Hawkhurst House Limited

Hawkhurst House

Inspection report

Cranbrook Road
Hawkhurst
Cranbrook
Kent
TN18 5EF

Tel: 01580239170
Website: www.hawkhursthouse.com

Date of inspection visit:
31 October 2019
01 November 2019

Date of publication:
18 November 2019

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
Hawkhurst House is registered as a supported living service and a care home with nursing. The two elements of the service are provided in the same building. There is no physical separation between the parts of service. A person using the care home service may have their bedroom next door to a person using the supported living service and both people may use the same communal lounge.

A supported living service provides care and support to people living in supported living settings so that they can live as independently as possible. Under this arrangement people's care and housing are provided under separate contractual agreements. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement.

Hawkhurst House is registered to provide accommodation, nursing and personal care for 85 people. It can accommodate younger adults, older people and people who live with dementia. It can also provide care for people who have physical adaptive needs.

There was a total of 44 people using the service at the time of our inspection. Two of these people used the care home service. They were funded by a health authority as they needed complex nursing care. Forty two people used the supported living service, rented their accommodation and had tenancies with Hawkhurst House Limited. These people could choose which provider delivered their care.

At this inspection all people using the supported living service in addition to those using the care home service received their nursing and personal care from staff employed by Hawkhurst House Limited.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person using the supported living service said, "I like the staff here and they're friendly." In a thank-you card to the service a relative said, "A big thank you. My mum seems very happy with you, she is looked after extremely well by your caring staff which is most reassuring."

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed. There were enough nurses and care staff on duty and safe recruitment practices were in place. People were helped to take medicines in the right way and lessons had been learned when things had gone wrong. Hygiene was promoted to prevent and control infection and people had been helped to quickly receive medical attention when necessary.

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

The accommodation was designed, adapted and maintained to meet people's needs and expectations.

People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care and had been given information in an accessible way. People were supported to pursue their hobbies and interests. Complaints had been properly investigated and quickly resolved. People were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed. People had been consulted about the development of the service and their suggestions had been implemented. Good team work was promoted. Regulatory requirements had been met and joint working was promoted.

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

Rating at last inspection
The last rating for this service was Requires Improvement (published 5 January 2019).

The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the registered provider was no longer in breach of regulations.

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? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well-led.	**Good**

Hawkhurst House

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 registered 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 completed by an inspector, a specialist professional advisor who was a nurse and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

Service and service type
This service provides care and support to people living in a supported living setting so they can live as independently as possible. People's care and housing are provided under separate contractual arrangements. The Care Quality Commission does not regulate premises used for supported living. This inspection looked at these people's personal care and support.

Hawkhurst House is also a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

In this report we only refer to 'the supported living service' and 'the care home service' when our conclusions do not relate to the whole service.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the registered 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 14 people using the supported living service and two people using the care home service. We used sign-assisted language when necessary. We also met with three relatives.

We spoke with four care staff, three nurses, the chef, deputy chef and the maintenance manager. We also spoke with one of the activities coordinators, the finance administrator, registered manager and compliance manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for seven people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After the inspection
We spoke by telephone with three relatives so they could give us feedback about their experience of using the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
• At the last inspection the registered provider had not properly completed security checks on two staff who used a vacant part of the accommodation to live-in. We raised our concerns with the registered manager who assured us the two staff in question would not live-in until suitable security checks had been completed.
• At this inspection safe recruitment and selection procedures were in place for all members of staff including those who lived-in. Applicants were required to provide a full account of previous jobs they had done so the registered manager could check their previous good conduct.
• Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.
• The registered manager had calculated how many nurses and care staff needed to be present given the care needs of each person. People told us they promptly received the attention they needed. One of them remarked, "When I use my call bell the staff come pretty much straight away. There are no long waits."
• On both days of the inspection visit there were enough care staff on duty. Planned shifts were being reliably filled and we saw people promptly being assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. Records of the time taken to respond to call bells showed they were consistently being answered quickly.

Assessing risk, safety monitoring and management
• People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using hoists and supportive handling belts.
• People were helped to keep their skin healthy. When necessary people were provided with special air mattresses. They reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished and care staff regularly checked to ensure people had not developed a urinary infection.
• A person using the supported living service said. "The staff are nice and thoughtful and come around and ask if you need help. I can do most things for myself but if I need help with washing my back the staff are there to help me."

• People had been helped to avoid preventable risks to their health and safety. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person using the supported living service said, "The staff are lovely to me and so of course I feel safe with them."
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.

• There were written guidelines about the medicines prescribed for each person. Nurses and senior care staff who administered medicines had received training. Medicines were administered in the correct way so each person received the right medicine at the right time. A person using the supported living service said, "The staff give me my tablets on the dot."
• There were additional guidelines for nurses and senior care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
• The registered manager regularly audited the management of medicines so they were handled in the right way.

Preventing and controlling infection
• There were suitable measures to prevent and control infection. Nurses and care staff were correctly following guidance about how to assist people to maintain good standards of hygiene. A relative said, "This place is spotless isn't it. You can see your face in the taps they're that clean."
• Nurses and care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
• Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.

Learning lessons when things go wrong
• Accidents were analysed so lessons could be learned and improvements made. The registered manager established what had happened and what needed to be done to help people reduce the likelihood of the same thing reoccurring. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was the assistance provided for a person using the supported living service. The person needed help from care staff when getting out of bed to reduce the risk of them falling. With the person's agreement a special mat had been placed by their bed alerting nurses and care staff when the person stepped on it and needed assistance to stay safe.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager and/or deputy manager met each person before they moved into Hawkhurst House. They established whether the person wanted to use the supported living service or the care home service. People who wanted to use the supported living service were offered the choice of receiving their care from an alternative provider or from members of staff employed by Hawkhurst House Limited. Two people using the supported living service and their relatives told us they had been informed about their option to choose who delivered their nursing and personal care.
• The assessment also established the care a person needed to ensure the service could meet their needs. An example was arranging for any special medical devices a person needed to be available as soon as they moved into the service. Another example was liaising with occupational therapists to provide equipment such as low rise beds in line with national guidance for people who have reduced mobility.
• The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of nurses and care staff who provided their close personal care.

Staff support: induction, training, skills and experience
• New nurses and care staff received introductory training before they provided people with care. Care staff had also received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Nurses had received refresher training in clinical subjects including managing healthcare conditions and best practice in the use of medical dressings. Care staff regularly met with a senior colleague to review their work and to plan for their professional development. Nurses met with the service's clinical lead.
• Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall the location of their bedroom. A member of care staff quietly accompanied the person to their bedroom after which the person was reassured and returned to the lounge where they had been sitting.
• Another example was care staff supporting people to maintain good oral hygiene. Care staff described how they provided practical assistance such as noting when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. People had also been supported to attend dental appointments. A relative said, "I think the care staff are very attentive and they know what they're doing."
• Nurses knew how to provide safe clinical care. An example of this was robust arrangements being followed to assess, treat and evaluate the wound a person had acquired after a fall.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is very good. If you don't want one of the main dishes on offer at lunch you can have something else. You can pretty much have what you want and they'll shop specially for you if necessary."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.
• Speech and language therapists had been contacted when people were at risk of choking. Care staff were following the advice they had been given including blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included care staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 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 make 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 the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS). When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and the times they wanted to get up and go to bed. A person using the supported living service said, "I choose what time to go to bed and it depends if there's something I want to watch on television."
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. An example was consulting with relatives and healthcare professionals if a significant decision needed to be made about the care provided. Another example was liaising with key people if a person using the supported living service needed to make a decision about revising or terminating their tenancy.
• The registered manager had made applications to obtain authorisations when a person using the care home service lacked mental capacity and needed to be deprived of their liberty. In relation to people using

the supported living service the registered manager had established what authorisations had been obtained through the Court of Protection. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs
• There was a passenger lift giving step-free access around the accommodation. There were wide doorways, bannister rails in hallways, supportive frames around toilets and an accessible call bell system.
• Each person had their own bedroom which they had been encouraged to personalise by decorating and furnishing them as they wished.
• There was enough communal space and nurses and care staff helped people to find their way around. The registered manager said more pictorial signs were about to be installed to identify each person's bedroom and communal rooms such as dining areas, bathrooms and toilets.
• The accommodation was well decorated and the grounds were neatly maintained. There was enough car parking for visitors.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity; Promoting people's privacy, dignity and independence

• People were positive about the care they received. A person using the supported living service who had special communication needs smiled and waved in the direction of a member of care staff when we used sign-assisted language to ask them about their care. Another person using the care home service said, "I like seeing the staff around. It makes me feel safe."

• People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair if they wished. People were also supported to be as independent as they wished. A person using the supported living service said, "I like to wear coordinated clothes as I've always done and the staff help me choose things that go together."

• People's right to privacy was respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care nurses and care staff closed the door and covered up people as much as possible. A person using the supported living service said, "I can't fault them on dignity and privacy as it is their first priority. They close the curtains and cover me with a towel and make sure I am not exposed. They always knock and wait to come in and are very polite."

• Communal bathrooms, toilets and bedrooms had working locks on the doors.

• Nurses and care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had been supported to meet their spiritual needs by attending religious ceremonies held in the service. A person had been offered a special menu that reflected their cultural heritage.

• Private information was kept confidential. Nurses and care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Most care records were electronic and access to these was password-protected.

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

• People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a member of care staff chatting with a person about whether they wanted to be assisted to have a bath or shower. A person using the care home service who was cared for in bed was asked if they wanted to change the channel on their television as the programme showing was unlikely to be of interest to them.

• All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

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 as good. At this inspection this key question 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

• Nurses and care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans were being regularly reviewed in consultation with each person so they accurately reflected people's changing needs and wishes.

• People received personalised care responsive to their needs. We saw people being supported to safely move about their home with assistance from one or two care staff depending on their needs. Call bells were answered quickly. A person using the supported living service said, "I like wandering around and sometimes I forget to go to the toilet. The staff watch me and know when I need the need the toilet and whisper in my ear. It's good to know someone has got your back and I love them for that."

• Some people had reduced mobility and needed extra care provided in their bedroom. We saw nurses and care staff regularly calling to each person to make sure they were comfortable and had everything they needed. A person using the supported living service said, "If I decide to stay in bed they come and encourage you, to come out for a walk and they will go with you, if you are not willing to go out they check on you regularly to make sure you are okay."

• The service had started to introduce a new way of organising the delivery of care called, 'care companions'. This involved care staff providing care for a small number of people so their experience of receiving assistance more closely matched a normal family setting.

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 had information presented to them in an accessible manner. Parts of care plans were written in a user-friendly way using an easy-read style with pictures and graphics.

• There was a written menu and we saw nurses and care staff chatted with people at meal times helping them decide which meal they wanted to choose.

• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.

• The complaints procedure was written in an accessible way using larger print to make it easier to read. It explained how complaints could be raised and how they would be investigated.

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 had been supported to keep in touch with their families. With each person's agreement the registered manager, nurses and senior care staff contacted family members to let them know about any important developments in the care being provided. A relative of a person using the supported living service said, "I like knowing how my family member is doing and the staff keep in touch with me so I know what's going on."
• People were supported to pursue their hobbies and interests. There were activities coordinators who invited people to enjoy small group events including armchair exercises, games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. People had been invited to attend themed events such as a world cruise with different destinations being celebrated with local cuisine and decorations.
• There were outside entertainers who called regularly to the service.
• Nurses and care staff helped people celebrate seasonal occasions such as Easter and Christmas and personal events such as birthdays.

Improving care quality in response to complaints or concerns
• There was a complaints procedure reassuring people about their right to make a complaint. In addition, the tenancy agreements held by people using the supported living service had a procedure to resolve disputes. A relative said, "There's no us-and-them feeling in the service. I'm always made to feel welcome and the new manager in particular is excellent and her door is always open."
• There was a management procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
• Records showed the service had not received any formal complaints since our last inspection visit.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.
• At the time of our inspection visit one person was receiving end of life care. The service held 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide the person with pain relief.
• The service had started working towards accreditation by a nationally recognised standard of good practice in supporting people to live and die well.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

• At the last inspection the registered provider had failed to quickly inform the Care Quality Commission of important events that happen in the service. This is necessary so that we can check that appropriate action has been taken to ensure people receive safe care and treatment. This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

• At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 18. They had quickly submitted statutory notifications and a new audit system had been introduced to double-check the service's compliance.

• The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A person using the supported living service said, "The residents come first here." A relative said, "There's a welcoming feeling to the place. It's always the same no matter what time I call. The staff encourage me to call and they're obviously proud about the service."

• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.

• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Continuous learning and improving care

• At the last inspection the registered provider had not established all the systems and processes necessary to robustly monitor and evaluate the running of the service. This had contributed to shortfalls in the service not being quickly put right. At this inspection additional quality checks had been introduced in response to our concerns. These included making sure we are quickly informed about important events as described above.

• Other quality checks had also been completed in relation to the delivery of care, management of medicines, learning lessons from incidents, health and safety and the maintenance of the accommodation.

• The compliance manager regularly audited the service and prepared action plans to address shortfalls.

They also monitored the implementation of any improvements to make sure they were effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been invited to comment on their experience of using the service. There were regular residents' meetings at which people had been supported to suggest improvements to the service. People had also been invited to give feedback on an individual basis. Suggested improvements had been implemented. An example was changes being made to the menu to accommodate people's changing preferences.
• Relatives had been invited to complete quality assurance questionnaires to give feedback about their experience of using the service. Relatives were consistently positive in the comments they made.
• Health and social care professionals and members of staff had also been invited to give feedback about their experience of working with and in the service,

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Nurses and care staff had been supported to understand their responsibilities to meet regulatory requirements. There were up-to-date policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• There were handover meetings between shifts so nurses and care staff knew about any changes in the care a person needed and wanted to receive. Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Nurses also met regularly to discuss and develop clinical care in the service.
• Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with responsive personal and nursing care.
• The registered manager met with managers from other of the registered provider's services to share and learn from examples of best practice in the provision of residential care for older people.