in caring for people and meeting their needs. For example, wound care training had been arranged with the tissue viability nurses to improve staff skills in this area, with the aim of reducing the risk of people developing pressure sores.

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.

● There was visible leadership and management presence at the service. People, their relatives and staff told us the registered manager was approachable and supportive. One relative commented, "The [Registered manager] is very good. He is easy to talk to and well respected by the staff."

● The registered manager was a qualified nurse and had clinical experience and experience managing a care home. Staff told us he listened to them and was supportive. One staff member commented, "The teamwork is good. It's the team work that attracted me to work here. The registered manager knows his stuff. He is very good, hands-on and supportive. Always available to help and listen to you." ● The registered manager had notified CQC of notifiable incidents in line with their registration conditions. They had submitted notifications to us about events and incidents that had happened at the home such as safeguarding and complaints.

● The last inspection rating of the service was displayed on their website and in the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

● People, their relatives and members of the public were actively involved in the running of the service. There was strong partnership working between the management of the home, people, relatives and other local community groups such as churches, schools and charity organisations.

●The registered manager organised various events to engage them and hear their views about the service. Relatives had recently donated items and set-up the cinema/activities room for people to use. There had been a gardening project recently where staff, relatives and the local scout group came together to clean up the garden for people to use.

● People, relatives, staff and professionals were asked for their feedback through an annual survey. The last survey reported that people and their relatives were happy with the service. Actions were put in place to address areas where people had commented required improvement. For example, request had been placed to upgrade and replace some furniture in the home following feedback from relatives.

● Regular relatives meetings took place which were used to consult with people about the service they received and update them on any service developments. These meetings were used to give their feedback about the service and to discuss plans to develop the service. We noted and a relative told us about a meeting that was used as a workshop to support dementia awareness. They told us they found it helpful in understanding the condition and supporting their relative. Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service.

● The service worked closely with local service commissioners, the NHS Clinical Commissioning Group, and health and social care professionals to improve the service delivered to people.