

Barchester Healthcare Homes Limited

Hurstwood View

Inspection report

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Tel: 01825573739

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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:

Hurstwood View is registered to provide residential and nursing care for up to 55 older people. Accommodation was provided over two floors. The ground floor (Ashdown Walk) provided nursing care for people whilst the upper floor (Deer View Walk) provided care and support for people who lived with dementia. People required a range of help and support in relation to their nursing, dementia and care needs. There were 55 people living at the home at the time of the inspection.

People's experience of using this service:

The service met characteristics of Good in all areas.

People, relatives and other stakeholders told us the quality of care and support was good. People told us, "It's my home now, took a while to get used to it, but now I love it here," and "Couldn't be cared for better anywhere, excellent."

- People told us they were safe. Comments included, "I'm able to be independent because staff support me so well, I'm safe here," and "Very safe, I get my medicines on time and they monitor my health really well."
- There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it. One staff member said, "We receive training in safeguarding, I wouldn't hesitate to raise a safeguarding if our residents were at risk."
- There were sufficient staff to meet people's individual needs: all of whom had passed robust recruitment procedures that ensured they were suitable for the role.
- There were systems in place to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.
- Medicines were managed safely. Medicine documentation and relevant policies followed best practice guidelines to ensure people received their medicines safely.
- Staff received appropriate training and support to enable them to perform their roles effectively. People told us, "Staff know their stuff, look after me really well," and "They are really well trained, I have to have help to get up and they do it so nicely."
- People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food. Comments included, "Plenty of choice and always tasty," and "Homemade meals and cakes, I've put on weight since I have lived here."
- The environment was comfortable and was adapted to meet people's needs. One person said, "It's so beautiful here, warm, cosy and the views are lovely."
- People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "A fantastic group of staff, everyone is wonderful, its calm and we can have a laugh."
- People's care was personalised to their individual needs. There was sufficient detail in people's care documentation that enabled staff to provide responsive care.

- The service provided a variety of activities in line with people's interests and encouraged people's involvement. People, relatives and social care professionals told us staff engagement and interaction had a positive effect on people's quality of life. People told us they had been involved in choosing activities they enjoyed and people were excited about the plans for the spring gardening.
 - Management and staff demonstrated a good understanding of and response to people's diverse needs.
 - People told us that the service was well-led and that the registered manager was "Approachable and very kind," and "Runs the place well."
 - The service had processes in place to measure, document, improve and evaluate the quality of care.
 - Referrals were made appropriately to outside agencies when required. For example, GP visits, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.
- More information is in the full report.

Rating at last inspection:

Good (report published 03 June 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good in all areas and Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hurstwood View

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- Two inspectors and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- Hurstwood View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. At the time of our inspection, there was a registered manager.

Notice of inspection:

- Our inspection was unannounced.
- We visited the service on the 13 February 2019.

What we did:

- Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.
- We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, as well as speaking with 18 people, 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 talk with us. We used the SOFI in communal areas throughout the inspection visit.
- We spoke with the registered manager, area manager, deputy manager, six members of staff, the activity coordinator, the maintenance person and the chef.
- During our inspection process we spoke to three visiting professionals who provided specialist support to people who lived in the home.
- To help us assess how people's care needs were being met, we reviewed eight people's care plans and associated records. We also case tracked a further three people who received specialist diets and with other more complex needs, such as diabetes and pressure wounds. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records. We looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

People continued to tell us they felt safe living at Hurstwood View. One person said, "I feel safe living here." A second person commented, "This is a safe place to be; it's really wonderful and a good place." A third said, "This is a safe home and I am happy to be here. Staff are very helpful. Staff check that I am ok each day and talk to me. I have nothing to worry about."

Safeguarding systems and processes:

- People remained protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff continued to have a good understanding of their responsibilities and how to safeguard people. A staff member said, "We have training so we can always protect our residents." Another staff member said, "I would listen carefully, talk to the person about the issue and ask their permission to discuss it with the manager. I'm confident about the safeguarding procedures."
- Staff have received the appropriate safeguarding training and have continued to receive refresher training at least yearly.
- People had access to the service users guide, which included safeguarding information.
- Hurstwood View continued to follow the safeguarding procedures, make referrals to their local authority, as well as to notify the Care Quality Commission.

Assessing risk, safety monitoring and management:

- People had pre-admission assessments before they moved into Hurstwood View. This meant that they knew that the service and staff could cater for people's care needs. We saw professionals' involvement in these assessments, including social workers and GP's.
- Hurstwood View continued to meet people and arranged trial periods to manage people's needs and assess risk prior to their admission. One person told us, "I stayed for a short holiday before I came to live here." Another person said, "I chose to come here after I visited."
- People's care plans included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health, medicines, mobility and safety, nutrition and social needs.
- People's risk assessments were detailed and were updated regularly. These plans set out the risks and control measures to mitigate the risks. For example, people with mobility problems had an assessment that was used to give clear guidance for staff to follow. This included specific equipment to be used, such as hoist, type of sling and sling size.
- The environment and equipment continued to be well maintained. People told us that any issues were dealt with straight away. One person said, "My room is beautifully kept, everything is looked after."
- There were detailed fire risk assessments, which covered all areas in the home. People had Personal

Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.

- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Staffing and recruitment:

- We looked at four staff personnel files and there was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staffing levels remained sufficient on the day of the inspection to meet the needs of the people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "There's always enough on duty." A second person told us, "There is always someone here and I think there are enough of them and we are never left alone at any time."
- Staff rotas we saw confirmed staffing levels remained consistent which meant the provider had systems to monitor staffing levels and ensure continuity and familiarity with people who used the service.

Using medicines safely:

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required. We saw that medicines remained stored securely in the office. Medicines were supplied to the home in a monitored dosage system (MDS).
- We saw that all staff who administered medicines had the relevant training and competency checks.
- Staff continued to receive regular medicines competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "I rely on the staff to give me my tablets, they have never let me down." A second person told us, "Staff give me my medication regular and on time. Time varies depending on which tablet."
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines, which included recording the effectiveness of the medicine.

Preventing and controlling infection:

- Hurstwood View remained well maintained, clean and free from odour.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Legionella testing and analysis had been completed and records confirmed this.
- We saw daily environment checks and weekly room checks being carried out to ensure infection control was maintained. This included checks on, food preparation areas, laundry facilities and bedrooms.

Learning lessons when things go wrong:

- Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as safeguarding teams and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a fall, staff looked at the circumstances and ensured the person had a sensor mat to alert staff immediately. This meant staff were able to support the person safely.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any

subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

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.

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

People continued to speak positively about the effectiveness of Hurstwood View. One person told us, "I think the staff are knowledgeable and I see my doctor regularly." A second person said, "If you don't like what's on offer, you can have something else. They give you a variety of options." A visiting professional said, "They contact me when necessary and really know their residents."

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

- We saw staff continued to apply best practice principles, which led to good outcomes for people and supported a good quality of life.
- People's needs continued to be comprehensively assessed and regularly reviewed. Care plan reviews took place at least monthly, or as and when required.
- People's past life histories and background information were also recorded in the care documentation.
- People continued to be involved in their care planning and the people we spoke with confirmed this. We asked people if they were involved in planning their move to the service, one person told us, "It was my choice, I did view other homes but I chose here."

Staff support: induction, training, skills and experience:

- People told us staff were competent. One person said, "Staff know what they are doing and look after me well." A second person told us, "Staff know what they are doing and there's always enough on duty."
- The provider continued to provide staff with regular training to ensure they had the right knowledge and skills to carry out their roles. Staff told us that they completed essential training such as infection control, moving and handling and safeguarding. They also confirmed that they had specific training such as understanding dementia, catheter care and diabetes.
- The introduction of champions in safeguarding, oral health, medicine and infection control had been supported by training and underpinned by a role description. This had proved beneficial to consistently drive improvement. There was a clear emphasis on improving staff knowledge and competencies.
- Staff continued to speak positively about the training sessions they had received. One staff member told us, "I feel I get the right amount of training including refresher courses via [organisation name] and its usually done on site at the home."
- Records showed staff supervision was undertaken regularly and staff told us they felt supported. Comments included, "Very supportive, if there is anything that worries us, we can use supervision time to discuss it," and "I get supervision every two months and it gives me the opportunity to talk about our residents, training, anything really."

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

- The meal times were a social and enjoyable occasion for people. The dining rooms were light, pleasant and

dining tables were laid ready for use.

- People's food preferences were considered when menus were planned. Comments from people included, "Good food, always tasty," "They offer us a choice and we can have something different if I don't want what's on the menu."
- There were appropriate risk assessments and care plans for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) had been made when necessary.
- People had correctly modified texture diets and fluids where there were risks of choking. All meals were attractively presented and staff promoted independence with the provision of angled cutlery and plate guards.
- The home manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input.

Staff working with other agencies to provide consistent, effective, timely care:

- Hurstwood View continued to ensure joined up working with other agencies and professionals to ensure people received effective care. We saw people continue to have multi-disciplinary team meetings to discuss people's needs and wishes.
- The service continued to have links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT).

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

- Hurstwood View was purpose built and opened in 2012. It had been built and designed to provide spacious, comfortable, safe and dementia friendly environment.
- People made use of all the communal areas on both floors. People could choose to sit in the spacious welcome/reception area, lounges, dining areas or in their own rooms.
- People's rooms remained personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests.
- The garden areas were well designed and safe and suitable for people who used walking aids or wheelchairs.

Supporting people to live healthier lives, access healthcare services and support:

- A range of multi-disciplinary professionals and services continued to be involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the professional visiting logs. A visiting healthcare professional told us, "Staff have always been polite and knowledgeable about their residents and they are quick to refer to us when necessary. This really helps us to be able to provide effective treatment."
- People were assisted with access to appointments. People told us, "If I have to go to the hospital, someone comes with me," and "If I need an urgent appointment, staff organise it."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."

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.

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

People continued to tell us they received good care from caring staff. One person told us, "Staff are very caring, they treat everyone with respect." A second person commented, "Staff are very good, nothing is too much trouble."

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

- Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were seen to be caring towards people, and respected people's wishes.
- People were treated with kindness and were positive about the staff's caring attitude.
- We asked people what they thought of the staff and responses continued to be positive. One person said, "I like the staff they are very good; you can have a laugh with them especially [staff name]. I think the staff are very caring, if you have any problems they sort it out for you." A second person told us, "Staff are all wonderful and they are the same since I have been here; there's no agency or bank staff so that's good. I am happy to be here it's my home for life. I like to keep things organised and my key worker is great; [staff names] are both good staff."
- We saw friendships had developed between people, they greeted each other by name and sat chatting about each other's welfare.
- Equality and diversity continued to be promoted and responded to well. We observed people eating different foods in line with their cultural and religious needs. We also saw staff supported people to wear clothes of their choosing.

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

- People and families continued to be involved in reviews. People told us they had been involved in planning their care. One person told us, "They keep me informed of any changes made to my care, for example, I had a GP appointment and I needed different tablets, the nurse sat with and explained the change."
- Records confirmed regular meetings were held with people and their relatives to discuss care.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.
- We asked people if they were involved in planning their move to the service, one person told us, "It was my decision, I looked at a few homes, but this one stood out, its light and the gardens are delightful."

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

- People's right to privacy and confidentiality remained respected. One person told us, "Staff respect my privacy and at the same time they knock on my door and ask if I am okay." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I visit."
- During the inspection we saw people informing staff that they were going out for a walk so that staff knew

where they were. The interaction was one of respect.

- Staff encouraged people to be independent. People told us "Staff promote my independence and I can do what I want. I can choose when I get up and go to bed; I like to get up early and staff pop in if I need any help." A second person said, "Staff are very caring and help me to stay independent. I manage my own money and staff assist if need to make appointments with the bank."
- We observed staff continued to treat people with dignity and respect and provided support in an individualised way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

People continued to tell us Hurstwood View met the needs of people effectively. A health professional told us, "The home manages really well. It is really responsive and positive." A visiting professional commented, "Really quick at identifying changes in people's health, which means that we can respond quickly." A person we spoke with told us, "I've got no complaints about anything and feel happy living here."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to have choice and control in their day to day lives and were empowered to make their own choices about what they do with their time. One person said, "Staff treat me as a person, I can do what I want. I can choose when I get up and go to bed; I like to get up early and I choose my own food." Another said, "They know me well, just like family, I'm not a morning person, they understand that."
 - People's needs assessments included comprehensive information about their background, preferences and interests. Staff also supported people to complete a 'getting to know me document. This information aided staff to initiate topics of conversation that were of interest to people. We were told conversations with people about their history and background reassured people, particularly if they had difficulty with their memory.
 - People told us they were involved in planning their care. One person said, "They listen to me, I like to have my pills at a certain time, always have done and they make sure I get them at that time." A care staff member said, "People are asked how they want their care and we make sure that is what they get." They provided examples of people choosing to have a wash, shower or bath according to preference, the time people wished to go to bed and get up, the clothes they liked to wear and the food and drink they preferred.
 - Staff spoke knowledgeably about people's needs as well as their interests, which was accurate according to people's care assessments and plans. One staff member said, "I read all about their lives and why they are here, it makes it much easier to assist them in the right way."
 - People and relatives told us they were impressed with the range of activities provided and spoke highly of the activity co-ordinators and the work they did. People commented, "We get lots of entertainment, I love the quizzes," and "Lots of things organised and so enjoyable, gets my brain working." A relative told us, "[My family member] loves the entertainers that comes in to sing. They also get their hair done in the salon, lots of pampering sessions, she loves it here."
- Staff felt focused engagement improved people's empowerment, personalised support and their overall quality of life. One staff member said, "It's so important for people to have fun and mental stimulation, otherwise they may get depressed and lonely."
- Every notice board was covered with information about up and coming events or something interesting or attractive to look at.

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share;

and meet. The service had taken steps to meet the AIS requirements.

- People's communication and sensory needs were assessed, recorded and shared with relevant others.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication. There was pictorial signage around the home to help people orientate. The activity person used an iPad to engage with some people and this usage was being extended. The service was also considering the use of electronic virtual assistants as a communication aid and to give people more control. This remained a work in progress.

Improving care quality in response to complaints or concerns:

- There were processes, forms and policies for recording and investigating complaints.
- There was a satisfactory complaints policy. People also had access to the service users guide which detailed how they could make a complaint.
- People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." A second person told us, "I've got no complaints about anything and feel happy living here." A third commented, "I got information about this at the beginning and I would tell the manager if I was making a complaint but I've no complaints and I'm happy to be living here. It's a nice place, my room is lovely and I have my personal items."
- We saw complaints and concerns were very minimal. The service had one complaint logged by a person using the service and the registered manager had acted on this.

End of life care and support:

- All staff attended palliative/end of life care training and there was a provider policy and procedure containing relevant information. Staff demonstrated that they felt prepared and understood how to support people at the end of their life.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish.
- Care plans for one person who had an end of life care plan contained information and guidance in respect of when pain control may be required to ease their symptoms. These are known as 'Just in case medicines' (JIC).
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported them health and comfort wise. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Staff continued to speak positively about Hurstwood View and to praise the leadership and management. One staff member told us, "The culture here is friendly, relaxed, but totally professional, we have a lot of laughter too but with people not about them. Another staff member said, "Always helpful, good teamwork. No worries or concerns about my employment."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service continued to have an appropriate statement of purpose. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service in their 'service user guide'.
- The service demonstrated a person-centred and inclusive culture where values of empowerment were evident towards people using the service and their relatives. The registered manager told us it was important to them to, "Look after people to the best of our ability and have empathy with relatives too, to benefit everybody."
- Records confirmed audits had continued and constantly developed to be used to measure health, safety, welfare and people's needs. These had consistently driven improvement.

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

- The service continued to be well-run. People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
- The registered manager had worked for the home for seven years and had a clear understanding of the role and the organisation.
- The registered manager demonstrated a positive attitude and ethos towards their role and the service. They possessed knowledge and understanding of their legal responsibilities and regulatory requirements.
- Staff spoke positively about the registered manager and working for the service. One staff member told us, "Manager support is always here and she is always doing a good job - I don't think we could get a better manager or management team, they lead us really well." Another staff member commented, "All the staff are great, we work as a team."
- The staff team appeared motivated by the home's leadership and told us they felt valued by the registered manager and the provider.
- Staff were clear about their level of professional accountability, how this related to both service expectations and requirements of their professional registration with the relevant agency. Registered nurses were supported by the organisation to revalidate their registration with the Nursing and Midwifery Council

(NMC.)

- The registered manager told us they were well supported by their line manager and the provider's quality and governance team which they felt enabled them to perform better in their role.
- The governance of the service involved regular audits and checks and visits to the service. Documentation evidenced that identified actions were reviewed by the registered manager, the area manager and the quality governance team, and progressed satisfactorily. For example, care plan and risk assessments were regularly discussed as an area to continuously improve.

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

- People were supported to complete surveys for the service to capture their views and opinions. We saw evidence that indicated service users feedback led to changes. In this way the service could find out people's preferences and involve them with how the service worked.
- Resident meetings were held and discussed topics including keeping themselves safe, food, activities and changes in staff. These meetings demonstrated that people were supported to engage with each other and their voices heard.
- Staff meetings were held and discussed topics including equality and diversity, expectations within employee roles, time sheets, and handover and communication books. One staff member said, "If I felt there was something I would speak up – I would be listened to." This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care:

- Throughout our inspection we saw evidence the provider and the registered manager were committed to drive continuous improvement.
- A member of staff told us the organisation encouraged learning. The team were able to access career development opportunities and qualifications, and ideas were shared from other services within the organisation. The staff member believed this had contributed to their learning and skills had improved and good practice ideas shared.
- Staff told us there was not a "blaming culture" at the service. The provider and registered manager facilitated coaching sessions and reflective opportunities, and staff confirmed this. One staff member said, "If an incident or accident happens to someone whilst we are delivering care, the circumstances are looked at and we get the opportunity to discuss how it could have been prevented. We learn all the time."
- The service valued sharing information and held regular team meetings to facilitate this. We saw team meeting minutes covered various topics such as people's changing needs, falls, incident debriefs, evening activities and engagement and fire drill practices to build confidence.

Working in partnership with others

- Hurstwood View continued to work in partnership with the local community, other services and organisations.
- Health and social care professionals confirmed that the service communicated and worked effectively with other agencies to benefit people using the service.
- Staff continued to hold multi-disciplinary team meetings to discuss people's needs and wishes. A visiting professional told us, "I've held reviews here with the person, GP and families and have always been made welcome."
- The service had a good working relationship with the local authority and contract monitoring officers and took the initiative to seek feedback from the safeguarding team. The registered manager welcomed feedback as a learning tool to prevent a re-occurrence.
- The service submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to

us to help with our enquiries into matters.