Victory Care Home Limited

Victory 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: Victory Care Home is a care home providing accommodation and personal care to people. The home accommodates up to 61 people across four units in a purpose-built building. People living in the home had a range of needs including those living with dementia and /or long-term health conditions. One of the units focused on enabling people to develop independence to return home with minimal care package. At the time of the inspection, 55 people were using the service.

People's experience of using this service

Risks to people were managed to reduce harm to them. There were management plans in place that provided guidance to staff to reduce risks to people. 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 reviewed, analysed and actions taken to ensure learning from them. People's medicines were administered and managed safely. There were enough staff available to support people. Staff were trained in infection control and followed procedures to reduce risks of infection.

People's needs were assessed in line with best practice guidance. People's nutritional needs were met. People were supported to eat balanced diet and drink enough to keep hydrated. Staff had induction when they started their jobs; and they were supported through regular training and supervision to deliver their roles effectively. 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 received care and support 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.

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 provider worked in partnership with other organisations and services to develop and improve the service. The service had effective systems to monitor the quality and safety of the service.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Rating at last inspection and update:
The last rating for this service was Good (published 26 April 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.

Victory 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. 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 caring for older people.

Service and service type:
Victory Care 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 22 and 25 October 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 eight people using the service, three relatives, five care staff members, the deputy manager and regional manager. We looked at five 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. We carried out general observation to see how staff interacted and provided care to people in the communal areas.

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

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

- People were protected from the risk of abuse. There were systems and processes in place to safeguard people from abuse. People and their relatives told us they felt safe at the service.
- Staff had completed training in safeguarding from abuse and knew the signs to recognise abuse and actions to take. They told us they would report any concerns to the registered manager; then to the regional manager and if no action was taken they would whistle blow to relevant authorities.
- Both the deputy manager and registered manager demonstrated they understood their responsibilities to safeguard people from abuse. They had raised safeguarding alerts where there were concerns of abuse, carried out investigation and notified necessary authorities including CQC.

Assessing risk, safety monitoring and management.

- People were protected from risks as management plans were in place to address risks associated to their physical health and mental health conditions, personal care, skin integrity, mobility, nutrition and moving and handling.
- Moving and handling plans were in place to guide staff on safe transfers. We observed staff carrying out moving and handling tasks. They used the right equipment and followed safe procedures. People at risk of developing pressure sores were supported to reposition regularly and they had appropriate equipment such as pressure mattress and cushion to use. District nurses visited to support in the management of people's skin conditions. 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 test (PAT), and water management and legionella. The risk assessment for the home was up to date.

Learning lessons when things go wrong.

- Lessons were learnt from incidents and when things go wrong. There was an oversight of incidents and events that happened at the home. The registered manager reviewed incidents that occurred in the home. They took actions as necessary, for example if the incident was deemed safeguarding, they referred it to the local authority safeguarding team and sent notification to CQC.
- The registered manager analysed incidents regularly identifying patterns and treads. Actions were shared with staff during handover meetings. Where necessary people's care plans were reviewed, and professionals were involved. For example, one person's medicines were reviewed due to changes to their behaviour. One-to-one staffing was also put in place for them.

Staffing and recruitment.

● There were enough staff available to support people with their needs. People and their relatives told us there were always staff around to attend to their calls for assistance. We observed staff responded to people's needs and requests for assistance promptly. Staff were available in communal areas and supported people where needed.
● Staffing level was determined based on people's needs and occupancy level. The rota showed the home was covered 24 hours by a team of care staff deployed around the home. The registered manager and deputy manager were available to manage day-to-day operations and to support staff.
● Staff told us staffing levels were enough on each shift to support people. One member of care staff said, "Staff wise we are enough but could be better." Another staff told us, "We are enough most of the time, but we can be rushed sometimes if a staff cancels their shift." Staff confirmed that people were not at risk however. The service had bank staff who covered planned and unplanned absences. The deputy manager told us they were hands-on and covered shifts if needed.
● 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.

Using medicines safely.
● People's medicines were administered and managed safely. Only senior care members of staff who had been trained and assessed as competent, administered medicines to people.
● Medicine administration record (MAR) charts were maintained. We noted a few gaps on the MAR but when we checked the daily record we saw that they were logged as administered. We did a count of medicines in stock and they showed these medicines were administered. We discussed the need for MAR to be completed with the deputy manager and regional manager and they actioned this by the time we returned for the second day of our inspection.
● Where people had 'as when required' medicines, there was a protocol in place to manage this and we noted staff followed the protocol.
● Records of medicines received into the service were maintained and there was a system available for disposing of unused medicines.
● 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.

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 employed to clean the home. The home was clean and free from odour. Monthly infection control audit took place. Clinical waste was managed effectively. We saw staff used personal protective equipment (PPE) and washed their hands as necessary.
● The catering staff were trained in food hygiene. They used colour coded chopping boards to reduce the risk of contamination. The environment health agency had awarded the home 5 star for their compliant with food hygiene standards.

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 rating of good. People's outcomes were consistently good, and people's feedback confirmed this.

● Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Senior and experienced members of staff completed initial assessment of needs before people were accepted to use the service.

● The initial assessment enabled staff gather and understand people's needs, background and what was important to them, so decision could be made if the home could meet their needs. Relatives and relevant health and social care professionals were involved in the process. People and their relatives were encouraged to visit the home to enable them to decide if it suited their needs.

● Assessments of needs covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, 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; and Braden Scale for Predicting Pressure Ulcer Risk.

● 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 the experience and skills in the job. People told us staff knew how to support them. One relative told us, "Oh yes, the staff are well trained I believe. The way they carry out their jobs efficiently shows they are thoroughly trained."

● Records showed, and staff confirmed, they were supported to be effective in their roles. One member of staff told us, "I have been given the training I need to do my job and to fulfil my responsibilities. We get supervisions, handovers and team meetings. We can discuss any area we are struggling in and management staff will support us."

● New members of staff received induction when they started. Induction included shadowing experienced members of staff. A new member of staff we spoke with told us, "The induction is helpful. It helped me know the residents and how to support them. I also completed all the training I need during the induction period."

● 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 provide support.

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

● People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.

● People were given choices of what to eat and drink during lunchtime. People who required assistance to

cut up their food were given the support they needed. Staff sat with people who required support to eat and encouraged them to eat sufficient amounts. Staff interacted well with people and supported them in an unhurried manner.
● There were hydration stations with various flavours of drinks located at strategic places around the home to encourage people to drink. Fluid charts were completed as required. We saw staff served fruits, snacks and hot drinks at regular intervals throughout the day.

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 was assessed and 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 interests' decisions. For example, decision about Cardio Pulmonary Resuscitation was completed with people's relatives and their GP.
● 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 told us staff supported them to access the healthcare services they needed. We saw and records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT), chiropodist and district nurses. Staff implemented recommendations made by professionals. For example, where people's medicines or doses were changed, staff reflected this on MAR so staff had the current instructions.
● Staff worked jointly with other services and professionals to ensure people received effective and timely care. People took a copy of their personal profile sheet which contained important information such as people's, medical history, medication list, GP and next of kin details which people took along when they go to hospital for admission or moved between services. Staff ensured people went with a copy of their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and other personal items such as such as hearing aids, glasses, and dentures to take along.
● Staff also gave handovers and shared relevant information about people with staff of services people were moving onto to ensure a smooth transition.

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

● The environment had adequate adaptations and was suitable for people. People had access to communal areas where they could relax, socialise and spend time with their visitors.
● The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
● People's rooms were personalised to their individual requirements. There was good signage around the home to help people find their way around easily and make it a more dementia friendly.

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 rating of good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

● People were treated with kindness and compassion. A relative told us, "The staff are absolutely very nice and caring. It comes naturally to them. The care they give is genuine."

● People were comfortable in the company of staff and there was a calm atmosphere in the home. People communicated with staff with ease which showed trusting and warm relationships existed. They shared jokes and laughter together. Staff addressed people by their preferred names and always spoke to people politely.

● Staff provided comfort and reassurance to people who were anxious or agitated. We saw staff stop on several occasions to chat with people. Staff also took time to provide reassurance to people who were restless or agitated. On one occasion, a member of staff took time to explain to a person who was disengaged where they were and what was going on at that time. They sat with them and chatted about topics that the person was interested in. This brightened the person's mood which they showed through their facial expression. Staff made sure people were seated comfortably; and were warm and relaxed.

● Care plans included information about people's backgrounds, family histories and their cultural and religious needs. Staff understood the importance of treating people equally and respecting their differences and had completed equality and diversity training. One member of staff said, "Everyone is an individual and we have to treat them with respect."

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

● People and or their relatives were supported to express their views; and be involved in making decisions about their care. Care plans indicated how people were involved and supported in making day-to-day decisions about their care. Care plans also included details of persons who acted and supported people with decision making. One relative told us, "One person commented, "They [Staff] ask me what I want – what I want to wear or eat." One relative said, "Staff contact us any time there are changes about [relative's] condition, that's what we want and they ensure we get it."

● People were given a choice about their day to day activities, what to eat and things they preferred to do. Throughout the time of our inspection, we noticed staff communicating and involving people in decisions before any activity was carried out for them. Staff were patient and gave people time to express themselves. We noticed staff also observed non-verbal cues including facial expressions, signs and body language to help in ascertaining what people wanted.

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

● People were treated with dignity. One relative told us, "Staff treat everyone here with so much dignity, not

just my relative but everyone. The staff have respect for people. It is always a relief to see." Staff respected people's privacy. We saw staff knock on doors and waited for response before they entered people's rooms. Relatives including couples were given the space and time to spend private time together.

● People were neatly and smartly dressed in their personal clothing.

● People were encouraged to do the things they could for themselves in support of their independence. We saw people assisting staff to lay the dining table during meal times. The assessment unit focused on enabling people improve their activities of daily living, so they could return home with minimal support. Staff worked with a team of occupational therapist and physiotherapist and supported people to achieve their goals by following the care plans put in place.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
● People received care to meet their individual needs and requirements. People told us staff were responsive to their needs. Care records detailed information about people's backgrounds, history, social, physical and mental health needs.
● Care plans provided information for staff on how to meet people's identified needs including support people needed to maintain their physical health and well-being, personal hygiene, oral and dental care; and support with activities of daily living. Staff received support from the local community dementia support group to work with people to ensure their individual needs were met.
● Staff knew people's routines and followed it but were also flexible in the way they supported people. One staff member told us, "Residents are in the centre of everything we do. We are flexible to how we support them. For example, people can have showers whenever they want or on specific days they prefer."
● Care plans were reviewed regularly and updated to reflect people's current care needs and situations. 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. At the time of our inspection, the position of activity coordinator was vacant. However, we found that care staff organised and engaged people in various activities in small groups and on one-to-one basis. Activities included games, exercise classes, puzzles and music sessions. We saw staff reading to people and story-telling. Some people attended day centres outside the home which aimed at improving social inclusion.
● People enjoyed performance from external musicians and entertainers who visited regularly to entertain people. Pupils from the local school also visited periodically to perform and engage people in activities.
● There was on site hairdresser where people have beauty sessions. They also used this time to meet and spend time with other people and to relax.
● People's religious and cultural needs were documented in their care plans. Staff knew this and supported them accordingly. Religious services took place regularly or as when required to meet people's needs.
● People maintained relationships which mattered to them. We saw relatives as they visited their relatives. They told us they were welcomed at the service and they 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. One relative told us, "Staff know how to communicate with relative even though they are deaf, they understand staff when they speak and respond. Staff also understands relative's signs and expressions." People who needed hearing aids had them on. Hearing loops were available in the home. People were supported to attend appointments with their optician and audiologist.

● 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 regional manager told us that if people required information in different language and 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 relatives knew how to raise concerns if they were unhappy about the service. One person said, "I will speak to any of the staff or go to the office to speak to the manager. They listen and sort it, but I don't have anything to moan about." A relative told us, "I wouldn't complain because I don't have a reason to. But if I did have a reason, I would complain, and they would sort it out."

● Record of concerns and complaints made about the service was maintained. Record showed issues were resolved in line with the provider's complaint procedure.

● Lessons were discussed and shared with staff as part of improving service quality.

End of life care and support.

● People had advanced care plans in place which stated their end of life wishes and their Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status; and staff were aware of these plans. Staff had completed training in end of life care. One relative commented, "Staff understand their wishes with regards to end of life and they know what we want as a family too."

● At the time of our inspection, one person was on end of life care. They had a care plan in place which included pain management plan, promoting dignity and respect and those to be notified first. Relevant professionals were involved in the person's care. The relative told us, "Staff check on relative regularly to make sure they are very comfortable. We are pleased with the care they get – they are very comfortable, no pain, clean and tidy whenever we visit. Staff give them drink regularly to keep them hydrated."

● Staff knew to also support people's relatives through the difficult time. Relative we spoke with told us, "Staff make us feel welcomed. Offer us a drink and make us feel part of the home. They give you a cuddle which means a lot. The other day I was having a hard time and they came and gave me a cuddle. It is very comforting. We feel happy relative is in their care." The home had facilities for relatives to spend the night if they wish so they could spend quality time in the final days. Food and drinks are also offered to people's relatives if needed.

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 rating of good. 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 and their relatives told us the home provided good care and was well-run. One relative told us, "It is an amazing home. We are very happy our relative is here." The registered manager, regional manager and deputy manager all had the experience of providing good care to people.

● People and their relatives were involved in the planning of their care and support. Care delivered focused on the individual needs of people. Staff had received the training and were supported to deliver quality care to people; and they showed commitment to doing so. One staff member mentioned, "One thing I know about this place is that the team cares and provide good care to people. We [staff] will not condone any abuse or poor care from any staff member. We will make sure the staff member stops it or leaves here."

● There were systems, policies and procedures in place which promotes and enables person-centred care to be delivered to people. The home used an electronic software called 'Nourish' in planning people's care and recording care people had received. The system prompts staff at time agreed to attend to people's specific needs. For example, if care plan indicates that a person needs to be prompted to drink two hourly due to risk of dehydration. The system alerts staff to give the person a drink. A member of the management team gets update of pending tasks, so they can follow up. This ensured people were receiving the care they needed and staff were recording accurately.

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 and their relatives knew who to go to if they had any queries about the service. The registered manager was supported by the deputy manager and a team of team leaders; and together they managed the day-to-day operations of the service. The regional manager also visited the home regularly to provide support where needed. At the time we visited, the registered manager was on leave, but the deputy manager and regional manager were present on both days of our visits.

● The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The last inspection rating of the service was displayed on their website and in the service as required. The registered manager showed they understood the duty of candour. They had been open and honest about events and incidents that had happened at the home such as safeguarding and complaints.

● Staff knew their rights to whistleblow and felt confident to do so should there be a need. One member of staff said, "If I raise a concern they[management] look into it. I know and will go to the head office if they

don't."

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

● People and their relatives were involved about the running of the service. Regular meetings took place which were used to consult with people about the service they received and update them on any service developments. People used these meetings to give their feedback and express any concerns or issues they were experiencing.

● 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 quality of the home was regularly assessed and monitored. Various audits and checks were carried out to identify shortfalls. These included falls, infection control, DoLS, care records, medicine management, staff training, supervision, recruitment and health and safety.

● A member of the provider's management team conducts annual regular review of the service to assess if it's safe, effective, caring, responsive and well-led. Action plan was put in place to rectify any pitfalls identified. For example, the last review identified that not all-night staff had received their appraisals. The registered manager rectified this area immediately

● 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. Comments from relatives included, "I have to say that the care given to my [relative] has been exceptional… The staff are fantastic and so caring." "Overall we are very pleased with the way [relative] is being cared for. They are very happy at the home. The staff are always so helpful and if we do have any questions/queries they are dealt with immediately."

Working in partnership with others.

● 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.

● The registered manager partnered with the local library, schools and churches and other local charities to deliver activities to people. Staff worked in partnership with the local community dementia support group to ensure people received the support they needed.