

Techcrown Limited

# Hollywynd Rest 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

Hollywynd Rest Home is a care home providing accommodation and personal care to older people. The service can support up to 40 people. At the time of the inspection the service was providing support to 28 people. Hollywynd Rest Home is a large building that has been adapted to suit the needs of people living there. It has a communal lounge, a dining room, a conservatory and a secure garden. Accommodation is based over two floors and there is a passenger lift in between floors for people with mobility needs.

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

The environment was warm and homely, and we observed positive communication between staff, people and their relatives. People and their relatives we spoke with, all gave us positive feedback about the home and told us that staff were kind and caring.

Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant people were safe from harm. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. People were involved in the recruitment of staff to ensure they were happy with the staff supporting them.

There were appropriate policies and systems in place to protect people from the risk of abuse and the registered manager and staff understood the signs to look for. People were supported to take their medicines safely and as prescribed. We identified some areas for improvement to ensure staff had clear guidance for 'as and when required' medicines. The registered manager took immediate action to address this.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. Activities had been developed in line with people's wishes and there was varied and interesting activities to promote health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and relatives told us there was an emphasis on providing person centred care within the home. People's care plans contained detailed information about them and their care and support needs to help staff deliver personalised care. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

The registered manager and provider carried out regular checks on the quality and safety of the service. Staff

were positive about the management of the service and told us the registered manager was very supportive and approachable.

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

#### Rating at last inspection

The last rating for this service was Good. (published May 18 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# Hollywynd Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by one inspector and an assistant inspector on the first day and one inspector on the second day.

#### Service and service type

Hollywynd Rest 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with eight people who used the service and three relatives about their experience of the care

provided. We spoke with 10 members of staff including the providers, registered manager, deputy manager, senior care worker, care workers and the chef. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and we looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection, we requested feedback from external health and social care professionals. We did not receive any feedback.

# 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.

### Using medicines safely

- People were supported to take their medicines safely and as prescribed. Medicines administration records (MAR), were completed as required.
- When additional guidance was needed to administer medicines, this was clearly stated on the MAR sheet. For example, some medicines required people's heart rate to be checked and recorded prior to administration, and records confirmed this was being done.
- Where people were prescribed medicines to be taken 'as and when required' (PRN), there was guidance in place for staff to follow. However, the guidance did not contain detailed information about when these medicines should be administered. For example, one person was prescribed PRN medicine to manage agitation. The guidance in place did not describe actions staff should take to reduce the person's agitation, prior to the decision to administer their PRN medicine. Nonetheless, due to the consistency of the staff that administered medicines and their knowledge of people, we found that PRN medicines were being given appropriately. We discussed the need for clearer guidance for people who receive PRN medicines with the registered manager, who told us they would take action to address this.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- Safe systems were in place for people who had been prescribed topical creams.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.

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

- There were appropriate policies and systems in place to protect people from the risk of abuse.
- People and their families told us they felt safe. One person said, "Oh yes, I absolutely feel safe here." A relative said, "Yes, it's good here, I know [relative] is safe."
- There were processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.
- Staff had received training in safeguarding adults and knew how to recognise abuse and protect people. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities. One staff member told us, "I would report any concerns to the provider or to the Safeguarding team."

### Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process and included risk assessments for, moving and positioning, skin integrity and medicines management. These were recorded within an electronic care record for each person and identified how staff should support people and what equipment,

if any, was needed. Risks were reviewed regularly and updated when required.

- Staff knew people well and told us the actions they took to keep people safe.
- The environment and equipment was safe and well maintained. Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to people's health, any professional visits and if they had declined care. This meant that staff were fully up to date with essential information.
- Business continuity plans were in place to ensure individuals were prioritised in terms of risk during crisis situations.

#### Staffing and recruitment

- There were sufficient staff available to meet people's needs and keep them safe. The registered manager told us they observed care, spoke to people and reviewed their individual needs to ensure there were sufficient levels of staff available to people. We observed that people were given the time they required and were not rushed by staff. One person said, "They [staff] are very good and they help me when I need it."
- Staff told us they felt that they had enough time to meet people's needs. One staff member said, "Oh yes, there is enough staff, we have time to sit and talk with people as well as support them."
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- The home was clean and tidy. Domestic staff were employed who completed regular cleaning tasks in line with set schedules.
- Staff told us they wore personal protective equipment (PPE) such as gloves and aprons when supporting people or carrying out specific tasks. We observed staff following infection control practices during our inspection.
- There were processes in place to ensure that the kitchen was cleaned in line with set schedules. Infection control risks were effectively managed. For example, there were different coloured chopping boards used to prevent cross contamination.

#### Learning lessons when things go wrong

- There were systems in place to record and review accidents and incidents. The providers and registered manager had oversight of these.
- Accidents and incidents were investigated, and actions put in place to minimise future occurrences. These were discussed and analysed during handovers between shifts and at staff meetings.



# 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.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood how to protect people's human rights in line with the MCA and had received training. Staff told us they sought verbal consent from people before providing care and support. One staff member told us, "We ask people what they want, we don't just decide for them."
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used. However, records did not always demonstrate where best interest decisions had been made for people. We discussed this with the registered manager and by the second day of the inspection, people records had been updated so that documentation was correctly completed.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.

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

- Pre-admission assessments were completed before people moved into the home, to ensure their needs could be met. This included considering any risks and assessing for any specific equipment that people may require.
- Comprehensive assessments had been completed and electronically stored care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Staff told us they read care plans to keep up-to-date with people's care needs and to support them to

deliver effective and timely care. Our conversations with staff supported this.

- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess and monitor people's weight and risks of developing pressure injuries.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- New staff completed an induction programme before supporting people on their own. This included a period of shadowing a more experienced member of staff, learning about key documents and the completion of essential training. Staff we spoke with told us they felt supported and understood people's needs before commencing work with them. They told us they were comfortable to ask for more support if they felt they needed it.
- Staff had received training in relevant subjects and told us they felt equipped for their role. Training included; health and safety awareness, safeguarding adults, medicines management, first aid and moving people safely. One staff member said, "Yes I get lots of training, we have just done some more intense training, which was good."
- Staff received regular sessions of supervision, which they told us they found useful. Supervisions were provided as individual meetings and in groups, such as training and development sessions within team meetings. These provided an opportunity for the registered manager to meet with staff, discuss their training needs, identify any concerns, and offer support.
- Staff told us they felt supported in their roles by the registered manager, the deputy manager and the providers. One staff member said, "I can always speak to the owner or manager, they always listen."

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

- People had access to sufficient food and drink throughout the day; food was freshly cooked and there were two options for people to choose from. We observed staff supporting people with meals and offering alternatives if people were not eating.
- People told us they enjoyed the food. One person said, "It's very good food, if there's nothing I want on the menu then I can ask for something else they're very flexible"
- Where people required their food to be prepared in a specific way because of a medical need or problems with swallowing, staff were aware of the associated risks. Staff followed guidance from healthcare professionals in relation to these.

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

- The service was clean and decorated according to the tastes of the people who lived there. People's bedrooms had been personalised and reflected their personal interests and preferences.
- Adaptions had been made to meet the needs of people living at the service. For example, bathrooms had suitable equipment such as hand rails and bath hoists, where needed. In addition, communal rooms were large and spacious and new seating had recently been purchased. However, the building had not been adapted to meet the needs of people with a cognitive impairment. For example, the doors within the home were all the same colour and did not have distinguishing features or signs to assist people to recognise bathrooms or their bedrooms. We discussed this with the registered manager and providers who told us that they had plans to upgrade areas of the home and these would include consideration of how to meet the needs of people with a cognitive impairment.

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

- Information about people's personal and health needs was included within their care plans in an electronic format that could easily be printed. This meant information could be sent with the person to hospital, to help ensure their needs could be consistently met.
- People had access to community healthcare professionals when required. During our inspection we noted people had seen a community nurse and a GP had visited promptly, when staff were concerned about a person's health.
- The registered manager and deputy told us that they had a good working relationship with the local health centre. This meant any medical advice or support could be accessed quickly for people.
- People's care records contained details of relevant health and social care professionals who worked alongside the registered manager to deliver improved outcomes for people. For example, where people's mobility had changed, an occupational therapist had been requested to visit and assess the person's needs to maintain their independence.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us the staff were kind and caring and they looked after them well. One person said, "I wouldn't ever have a bad word said against them [staff], they're absolutely fantastic." Another person said, "The girls [staff] are really kind, it is a good place to live, I give them a gold star." A relative commented, "It's not about having the latest building or technology, it's about the people and I think it's very clear that the staff here are committed."
- We observed caring and positive interactions from staff who knew people's needs well. Staff were seen to be respectful of people's wishes, views and choices.
- The home had an activities coordinator who had engaged with a national project called 'Postcards of Kindness.' This scheme meant that members of the public from across the world, sent postcards to the home to be read out. This enabled people to feel connected to the wider community, stimulated conversations, inspired memories and provided entertainment. For example, one person had received a post card in their first language and had been supported to send a reply. Another person had received a book full of post cards with photos of their home town. The activities coordinator told us people were supported to read them and write back if they chose to, and meaningful conversations were often started from these post cards.
- Information about people's life history was recorded, which staff used to build positive relationships. Care documentation included information about people's protected characteristics including any religious beliefs and cultural needs.
- Staff told us they enjoyed working at the home and supporting people to receive the care and support they needed. One staff member said, "Coming into work is just like visiting my family every day." Another said, "I love my job, the residents are all fantastic."

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

- People and relatives where appropriate, were encouraged to express their views and be involved in making decisions about their care.
- The registered manager was very visible in the home and spoke to people daily about all aspects of the care they received. This gave them an opportunity to ask people how they were feeling and if the staff were providing the support they needed. The registered manager said, "I make sure the residents know who I am, and I know them; They are the most important thing here."
- People were empowered to make their own decisions. During the inspection we observed people being given choices about what they would like to do and if they wanted to join in with activities provided. For example, we saw people being asked if they wanted to attend a day out that was being organised, what they

would like to drink and where they wanted to sit at lunchtime.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was respected. Care records were held securely using an electronic system that only staff could access. However, there had been a recent breach of confidentiality when information was sent out to people's families. We discussed this with the registered manager who told us that this had been fully investigated and had been identified as a system error. They had apologised to those concerned and acted to ensure this would not happen again.
- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms.
- People were supported to receive visitors in a way they chose. One relative said, "I know I am always welcome, the home is very friendly."
- Staff promoted independence where possible and we saw this in practice during our inspection. For example, some people went out into the community independently. Staff supported them to do so safely and understand any risks.

# 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 as 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 ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. People's likes, dislikes and preferences were recorded in person-centred care plans that were reviewed and updated, when needed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were consulted when new staff were being interviewed to work at the home. The registered manager told us they introduced potential staff who came for an interview and also invited people to be part of the interview process. They said, "It's their home they should know who is coming to work here, it's important."
- People told us they received the care and support they needed from staff. One person said, "They [staff] are very good and they help me when I need it."
- Staff were responsive to people's changing needs. Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support.
- Staff worked together well to deliver timely and effective care to people. Staff received a handover at the beginning of their shift to ensure that any updates and key information was passed to them.

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 had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- There was information available in picture format, to assist people to make choices. The registered manager told us that pictures to support food choices were being updated to reflect recent changes. In addition, care plans and reviews were being updated to enable people to receive accessible copies, if they wished.

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

- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Christian church services were held in the home every month which people could attend if they wished to and another person was supported to attend their local church. At the time of our inspection there was no one living at the home who practiced non-Christian faiths. However, we were told that support would be arranged to meet people's individual beliefs as and when needed.

- The home employed an activities coordinator who told us they provided a variety of activities in the home. Activities were provided for individuals, in groups or out in the community. For example, on one day of our inspection a young violinist came to play for people. We observed this to be a very interactive experience and people clearly enjoyed it and knew the violinist well, as they visited the home regularly. Other activities provided included, seated exercises, visits by children from a local nursery school, skittles, a reminiscence film afternoon, a visiting magician, and a person who played piano.
- People and relatives spoke highly of the activities available. One person said, "There's always something going on, we're going out for afternoon tea in Brighton on Thursday.". One relative said, "The activities are very impressive. She [activities coordinator] encourages everyone to get involved. I get a list through every week, so I know what's coming up." Another relative said, "There's a lot to be said for the activities lady, she is always coming up with different things. They had lambs in to visit not too long ago."
- People were encouraged to maintain their interests and supported to continue with activities that were important to them. For example, one person had their dog living with them at the home. The staff team had arranged for a charity who support people who have impaired mobility, to visit regularly. Volunteers went into the home three times a week and brought dogs to visit, before taking the person's dog out for walks.
- People were supported and encouraged to maintain links with their local community. The home regularly hired a local mini bus to use to support people to access community activities. In addition, where people were able to, they went out independently to local shops, restaurants and theatres.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The registered manager had received three complaints since the last inspection. These had been addressed in line with the providers policy.
- People told us they would feel comfortable making a complaint and would know who to speak with. One person said, "I could [complain] if I needed to, but I haven't ever needed to." Another person said, "I know she's [registered manager] always available, I haven't had to [complain] but I would."
- Relatives told us that if they had any concerns they would know who to raise them with and felt confident they would be addressed. One relative said, "I've not needed to complain. There was a small thing a few weeks ago, we told the [registered] manager and within half an hour it was sorted."

#### End of life care and support

- Staff were not supporting anyone with end of life care at the time of the inspection. However, people's end of life wishes had been captured within their person-centred care plans. This gave details of people's choices, including considerations to cultural and religious preferences.
- The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

# 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

- People and their relatives told us the service was well run. One person said, "It is very good here, everyone knows what they are doing." A relative said, ""She's [registered manager] very approachable, the home's definitely well managed."
- The management team and staff demonstrated a commitment to provide person-centred care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.
- The registered manager had implemented new practices and processes to improve service delivery for people living at Hollywynd Rest Home. The registered manager said, "We are a team here so we all work together to ensure people have the care they need. It can be hard at times, but I am committed to making improvements and developing the home."
- The provider told us, "The most important thing is that we are getting it right for people living here. We want this to be a great place for them to live and get the care and support they need."
- The previous performance rating was prominently displayed in the entrance to the home.

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

- There was a clear management structure in place, consisting of the providers, the registered manager, a deputy manager and senior staff. They were clear about their roles and responsibilities.
- The registered manager felt supported by the provider and told us that they had regular telephone contact and the provider visited frequently.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "Everyone pitches in if they have any problems and we all look at what we could work on to make things better."
- The registered manager understood their responsibilities and had notified CQC about incidents, safeguarding concerns and events, where required.
- The management team were open with us about ongoing service development. There was a progress plan which demonstrated their commitment to continual growth and development.
- There was a robust quality assurance process in place, consisting of a range of regular audits conducted by the registered manager and provider. In addition, the registered manager completed daily observations and action was taken promptly when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open



and honest with people when something goes wrong

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents people and their relatives were kept informed and apologies made where required.

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

- People and relatives confirmed they were consulted with about the management of the home. People were encouraged to be involved in the recruitment of staff and planning activities and events within the home. One person said, "The staff are all very well-mannered and accommodating."
- Staff told us they felt listened to and the registered manager and deputy manager were approachable. One staff member said, "[Registered manager] is very outgoing, I'd feel comfortable going to her."
- People's individual life choices and preferences were met. The providers, registered manager and deputy were clear how they met people's human rights.
- People and families were involved in planning care and support and the registered manager was actively involved in the delivery of care and support to people. It was clear that the registered manager knew people well and had developed positive relationships. They told us, "We want to get the care right and make sure we build up from there."
- Staff meetings were held regularly. Meetings were used to provide information, such as planned improvements to the environment, training, learning opportunities and sharing information about planned activities. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
- Feedback was sought from external professionals, people using the service and their families. We viewed records and saw that the feedback given was positive.

Continuous learning and improving care

- The providers and the registered manager continuously monitored the service provided and had an on-going improvement plan to ensure any work identified was completed in a timely way.
- Accident and incident reports were monitored. For example, when people had falls, their mobility assessments were reviewed and updated where needed. Any potential causes were considered, and prompt medical intervention sought.
- The registered manager kept up to date with any changes to best practice by signing up to email alerts from nationally recognised organisations, such as the Health and Safety Executive (HSE), National Institute of Care Excellence (NICE) and CQC. They were also a member of the a local care home forum, where they could share ideas and experiences with managers of other services.

Working in partnership with others

- The registered manager was aware of the importance of partnership working with other health and social care professionals to promote good outcomes for people.
- We observed that people, relatives and staff were comfortable approaching the registered manager, provider and management team and their conversations were friendly and open.