

Mrs Fiona Mary Haggis

Hardwick House

Inspection report

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Date of inspection visit: 2 and 3 November 2015
Date of publication: 24/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Hardwick House is registered to provide residential care for up to 19 older people. There were 13 people living at the home at the time of the inspection. People required a low level of support in relation to personal care needs, visual and hearing impairments. People with short term memory loss were supported with prompting and assistance when required. People were independently mobile and everyone at Hardwick House had capacity to make decisions about their care and how they spent their time.

The home had a passenger lift and wide staircases with handrails to assist people access all areas of the building.

This was an unannounced inspection which took place on 2 and 3 November 2015.

Hardwick House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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 service is run.

Summary of findings

The manager was also the registered provider and was in day to day charge of the home. People and staff spoke highly of the manager and told us that they felt supported by them and knew that there was always someone available to support them when needed. Staff told us that the manager had a good overview of the home and knew everyone well.

We received only positive feedback from people, staff and relatives.

We found areas of medicine administration and documentation needed to be improved to ensure people received their medicines in a safe and consistent manner.

Care documentation needed to be improved to ensure information for staff was clear and relevant. Risk assessments had been completed; these had been signed by people when appropriate. Information had been sought regarding people's lives, background and significant events. Care plans were being updated by gaining further feedback from people regarding their goals and aspirations.

There were systems in place to assess the quality of the service. This included maintenance checks and regular servicing of equipment. Fire evacuation plans and emergency evacuation equipment and procedures were in place.

Staffing levels were reviewed regularly. Staff received training which they felt was effective and supported them in providing safe care for people. Recruitment checks were completed before staff began work and there was a newly implemented programme of supervision and appraisals for staff.

Staff demonstrated a clear understanding on how to recognise and report abuse. Staff treated people with respect and dignity and involved people in decisions about how they spent their time.

People were encouraged to remain as independent as possible and supported to participate in daily activities.

People, relatives or significant people were kept informed when there had been a change to people's health. Relatives told us that the manager and staff were very supportive. Feedback was gained from people in the form of questionnaires and meetings had taken place.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. Menus were reviewed and changes made when requested.

Referrals were made appropriately to outside agencies when required. For example GP appointment, and visits from community nurses and notifications had been completed to inform CQC and other outside organisations when events occurred.

Summary of findings

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 not consistently safe.

Procedures for medicines were not always safe. Protocols were not in place for all 'as required' medicines.

Risk assessments were completed to ensure people's safety was maintained.

Fire risk assessments and emergency plans were in place in the event of an emergency evacuation.

People told us they felt safe and staff knew what to do if they suspected anyone was at risk of abuse.

Recruitment checks were completed before staff began work.

Requires improvement



Is the service effective?

The service was effective.

Staff received training to ensure they had the knowledge and skills to meet the needs of people living at the service.

A program for supervision and appraisal had been started.

Management and staff had an understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS)

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet.

Referrals were made to external health and social care professionals if required.

Good



Is the service caring?

The service was caring.

Staff knew people well and displayed kindness and compassion when supporting people.

Staff treated people with patience and dignity.

People's religious and spiritual needs were supported.

Good



Is the service responsive?

The service was not consistently responsive.

Care documentation was not always clear. It was difficult to find which information was current or specific to people's health related conditions.

Documentation of people's weights included gaps without an explanation to why this had not been done.

Requires improvement



Summary of findings

People's choices and the involvement of relatives and significant others was clearly included in care files.

A varied activity schedule was in place with activities provided daily for people to participate if they chose.

People were encouraged to share their views.

A complaints procedure was in place and displayed in the main entrance area for people to access if needed.

Is the service well-led?

Hardwick House was well led.

There was a registered manager who is also the registered provider.

Staff and people living at Hardwick House spoke highly about the manager and the way they ran the home.

People told us the manager had an 'open door' policy.

Annual quality surveys were completed to assess and monitor the quality of service provided. Information and feedback was used to continually improve and develop the service.

Good



Hardwick House

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 was planned to check 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.'

This inspection which took place on 2 and 3 November 2015 and was unannounced.

This was the first inspection under a new registered provider and was undertaken by one inspector.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at any other information that has been shared with us.

People living at Hardwick House were able to tell us about their experiences of living at the home. We carried out

observations in communal areas, looked at care documentation for three people, and further records to look at specific information including daily records, risk assessments and associated daily records and charts. Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for two staff and records of staff training, supervision and appraisals.

We spoke with five people using the service and five staff. This included the registered manager, care staff, cook and other staff members involved in the day to day running of the service.

We spoke to relatives and visitors during and after the inspection. We also received feedback from visiting professionals including representatives from the Royal National Institute for the Blind who visit the service on a regular basis.

Is the service safe?

Our findings

People living at Hardwick House told us they felt safe living at the home. We were told, “I have been here a couple of years, it feels like home.” And, “They are always here to help me, I feel extremely safe and well looked after.” Relatives told us, “I leave here knowing they are safe and happy.”

Despite this positive feedback we found that people did not receive their medicines appropriately. Although staff had attended recent medicine training, safe medicine administration practices were not being followed. We found two people's lunchtime medicines had been dispensed from their packets in the morning and put into named pots by the staff member responsible for administering medicine during the shift. These had been left in the medicine trolley ready for the lunchtime medicine round. This is not best practice to ensure people receive their medicines in a safe manner. One of these medicines was a PRN or ‘as required’ medicine. PRN medicines are prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. Therefore they should only be dispensed if the person requests it. We spoke to the registered manager regarding our concerns around medicine administration who spoke to the staff member immediately regarding this practice.

PRN Protocols for administration of medicines were not in place. PRN protocols should identify what the medicine is, why it was prescribed and when and how it should be administered. This is to ensure that people receive their medicines in a safe, consistent manner regardless of who is administering it. Policies and procedures to support the safe administration and management of medicines had not been updated since 2009. This meant that information provided was not current.

The home did not have a medicine fridge to store medicines which required to be refrigerated. We saw that eye drops were stored in a plastic tub in the main fridge in the kitchen. Daily temperatures were not being taken to ensure that this fridge remained at appropriate temperatures for medicine storage.

It was unclear whether systems were in place to audit and review medicine procedure to identify that safe practices were maintained. Medicine competency checks had not been completed by the manager to assess that correct procedures were being adhered to.

All the issues above meant that the provider had not ensured people received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people who were risk assessed as able to self-medicate their medicines were supported to do so. This was regularly reviewed. We saw that one person who had been self-medicating had recently agreed for staff to administer all their medicines except for eye drops which they were able to continue to administer themselves. This encouraged people to remain independent when safe to do so and showed that the staff were aware when people's ability to self-manage medicines safely had diminished. The manager told us they spoke with the person and a decision was made with their full agreement on how to ensure medicines were safely administered.

New Medicine Administration Records (MAR) had been introduced these had been designed by the manager. Staff confirmed that these were simple to use and made information clear. Medicines were dated on opening, stored and disposed of appropriately.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed. Although the safeguarding policy had not been updated in the last two years, up to date contact information was available. Staff had received safeguarding training and further training was booked for the near future. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager at any time if they had concerns.

Hardwick House supported people with low health and support needs. Risks to individuals were identified. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, people going out independently had risk assessments completed. Other risk assessments included falls, self-medicating and any other individual risks identified during the initial assessment or subsequent reviews of care.

Systems were in place to ensure the safety and maintenance of equipment and services to the building. Although this did not include legionella checks to ensure

Is the service safe?

that water systems had been risk assessed to ensure they were safe. This is an area that requires improvement. The registered manager told us that they would ensure this was completed promptly.

All other maintenance and equipment checks had taken place with certificates available to confirm this. Redecoration was in progress and areas completed had been done to a high standard, people told us that some areas of the home were, “Looking a bit tired,” but everyone commented that Hardwick House was ‘homely’.

Fire evacuation plans were in place for day and night procedures. There were no personal emergency evacuation plans (PEEPS) in place. However, people understood when an evacuation may be required and most would evacuate the building on hearing the fire alarm. Evacuation fire drills had taken place and evacuation equipment was available to assist with this if needed. This meant people’s care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency lighting checks had taken place regularly to ensure people’s continued safety. Contingency plans were also in place for evacuation in the event of an emergency.

There were enough staff working at the home. People told us that they felt there were always plenty of staff. We were told, “If I need someone there is always someone to help.” And, “There is someone around they are always popping in.” Staff told us, “People’s needs are low, that means many people wash and dress themselves, we just support and help when needed, so there are plenty of staff to do that.”

We spoke to the registered manager who told us they felt it was essential that staff had the time to spend with people and that care should not just be about tasks, if someone became unwell and needed more assistance then staffing levels would be reassessed to ensure people’s needs could be met. We looked at staffing rotas and saw that staffing

levels were maintained. When care staff were on holiday or went off sick, these hours were covered by other care staff. Staff told us they all happily covered for each other and the system worked very well. Staff turnover was very low with a number of staff having worked at the home for many years.

The registered manager had a recruitment system in place. We looked at staff recruitment files these included details of relevant checks which had been completed before staff began work. For example disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

Staff had access to policies, including whistleblowing. However, a number of policies had not been reviewed for over two years. This meant that some information provided for staff was out of date. However, some updated policies were available in the staff handbook; this was given to new staff when they began working at the home.

People had access to call bells in their bedrooms, bathrooms and toilets. There was also an intercom system which allowed staff to speak to people in their rooms to ensure they were safe. People said that staff responded quickly when they needed them, including at night time.

Incidents and accidents were reported and the registered manager conducted an investigation of each incident. A review of falls, accidents and incidents was completed in people’s care folders and these were analysed to look for any trends. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if someone had a fall, then this would trigger a review or referral to outside professionals if required.

Is the service effective?

Our findings

People told us that staff, “Know me very well and how I like things, although they always ask and offer.” Relatives told us that communication was very good, “We were kept fully informed of any concerns and were involved in all decisions.”

People received care from staff who had received training; this included all essential training for staff. Staff told us the training they received enabled them to understand and support people. For example, protection of vulnerable adults (safeguarding) and moving and handling training.

Staff felt that training provided was effective and people living at the service told us staff were knowledgeable about their support needs. For example, staff understood how to support people with visual impairments. Staff told us that the training received was, “Good” and felt there were further opportunities for professional development. Staff were supported and encouraged to complete National Vocational Qualifications (NVQ) or similar.

New staff had a period of induction and were supported throughout this time by management and other care staff. One senior care staff member had previously worked as an NVQ assessor and they were currently supporting a new staff member during their induction to the home. The manager told us that they had been researching the new Care Certificate Standards induction, which they would use for all new starters. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care.

The organisations policy stated that supervisions should take place six times a year. However the manager told us this policy was out of date and was being updated. The new policy would be for supervisions three times a year and one annual appraisal. The manager had started some supervisions and this was an on-going process. Staff told us they had not had supervision recently but knew this was due soon. Staff also told us that the manager was always available and they could speak to them at any time if they had any concerns.

People were able to voice their choices and decisions. People were actively involved in decisions about their care. People said staff always asked for consent before providing any care. We observed staff involving people in decisions

and speaking to people to ensure they were involved in how they spent their day. For example, people were given the choice about where they had their morning hot drink, offered choices around their meal preferences and made decisions how to spend their day.

People living at Hardwick House had capacity to make decisions about their care and welfare. The manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of MCA and its aims to protect people who lack capacity. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The manager understood the principles of DoLS and how to make an application if this was needed. At the time of the inspection no DoLS applications had been made. However, the manager had spoken to the DoLS team when they required information regarding a person's care.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, community nurses, dentists and chiropodist. The manager contacted outside professionals, for example when someone needed to see a community nurse. Relatives were very happy with the effectiveness of the service and told us, “They are quick to deal with medical concerns when they arise and to alert me when they have concerns. The manager has taken my mother to medical appointments when I have not been available.”

People were supported to maintain a balanced and nutritious diet. Without exception, everyone told us they enjoyed the meals provided. We spoke to staff who explained how they asked people what they would like to eat each day. There was a reviewed menu each week with choices and alternatives available for people. People were also involved in changes to the menu which were decided at meetings and after taster evenings. Feedback was gained from people after meals to see whether they had enjoyed them before they were added to any menu plans.

Is the service effective?

Kitchen and care staff knew people well and told us who had special dietary requirements for example people with diabetes. People's preferences, likes and dislikes were recorded. Some people liked to have a glass of sherry and this was included in their daily routines along with their food preferences. People and relatives spoke very highly about the standard of the food, and the meals looked very appetising and well presented. People sat at dining tables in the main dining room and everyone was served their meals together. Main meals came with a selection of vegetables and accompaniments which people served themselves from dishes on each table. This meant that people were able to have portion sizes of their choice. A

choice of drinks were provided. We asked people about which table they sat at. People told us they always sat in the same place and were happy with the seating arrangements.

We were informed subsequent to the inspection that the home received the highest rating of '5' by the environmental health organisation (EHO) for their kitchen, with no recommendations or requirements.

People's nutrition and weights were monitored and we saw that referrals had been made appropriately in the past if people's nutritional intake was reduced or staff had any concerns around people's eating and drinking.

Is the service caring?

Our findings

People told us that staff were kind and caring, telling us, “I feel like I matter, that is important to me.” And, “Staff are very good.” Relatives told us, “The manager has a gift for choosing kind and caring staff; the caring atmosphere as well as the food and facilities are exemplary.”

Staff told us, “We work well together, it’s a nice place to work. People are able to talk to you and people’s care needs are low so it’s a lovely relaxed place to work, you get time to spend with people.”

Day and night time routines were documented in people’s care files. Staff told us that they did not regularly read people’s care plans, but kept each other informed of any changes during handover and by writing in the communication book. New staff felt that people were able to tell you what they wanted and most people had very regular routines and staff knew these. People told us they liked their routine but were aware that if they didn’t want to do something or wanted to change their routine they would just tell staff and they would be listened to.

Many people were independently mobile and no one required the use of standing or lifting equipment. There was a passenger lift and wide stairways with handrails. Throughout the day people accessed communal areas as they chose, either to sit quietly or to participate in activities. People came down for morning hot drinks or decided to stay in their rooms; this was flexible depending on people’s choices that day. Others went out with family or friends.

Due to people’s level of independence they required minimal daily support with washing and dressing. For people who were frail, visually impaired or experienced short term memory loss staff provided prompting and assistance as required, ensuring people dressed appropriately for weather conditions and remained safe. People told us they had their own routine. One said, “I get

myself washed and dressed, then come down for a drink. I usually go for a little lie down before lunch, but it depends how I feel and what’s going on.” Two people with a visual impairment had visits during the inspection from the RNIB, they told us that they enjoyed this, one person was having the newspaper read to them, and another the newsletter. We also saw that when appropriate, documentation, minutes of meetings and activity notices had been printed by the manager using large print for people.

During the inspection we saw that there were a number of visitors to the home, people told us they were welcomed and encouraged to visit regularly. One told us. “The staff know me and always make me a cup of tea; they make me feel extremely welcome whenever I visit Mum.”

Hardwick House had a small core number of staff. Staff told us they always treated people with dignity. People’s rooms were very much their own personal space. Staff knocked on people’s doors before entering their room and showed respect for people’s personal belongings and clothing. One relative told us that staff had helped them by sewing on labels to ensure that clothing was named for their relative. People told us that staff always treated them with kindness and dignity.

People were supported to continue with activities that were important to them. Including attending church services and receiving communion. We were contacted after the inspection by a relative who told us, “We were particularly grateful for the way that the home enabled my Aunt to attend church every week, as this had always been a huge part of her life.” And when their relative’s needs had recently changed and they required nursing care, the manager had supported and helped them find a suitable nursing placement closer to family, even going as far as to drive their relative 140 miles to their new home to help ease the transition. “We are hugely grateful to the manager and the staff at Hardwick House for their loving and professional care.”

Is the service responsive?

Our findings

People told us that staff were responsive. Relatives told us that they found staff to be 'attentive and friendly'. And, "They keep Mum involved with what's going on, we always know what's happening."

When people moved into the home care files had been written to include their preferred day and night time routines. People did not have care plans as such, due to their low level of care needs. However, information in 'daily routines' ensured staff were aware of people's likes, dislikes, preferences and support needs throughout the day and night. Everyone we spoke with told us that this information was a guide and routines were flexible. Information with regards to visual and hearing impairments was included in care files. For people with diabetes generic diabetes information was included in care files. We saw that diabetes was referred to in relation to nutrition and related risks. However, there was no specific diabetes care plan in place. This was an area that required to be improved.

Staff knew people well but were not supported by clear up to date documentation. Care routines and other documentation had a number of handwritten additions, this meant it was not clear what information was current with some information out of date, for example one person's documentation referred to them going to stay with family for Christmas, however this related to 2013. Reviews had taken place although not always monthly as stated. We found that people's weight charts contained gaps when no weight had been documented. It was unclear if this was because people had declined to be weighed or because it had not been done, this meant that people's nutrition may have changed and staff may be unaware. This was an area that required to be improved.

Risk assessments had been completed for identified risks and signed by people if appropriate. For example, one person had signed to say they did not wish to be checked throughout the night.

Staff told us they were not involved in writing care plans, and that they were kept informed of any changes by the manager or during handover. A new staff member told us they had set aside time to look at care files in the near future as they had not had the opportunity to do so yet. However, they felt that they were able to provide

appropriate care to people as they had shadowed staff and been given information at the start of each shift about what help people needed. We saw on staff rotas new staff had spent time allocated to another member of the care team. Staff felt that it was easy to provide the right care for people as people would tell you when they needed assistance and ring the bell to let you know when they wanted something.

Care files included information around people's lives, background significant life events. The manager showed us a new addition which was in progress. This included staff speaking to people and gaining information about their goals and aspirations.

Hardwick House had an activity co-ordinator who worked full time at the home. There was a lively programme of activity available for people. This included regular visiting entertainers and daily in house activities people could attend if they chose. People told us they had something to do throughout the day if they were not busy doing their own things. We saw that this included games, quizzes, listening to music and trips out. People were also reading newspapers, magazines and books either alone or with staff. People told us that they had particularly enjoyed a cheese and wine evening and food taster activities and were looking forward to a planned 'Charcuterie' evening. People were also discussing a possible trip to the cinema. A monthly activity leaflet was available and given to each person so they were aware of all planned activities and dates for hairdressing appointments. It was documented when people attended activities and feedback was gained to see if people enjoyed the activity before it was scheduled again.

When people moved into Hardwick House staff spoke to them and their relatives if appropriate to find out what assistance they required. Relatives confirmed that they were kept informed of any changes and that the manager always contacted them if there were any concerns. People who were able to fully participate in care decisions and had signed consent forms when appropriate. Visitors were welcomed at the home and encouraged to participate and be involved with their loved ones care when possible.

People had the opportunity to share their views and give feedback during resident and relatives meetings. We saw minutes from meetings detailed discussions and actions taken. The most recent residents meeting had taken place in September 2015. Minutes were available for people to access if they wished and included feedback from people

Is the service responsive?

regarding meals and activities. Discussions had taken place regarding Christmas and plans discussed for New Year's Eve. We saw that when minor issues had been raised by people, these had been discussed with solutions put in place. For example, a request had been made for more brussel sprouts. As all vegetables used by the home were fresh and seasonal this was something that could be taken forward immediately as sprouts were coming into season. This had been fed back to people.

A complaints policy and procedure was in place and displayed in the entrance area. Copies were also given to

people as part of the information given on admission. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The manager understood the importance of ensuring even informal concerns were addressed. Everyone we spoke with told us the manager had an 'open door' policy and people and visitors confirmed they would be happy to raise any concerns with the manager or staff if they needed to.

Is the service well-led?

Our findings

People who lived at Hardwick House, visitors and relatives, spoke very highly of the manager. We were told, “She goes above and beyond what is expected.” And, “She has done everything she can to help us, we are extremely grateful to her.”

Staff told us they felt supported and valued. They told us that the registered manager had an ‘open door’ policy and you could speak to them at any time. They felt included in decisions telling us, “When something needs to be fed back to staff, we are kept up to date.” We get feedback, positive as well as when something needs improving, it’s important to have that balance.”

Staff and management shared the same ethos which was to provide high quality care to people whilst supporting them to remain as independent as possible. Everyone commented on the relaxed homely atmosphere for people living at Hardwick House. The manager had a clear vision in place to take the service forward, and was able to tell us their plans to continually improve and develop Hardwick House under their new registration as an individual provider/manager.

People told us that the manager was available at the home throughout the week and there was an ‘on-call’ system at other times. The manager had a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and told us the focus of the service was to ensure people received care that supported them to maintain independence and dignity at all times.

The manager was proactive and worked in collaboration with a number of external health professionals when needed. We were told by a relative how the manager had supported them and their relative when they had needed support due to deterioration in their mental health. This had been done with empathy and patience. The manager had contacted the relevant health professionals promptly to ensure that the person received the appropriate care and support. The relative felt that this was above and

beyond what they expected from a manager and felt that they had been helped through what had been a difficult time by the manager and staff who had always put their relative’s needs at the forefront of any decision made.

Regular surveys had taken place to ensure that people had the opportunity to share their views of Hardwick House. This included staff, resident’s relatives and visiting professionals. All feedback had been largely positive with many complimentary comments about the home, staff and manager.

An annual quality survey had been completed in 2015. Results of this were displayed in the entrance hall. This included questionnaires for people including feedback regarding medicines, dignity, communication and activities. Analysis had been done of the results and produced into graphs for visual impact and percentages for an easy read overview. More detailed feedback was also included to ensure people were able to see comments made and actions put in place if required. These had also been produced in large print for people if needed.

When people’s care needs had changed the manager had responded proactively. Contacting other health professionals to ensure people received the care they required. When people’s health needs increased the manager identified when the home may not be able to meet their needs and liaised with family/ NoK to find alternative suitable placements for people.

Policies and procedures were included in the staff handbook, this included whistleblowing, and although some policies had not been updated recently, staff were aware of relevant information and felt supported to carry out their roles and responsibilities.

The manager had an overview of all systems and had identified improvements and audits required to documentation. Communication between staff, manager and people living at Hardwick House was good and this meant that there was minimal impact on people.

The manager was aware when notifications were required to be sent to CQC or other organisations and had kept up to date with a number of changes to CQC methodology and regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured people received safe care and treatment with regards to medicines.</p> <p>Regulation 12 (1)(g)</p>