Hampshire County Council

Hawthorne Court Nursing Home

Inspection report

21 Hamilton Road
Sarisbury Green
Southampton
Hampshire
SO31 7LX

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09 June 2017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Hawthorne Court Nursing Home is a purpose built nursing home and reablement unit, accommodating up to 80 older persons, including people who are living with dementia.

The inspection was unannounced and was carried out on 7 and 9 June 2017.

At the last inspection on 24 and 26 August 2015 the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

The service was overall responsive to people's needs and any concerns they had. We have made a recommendation that the provider researches and implements current good practice in relation to mental health and dementia care planning.

People told us they felt safe living in the home and that care was delivered in a safe manner. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. The assessments were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by sufficient staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People and their families were encouraged to express their views and be involved in making decisions about their care and support.

People were supported to have enough to eat and drink. Mealtimes were relaxed and staff supported people in a patient and friendly manner.

There was a programme of activities for mental and social stimulation and there were plans to provide these at different times to meet people's preferences.

People were encouraged to provide feedback on the service provided, both informally and through a quality questionnaire.

The registered manager demonstrated an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

The service assessed individual risks to people and took action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

The service supported people and their families to express their views and be involved in making decisions about their care and

support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care, support and treatment plans were personalised and focused on individual needs and preferences. However, more detailed information in relation to mental health and dementia care planning would help ensure that all staff were able to respond to these needs at all times.

The provider had a clear process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Hawthorne Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 7 and 9 June 2017 by one inspector accompanied by a specialist advisor and an expert by experience. The specialist advisor had clinical and practical experience and knowledge of best practice relating to the care of older people and those living with dementia. The expert by experience had personal experience of caring for someone who uses this type of care service.

Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people using the service and six relatives. We observed care and support being delivered in communal areas of the home to help us understand the experience of people who could not talk with us. We spoke with 16 members of the nursing and care staff including activities staff, the two deputy managers, the registered manager and two service managers.

We looked at a range of documents and written records including nine people's care records, risk assessments and medicine charts, staff recruitment, rotas and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

The home was last inspected on 24 and 26 August 2015 when the service was rated good overall. However,

there was a breach of a regulation that meant improvement was required to make the service more responsive.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and were quick to praise the home for its level of care. One person told us "From day one I've always felt very safe here. They're always ready to come if you ring the bell, I couldn't have been better looked after. I needed quite a lot of help when I first came but they encouraged me to do things for myself and I'm managing quite well now". Another person described staff as being "on tap", always available and checking they were comfortable. They spoke appreciatively about the "Caring without interfering" approach of staff.

Staff respected and promoted people's independence, while remaining aware of their safety. Risks to people had been identified, assessed and actions had been taken to minimise them. Assessments were in place to help prevent people falling or developing pressure wounds. This information was recorded in each person's care records and updated regularly with any changes to the level of risk. Daily care records showed staff supported people in line with the risk assessments, for example regular repositioning was undertaken to prevent pressure damage to people's skin.

We observed a person, who was able to access the community independently, telling reception staff "I'm just going down the road". Another person's relative said "It's really lovely here. Mum isn't just left to sit in bed, which could have happened because of her age. They bring the hoist in and get her up into a wheelchair and take her to the lounge to make cakes". This demonstrated that staff took account of the risks to the person's safety and acted appropriately, whilst at the same time making sure the person had the opportunity to be included in an activity they wanted to join in with. Another relative said "There's always lots of staff around and anything mentioned gets taken on board and dealt with immediately".

Staff demonstrated understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the safeguarding and whistleblowing policies and procedures that were in place and confident around using them if required. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the organisation not taking appropriate action.

Staff rotas were planned in advance and records showed the daily allocation of staff to provide cover across all units. Staffing levels were kept under review and additional staff could be used if people's needs changed. For example, some people were currently requiring one to one support and this was provided. People told us that staff were available when they needed care and support. Staff confirmed there were enough staff on duty and were able to respond to people quickly. The provider had introduced a new assistant practitioner (AP) role. The new role was performed by senior members of the care staff team who had at least level three diplomas or equivalent qualifications in health and social care. A member of staff told us "Staffing at the moment is very good". They said "The AP system is working well. The AP's support the nurses and can work on the floor, for example if agency staff don't turn up". The told us the service used "Far less agency staff now" there were more regular care staff employed.

The provider had continued to assess the suitability and character of staff before they commenced

employment. We looked at the records of three recently recruited care staff and three nurses. Records included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk. The system of checks included agency staff who worked at the service. Records were on file showing that checks were also undertaken to ensure that nursing staff were correctly registered with the Nursing and Midwifery Council (NMC). All nurses and midwives who practise in the UK must be on the NMC register.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Regular fire alarm tests and drills were carried out and staff attended relevant training. Equipment was checked and serviced at regular intervals. A new call bell system was in the process of being installed, which not only provided a bell for people to call for staff but would also log on the service computer each time staff entered or exited the room.

People's medicines were managed so that they received them safely. There were procedures and records in place and staff demonstrated clear knowledge and understanding of the processes. Nurses and senior care staff received medicines training and updates which included competency assessments. The medicines room was clean and tidy and the room and fridge temperatures were checked regularly and recorded. The dates were recorded when packets and bottles of medicines were opened. Medicines administration records (MAR) were audited on a daily basis to ensure medicines had been given and signed for by staff.

The controlled drugs (CD) record book was clear and legible. Entries were double signed and correct numbers were recorded in the total column. Records showed CD's were given as prescribed. Pain charts were used to support staff to know if a person's pain was improving or getting worse. Protocols for medicines taken on an "as required basis" (PRN) were in place and utilised for those people requiring them, including clear instruction as to what, when and why it could be given. A medicines disposals book was maintained and products for disposal were recorded and stored safely.

The building was clean, well decorated and maintained. During the inspection there were domestic staff on each floor cleaning the rooms and communal areas. Protective clothing was available and in use by staff. The training record showed that staff received training in infection prevention and control (IPC). IPC audits were carried out as part of the provider's quality assurance procedures.

Good

Is the service effective?

Our findings

People's comments confirmed that staff worked effectively as a team and had the knowledge and skills to meet people's needs. One person told us "I think the staff are very well trained".

Staff were provided with an induction, further training and relevant qualifications to support them in meeting people's needs. The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. A system was in place to track the training that each member of staff attended. The training programme included safeguarding, emergency aid, moving and positioning, pressure ulcer prevention, syringe driver and pain assessment, and supervision training. The programme alternated between e-learning and practice development days, so that all staff received annual updates and face to face training at least every two years.

Staff confirmed they received relevant and useful training and could ask for additional training as part of their professional development. Some had completed a new training course focused on positive behaviour support and others were scheduled to attend. They were aware that a new dementia training module was planned. Staff received basic training in relation to caring for people living with dementia, which also formed part of the provider's induction training. Staff could also access higher level dementia training at diploma level. The registered manager had completed a five day training course in dementia care for managers.

The provider's Practice Development Nurses (PDN) also attended the home to deliver training sessions and support nurses with the process of revalidation with the Nursing and Midwifery Council (NMC). One of the assistant practitioner (AP) staff told us they were able within their role to carry out basic nursing duties, with the exception of specific tasks for which they must seek support from a trained nurse. They said the training in house was very good and they had almost completed the standard AP training which had taken approximately one year. They received regular supervision and carried out supervision for two care staff every two months. They told us they were very happy working in the home and enjoyed their role.

Staff said they received regular supervision and records were available confirming this. The provider had introduced a new 'on line' system that would assist with annual appraisal and support staff personal development plans, with a focus on goals and behaviours.

Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA 2005 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. Staff showed an understanding of the principles of the MCA 2005 in relation to people they were supporting. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. Before providing care, they sought consent from people and gave them time to respond.

The provider had a mental capacity assessment tool that was used to evidence the steps taken to support people to be involved in their care; and to demonstrate the rationale when decisions were to be made by others in the person's best interests. Where people had relatives or other representatives with power of attorney (POA) for particular aspects of their care this was documented. A relative said "From what I've seen the staff are very well trained. I hold POA for (the person), they've seen a copy of it and if I ask for information I'm always told. They've told me not to worry because if there was anything even vaguely wrong they would phone straight away".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified a number of people who they believed were being deprived of their liberty, and had applied for appropriate authorisation from the local authority.

People's support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise this risk. Food and fluid charts were used to monitor people's intake during periods of potential risk. One person's care plan identified them as being at risk of choking and the use of a thickener in their drinks was clearly documented.

During lunch time we observed that staff were attentive and patient and people received support when needed whether eating in their rooms or communal areas. We saw people were sat or positioned in appropriate positions for eating. There were check lists in each unit regarding people's nutritional assessment, preferences or special diets if required and staff we spoke with appeared to know people's needs.

There were sufficient staff to help with assisting people to eat and there was an effective use of teamwork, which meant people received their meals and any support they required in a way that was both timely and unhurried. We observed a member of staff supporting a person who was unable to feed herself. The member of staff chatted to the person about her family and when they were visiting. The member of staff did their best to make the mealtime more of a social event than simply a task. They did not rush the person but waited patiently for them to finish each mouthful before offering the spoon again.

We noticed one person who was distressed and refusing their meal. The person was not able to tell the member of staff what was upsetting them. The member of staff was calm and patient in their approach and spent a little while talking to the person gently and trying to comfort them, before withdrawing with the lunch tray saying the person could have it later when they were ready for it. The member of staff told us that it was usually best to withdraw, give the person a little time and then try again. This showed knowledge of the person and of their support plan.

People were complimentary about the food and told us they had enough to eat and drink. A person said "The food is very nice". Their relative told us the person had put on weight since coming to the home, "So it must be good". They said the person had rarely eaten when they were at home but staff "Seem to have got on top of that and (the person) is so much better physically now. I think (the person) is looked after really well". These comments were echoed by other people's relatives.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to help ensure this was delivered effectively. This included GP and community nursing services, speech and language therapist, chiropody, occupational

therapists, opticians and dentistry. A GP was visiting people in the home at the time of the inspection.

Good

Is the service caring?

Our findings

People and their visitors we spoke with were positive about how caring the staff were. One person told us there was a good atmosphere in the home and "They (staff) love their job". A person who had been in the home on a short term basis said "I'm supposed to be going home but I almost don't want to go home because they're so kind, gentle and caring. It's fantastic". A relative said staff "Treat (people) as individual characters". Other comments included "The staff are very good, always cheerful and seem to try and spend time with the residents, even though they're stretched at times".

We observed that staff were focused on caring for people, call bells were answered promptly and whenever we saw staff interacting with people it was with patience and warmth. Staff always smiled and spoke to people when they entered a room and there was a calm, well ordered atmosphere about the home. A relative said "I can't fault the staff". They told us their family member would sometimes call out to staff and "Someone will come and sit with her and she'll nod off". On a number of occasions we observed staff sitting holding the hand of a person who was living with dementia, simply offering reassurance and comfort.

One person said "I have no family nearby so no one from outside visits me, but I've never felt lonely here. The staff have become almost like family to me. They always stop and talk to me if they come into the lounge and I'm sitting by myself and they make sure I get to go to the activities that they're doing. They arranged for me to see the doctor when I first came here and checked whether I had understood or needed any explanation of what he'd said after. I think I've got on so well because of the way they've helped me to do things for myself".

People and their visitors told us the staff respected people's privacy and protected their dignity. During the morning we observed staff carrying out checks and supporting people with personal care in their rooms, which was done in private. A person told us "They always knock on my door when they come to get me up in the morning". Another person said "They're really good here, always in and out to say hello, very kind". We saw one person had been assisted to sit up in their chair looking out of the window where they could see birds feeding outside. Staff spoke with people in a respectful manner and gave people time to reply. Staff told us they talked to people when giving personal care and explained what they were doing.

People were supported to maintain their interests, such as gardening. Raised beds for planting and long handled gardening tools had been supplied. One person had helped to paint the bird feeding tables. At the suggestion of people who lived at Hawthorne Court , chickens were kept in the garden. A member of staff said "We listen and respond to what people want". We met a person who was supported to keep and look after their pet tortoise, which was important to them.

People's care and support plans were written in a way that centred on them as a person. Staff had good knowledge of individuals and knew what their likes and dislikes were. People who used the service, and those who were important to them, were involved in planning their care through the assessment and review process and discussion with staff. This included people's preferences and choices for end of life care. Staff received training in end of life care, which was available at three levels ranging from basic training to a

diploma. A member of staff told us an event was planned to which relatives of people who had previously stayed at Hawthorne Court were invited. They said staff were "letting them know we think of them".

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection we found that people's care and treatment plans were not being maintained and reviewed to provide staff with up to date information relating to changes in people's needs and preferences. At the time of that inspection the manager showed us an action plan to demonstrate that this concern had already been identified and full reviews had recently been started for all care plans.

During this inspection, whilst we found improvements had been made to people's care plans and they were more reflective of people's needs and preferences, some work around specific needs was identified.

People's care records were overall reflective of each individual and their needs. Some lacked detail about the issues presenting, how they were managed and the best way to support the person, particularly with regard to mental health and dementia. For example, one person's care plan stated 'I can be paranoid and delusional at times'; and another person's said 'I may become verbally and physically challenging'. The plans did not describe how this presented, how the person was supported, any significant trigger symptoms or de-escalation techniques. A significant number of people had a diagnosis of dementia, however care plans were not specific about how this affected the individual, how they were supported and strategies that may help if they became distressed or agitated. It was evident when speaking with staff that they knew the people well, but this was not reflected in the care plans. This could be an issue when agency staff are on duty who may be unfamiliar with how to meet people's complex needs.

The registered manager informed us that a new training programme focused on positive behaviour support was being rolled out to managers and staff. This would be reflected in changes to the way support plans were written.

We recommend that the provider researches and implements current good practice in relation to mental health and dementia care planning.

We saw other records that were well completed and assisted staff in monitoring people's health and wellbeing. One person had a risk assessment and management plan in relation to action staff should take if the person left the building. The plan included a laminated photo of the person in case this was required. One to one staff support was arranged so that there was regular rotation of staff and swapping to allow for breaks and rest time. Staff had identified a particular care worker who the person appeared to like and this staff member was utilised to support the person as much as they could. Although the person was reluctant to engage with staff and other professionals, it was evident that staff had established a good understanding of them and their needs in a short amount of time. Staff gave the person space and privacy while maintaining vigilant observation without being too intrusive.

A person had a care plan in place for contractures that was clear and included a risk assessment and weekly monitoring record that was up to date. A contracture is a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints. Palm protectors were used and the involvement of an occupational therapist was documented. The person also had a skin care, management

and dressing plan in place.

A senior manager we spoke with told us the provider and another organisation were taking part in a working party looking into the issue of contractures, including the scale of the problem and accessing further training for staff. The service pre-admission assessment and incident reporting procedures now included information about contractures where relevant. One of the aims was raising staff awareness, including using the giving of personal care as time to encourage people to move as much as possible.

Senior care and nursing staff used a daily and weekly duties recording tool that focused on the tasks that required completing, which included updating care plans. Care staff showed us a personal care checklist that had been introduced by the registered manager, which included hand and nail care and the checking of pressure mattress settings.

The service routinely listened and learned from people's experiences, through their inclusion in care planning and the registered manager's open door policy. This helped to ensure that people received personalised care that was responsive to their needs. One person told us "The staff have explained to me what the plan for my care is and checked whether I understood what is happening". Another person told us "I've been really well informed about my care and how it would be managed. I've never had to complain about anything but I guess I could talk to any of the staff if I wasn't happy about something. They've looked after everything for me, sorted appointments at the hospital and put in place a care package for when I go home."

A person's relatives told us "The staff are lovely, they always talk you through whatever has gone on". We've never come anywhere near having to complain about anything". Another relative said "I think they keep us fully informed about her care. I've never felt anything was hidden". Another relative told us they felt any issues they raised were followed up and dealt with.

One relative told us "I hold power of attorney for mum and I've found the home very good at keeping us informed. They always tell us how she's been" and "Information is always volunteered and that's reassuring in itself". They told us their family member had a particular medical condition and staff "Check it regularly and they arrange for the chiropodist and hairdresser to see her. They're always popping in and out to check on her".

We observed a nurse informing a person's family that the person had a hospital appointment scheduled. The nurse explained what the appointment was for and asked the family if they wanted to attend with the person.

The home had one full time and three part time activities staff and there was a varied programme of activities. An activities coordinator kept records of activities people took part in and told us the activities calendar had changed to reflect the increase of 'in-room' activities in response to people's changing needs. They said in August the working hours of activities staff would be changing to include a noon until eight in the evening shift on three days of the week. This was in order to suit people who got up later in the day. The three activities staff would also each work one weekend in three so that activities would be provided every weekend.

We observed people taking part in an dance and movement activity organised and facilitated by the activities coordinators in a vibrant, active and engaging manner. A relative said "It's really nice that there's activities. They've got a family BBQ in a couple of weeks and it's a good opportunity for us to meet the families of other residents and see the staff in a more social environment, even though they are still

working".

There was a complaints procedure in place and copies were displayed around the home. The procedure helped to ensure that any complaints and concerns received were recorded, investigated and the outcome fed back to the complainant in a timely manner and within the provider's published timescales. People and their relatives told us they were aware of how to make a complaint.

Good

Is the service well-led?

Our findings

People spoke positively about the management and culture of the service. One person told us "I think the home is very well run. I'm glad I chose it and I would recommend it to others". A relative said "I think it's very well run. There's a new manager in post and she really seems to be doing a good job. The staff are all happy and they stay; that tells you a lot". Another relative commented "I'm so pleased I got mum in here. The whole place has a lovely feel to it, the staff are really good, nothing ever seems to be too much trouble for them".

The registered manager was promoting an open and inclusive culture within the service. They carried out walkabouts to check what was happening on the floor and had an open door policy for people living in the home, staff and relatives. Staff spoke positively about the new registered manager who had recently been promoted into the post, having previously been the home's deputy manager. One member of staff told us the registered manager "Knows Hawthorne Court and the residents. The staff are very happy about it". They added that the registered manager "Walks around and talks to people. Any problems, she's always there for a chat. Someone who's in touch with what's going on".

Through observing and speaking with staff it was evident they were motivated and committed to providing good quality care. Their interactions with people using the service were warm and friendly, caring and compassionate. A nurse commented on the positive staff morale and teamwork: "Care staff are really lovely, they really mean what they do, well trained and friendly. They really, really care". The nurse was supportive of the AP role and enjoyed being able to support and enable them with their learning and development: "It works really well and we have a good relationship".

Records of team meetings confirmed that staff were asked for their input in developing and improving the service. The registered manager told us they supported staff through "leading by example and setting the culture". This included involving staff in the running of the service. They said "In meetings, I don't tell them what to do, I ask them what to do".

Staff we spoke with understood their roles and responsibilities and there were clear lines of accountability. There were processes in place to enable the registered manager to account for staff actions, behaviours and performance and records confirmed these processes were implemented. Staff were supported by regular supervision and each member of staff had a performance plan and goals, which were set at the beginning of the year in relation to both corporate and personal objectives.

The service used feedback to drive improvements and promote high quality care. A quality assurance survey was carried out that included satisfaction questionnaires. The registered manager was collating the responses from a recent survey to see if any areas required action or improvement. The registered manager had also scheduled a meeting with people who used the service and a BBQ event to speak with people's relatives, in order to ask for their views about the service.

Regular audits of the quality and safety of the service took place and were recorded, such as audits of

medicines, nutrition and weight checks, and pressure wound monitoring. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. A recent check by the provider had focused on the management of medicines and related records. As a result of this a quality improvement plan had been developed and the actions discussed with staff. These checks were also used to focus on other themes, such as oral care. The registered manager maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. A copy of the report was sent to the service manager and provider.

The service had systems in place to report, investigate and learn from incidents and accidents. Investigations were undertaken following incidents and that appropriate actions were taken in response. For example, in the event of a pattern of falls being identified, the provider's internal local governance team would contact the home to check what action was being taken to reduce the risks of similar accidents happening again. Falls were also discussed in staff team meetings to help reduce the likelihood of falls occurring.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.