Portsmouth City Council

Harry Sotnick House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Harry Sotnick House is a residential care home providing personal and nursing care to up to 92 people. It is split in to two units. The nursing unit is on the ground floor and supports people living with dementia and physical frailty. The 'discharge to assess' unit is on the first floor and supports people for a short time who have been discharged from hospital, prior to them moving on to their longer-term placement. At the time of our inspection there were 81 people using the service.

People's experience of using this service and what we found
The provider's quality assurance systems were not fully effective in identifying all concerns in the service. We have made a recommendation about this. When the provider was made aware of any issues they acted promptly and effectively to address them.

People received their medicines as prescribed. Risks associated with people's needs and health conditions were effectively assessed, monitored and mitigated. Staff knew people well and understood how to support them safely. People were protected from the risk of abuse because the provider had effective safeguarding systems in place.

Recruitment practices were safe and there were enough staff available to meet people's needs. Effective systems were in place to prevent and control the spread of infection.

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

Staff told us they had enough training to carry out their roles effectively and were well supported. The provider worked well with healthcare professionals to ensure joined up care and good outcomes for people. People were supported in a personalised way to eat and drink well.

People and relatives spoke positively about the care people received. People were supported by kind and caring staff, treated with dignity and respect and involved as partners in their care.

People's needs were met in a personalised way. People had been supported to maintain relationships and to take part in activities that were enjoyable and meaningful for them. The provider used complaints to improve the quality of care. People received compassionate care at the end of their lives and were appropriately supported at this time.

The service had a positive person-centred culture. Although the provider had an open and honest approach, records needed improving to demonstrate how they met the duty of candour requirements. We have made a recommendation about this.

People, relatives and staff provided us with positive feedback about the management team and thought the home was well-led. They also told us they would recommend the home to others.

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

Rating at last inspection
This service was registered with us on 1 April 2020 and this is the first inspection. The last rating for the service under the previous provider was good (published 28 December 2019).

Why we inspected
This inspection was prompted in part, by a review of the information we held about this service and based on the date it registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations
We have made recommendations for the provider to improve their practice in relation to duty of candour and governance.

We will continue to monitor the service and will take further action if needed.

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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Harry Sotnick 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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by five inspectors, and three additional inspectors supported the inspection remotely by reviewing records and contacting staff and people. Two Experts by Experience also spoke to people and their relatives by phone. 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
Harry Sotnick House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Harry Sotnick House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and 22 relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, deputy manager, unit manager, clinical lead, nurses, care workers, maintenance person, activities person, chef and domestic staff.

We reviewed a range of records. This included 10 people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.
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.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People had their medicines as prescribed and they were available to them in a timely manner. People were supported by nurses who knew them well and people received their medicines appropriately.
- The registered manager took prompt action when we told them that some people's medicine records could benefit from more detail: including adding this area on to the nurse's daily planners and audits.
- People were supported to take their medicines in a way that met their needs.
- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and pharmacies.

Assessing risk, safety monitoring and management

- Risks associated with people's health conditions and support needs were assessed, monitored and managed effectively. Plans were in place to reduce risks for people, and staff understood these.
- Individual risk assessments were mostly completed, reviewed and updated to help ensure people's safety. We did note minor areas for improvement regarding records relating to risk. The registered manager told us of their plans to address this. Risks to people were discussed in meetings on a regular basis. This ensured all staff were aware of any changes, and actions were put in place to reduce risks.
- Relatives thought the service managed risks associated with people's needs well. For example, one relative told us, "They (staff) are very good on safety. [Person's name] has a sensor mat [because they are at risk of falls] and they [staff] go in straightaway, very quickly, when it's activated".
- Checks of the building and equipment including fire safety were appropriately undertaken.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- The provider had safeguarding and whistleblowing policies and procedures which staff knew how to use. Staff spoken with were confident their managers would listen and act if they raised a concern.
- Staff received training to know how to safeguard people from abuse. They understood how to identify and report safeguarding concerns.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and to CQC to ensure allegations or suspected abuse were investigated. We noted one safeguarding concern which had not been notified to CQC however, this was because the registered manager thought it had been notified by another organisation. They told us of their plans to ensure CQC were notified of all allegations of abuse in future.
- People and their relatives told us people received safe care at Harry Sotnick House. For example, one relative said, "It's very safe, there's no doubt about that."

Staffing and recruitment

● The registered manager used a dependency calculation tool to ensure there were enough staff on shift on the nursing unit. People, relatives and staff told us they felt there were enough staff on the unit.

● The discharge to assess unit reached full occupancy on the second day of our inspection. This was the first time this had happened since it had opened. We noted staff were very busy. The unit manager had responded to this by utilising ancillary members of staff to support the care team. We discussed how this would be sustained and the unit manager assured us they would be reviewing the number of care staff with the provider to ensure people's needs continued to be met.

● The provider had successfully recruited permanent staff which meant the use of agency staff had significantly decreased. This meant people were supported by a consistent team who knew them and the service well.

● Staff were safely recruited. All required checks had been undertaken prior to staff commencing employment.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● People's relatives or those acting on their behalf were able to visit their family member in line with government guidance.

Learning lessons when things go wrong

● Staff recorded any incidents or accidents that occurred. Systems were in place to ensure these were investigated and reviewed. Managers then carried out an analysis to determine if there were any themes and trends or learning required.

● We saw that action was taken to reduce the likelihood of incidents reoccurring. For example, staff were allocated to certain areas of the service where people had frequently fallen.

● Staff confirmed learning was shared with them in various ways such as in meetings or during handover.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments and best interest decisions had been carried out appropriately for most decisions where people were deemed to lack independent decision making ability. The provider took action following our inspection to ensure decisions relating to COVID-19 testing were also completed in accordance with their policy.
- Relatives told us staff sought consent from people prior to supporting them with personal care. For example, one relative told us, "I've seen them [staff] knock on the door and ask permission to do something."
- Staff had completed training in the MCA and those we spoke with were aware of the MCA and how to use the principles in their role.
- Where people needed to be deprived of their liberty for their safety, the appropriate authorisations were being met. Information about who had a DoLS in place was readily available for staff. One person's DoLS had conditions and these were known about and being met.

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

- People's needs, choices, care, treatment and support had been assessed before using the service. This included establishing peoples' protected characteristics to ensure their diverse needs and preferences were ascertained on how they wanted their care provided and to achieve a good quality of life.
- Nationally recognised assessment tools were used to determine people's support needs and specialist assessments and guidance was included in care plans to inform staff about how best to meet people's needs.

● Care was delivered according to guidance from external professionals. For example, an occupational therapist had provided guidance about how to support some people to move in the best and safest way. This was recorded in people's care plans and staff told us how they followed this guidance.
● Staff made appropriate use of technology to support people. Pressure relieving equipment and falls prevention technology was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience
● People received their care and support from staff who had the skills needed to support them. One relative told us, "Staff seem very well trained." And another said, "They [staff] really know what they're doing."
● Staff told us, and records confirmed that staff undertook a programme of training. This helped to make sure staff skills were kept up to date and their practice was in accordance with up to date best practice.
● We noted some courses had not been completed by all staff. The registered manager told us that due to the pandemic they had prioritised training and now these courses were being booked again. We did not identify this had negatively impacted on staff and they demonstrated they were knowledgeable about how to support people.
● Nurses were supported to maintain their registration and skills. They completed training in clinical areas including; Medication, tissue viability, continence and end of life care.
● Staff new to care were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Staff felt well supported. They received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff told us this was beneficial. They also said they could go to any member of the management team at any time in between supervisions and were confident they would be listened to and well supported.

Supporting people to eat and drink enough to maintain a balanced diet
● The provider recognised the importance of ensuring people were supported to eat and drink well. They had recruited staff with their main aim to focus on people's nutrition and hydration.
● People spoke positively about the food, and the meal service was undertaken in a pleasant and relaxed manner, at a pace people needed. Where people required support to eat their meals this was provided.
● People received meals in accordance with their assessed needs. A relative told us, "[Person's name] has allergies and they [staff] are very careful with what she eats. She needs little and often. They always check what she's had to eat and drink. She only has to ask for a cuppa plus they bring it round anyway."
● People who required their food to be of a modified consistency were provided with food that was prepared safely and attractively presented. This meant people could easily recognise what they were eating and supported good nutritional intake. The chef ensured all people and events were catered for. For example, birthday cakes were made and presented to people in a way that suited their individual needs.
● People's weight was regularly monitored, and action was taken when there were changes in people's weight. One relative told us, [Person's name] went into the home a size 6 but is now in robust health"

Adapting service, design, decoration to meet people's needs
● The premises and environment were designed and adapted to meet people's needs.
● The environment was in good decorative order and well maintained. Private and communal spaces were available to people and people could personalise their rooms as they wished.
● A refurbishment programme was in place. Further decoration was planned to enhance areas of the building. The garden was being upgraded at the time of our inspection.
● A committee group also supported the home with fundraising. We were told how beneficial this was to the

environment of the home. One example of this was the implementation of wheelchair accessible benches in the garden which meant people who used a wheelchair could easily use the garden furniture.
● People and their relatives spoke positively about the environment. They told us they appreciated the cleanliness, the space and how the home was arranged into smaller units to make it feel more homely.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care
● External professionals told us staff in the service worked well and jointly with them to ensure good outcomes for people. For example, one professional told us, "The home is engaging, and staff are very proactive." Another health professional told us the staff in the service referred people appropriately to them and followed their guidance.
● People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician. We saw guidance from healthcare professionals was incorporated into people's care plans and risk assessments and was followed.
● Staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these. Daily handovers took place to ensure important information about people was shared.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about the care people received and told us staff were caring. Comments included, "The care is excellent here.", "Mum's looked after really well." "The staff are so kind and friendly."
- Birthdays and special events were celebrated for people. Staff made an effort to get to know people and what was important to them. For example, one relative said, "On [Person's name] birthday, extra effort was made to make her look glamorous, it was lovely."
- Staff spoke warmly about people and displayed pride in ensuring people were well supported. Staff knew how to support people's diversity needs including any religious and cultural beliefs in areas of their care.
- We observed staff talking to people in a polite and respectful manner.

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

- People were supported and encouraged to express their views and make decisions about their care as part of regular reviews.
- Relatives also felt supported to be involved in their family members care. One relative told us, "They [staff] tell me if there's anything wrong, they listen to you as well. I worry [about an aspect of care needs] but they reassure me."
- People were asked their preferred name, and this was displayed on their bedroom doors. Staff referred to people using their preferred name. People were also given a choice about the gender of who supported them with personal care, and this was respected.
- People and relatives told us people were able to choose how and where they spent their day. For example, one relative told us how their relative chose to stay in bed and staff had respected this.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted as much as possible. People's care plans detailed their abilities and reflected how their independence should be promoted. Staff provided examples of how they had supported people to be more independent. One person's goal had been to be more mobile. Staff supported the person with exercises which helped them to achieve their goal. We additionally saw that for people who lived with dementia, their walking frames were decorated to help them recognise it was theirs. This supported them to maintain their independence when walking.
- When we spoke with staff, they understood the importance of maintaining privacy for people. Relatives also provided us with examples of how staff achieved this such as making sure doors were closed when

people were supported with personal care. One relative said, "The staff are respectful, they knock on the door before coming in and treat [Person's name] room like her own home. Privacy and dignity are very, very good." However, we observed two instances where staff spoke about people's private information in front of others. We discussed our concerns with the registered manager who told us they would put measures in place to ensure staff did not continue this practice. We were assured this was not a widespread concern across all staff and that the registered manager would address this.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Care plans reflected people's needs and preferences. This supported staff to deliver care and support in line with people's wishes.
- The service had focussed on providing person–centred care in the recent months. We saw a poster which reminded staff of the importance and benefits of supporting people in a person-centred way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans.
- People's sensory needs were known to staff. Where people required support to wear their glasses or hearing aids this was recorded within their care records.
- People were provided with information in a way that suited them. For example, one person had been supported with a white board as they found reading easier to understand than hearing what people were saying.

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

- There was a programme of activities on the nursing unit which promoted the overall wellbeing of people. When appropriate, people from the discharge to assess unit were invited to participate.
- People were positive about the activities. One person told us, "I like the activities, especially when I can plant things and get out in the garden."
- On the day of our inspection, we saw the service had taken part in hatching chicks. It was clear the chicks brought a lot of enjoyment to people. We also saw some of the activities that had taken place via a social media platform. This evidenced how people had benefitted from social engagement and had a positive impact on people's physical and emotional health. A relative who had access to the platform told us, "Its lovely to see dad enjoying himself."

● People who stayed in their rooms were also able to take part in meaningful activities. One relative said, "The staff are very good to her, they pop in and say hello and get her interested in something."
● People were encouraged to maintain contact with their relatives and visiting was encouraged where possible throughout the pandemic.

Improving care quality in response to complaints or concerns
● The management team took complaints seriously, investigated and provided a timely response. Learning was taken from complaints and they were used to improve the service.
● Relatives we spoke with told us they had not needed to make a complaint but knew how to, and who to go to should they need to do so. One relative told us they had raised a "niggle", and this was promptly resolved.

End of life care and support
● People received compassionate and sensitive care from staff at the end of their lives.
● People's care plans included details of their wishes for their future care.
● Staff understood people's needs and wishes and were aware of good practice and guidance in end of life care.
● Staff told us how they provided people with respectful and personalised care and how they liked to continue this even after a person had passed away. For example, when the funeral directors arrived, they would line up to see each person "on their last journey". We heard of one example when staff also sang the song of a person's favourite football team. A staff member said, "They would have loved that."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had established a governance system to monitor and evaluate the quality of the care provided and to ensure compliance. Audits were in place and used to identify where areas of service provision needed to be improved. We found this had been largely successfully and compliance had mostly been achieved. However, there were some areas where we identified shortfalls. This included medicine records, application of the MCA and the duty of candour.
- Despite this, people and their relatives told us they were happy with the care provided and we found that the areas we identified for improvement had not negatively impacted on people at the time of our inspection.
- When we discussed these shortfalls with the registered manager, they acted promptly to make the improvement and told us of their plans to further improve the governance of the service.

We recommend the provider seeks reputable guidance to ensure records are complete and accurate in respect of each person, and to ensure effective quality assurance systems are used to assess, monitor and improve the quality and safety of the service.

- People, staff and relatives were positive about the management arrangements. For example, one staff member told us, "I feel comfortable to approach the managers as they listen and support me, it makes a big difference when you feel confident that your concerns are listened to and acted upon."
- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the provider. Staff were supported to understand their roles and responsibilities through staff meetings and supervision.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. As outlined in the safe domain of this report, the registered manager had informed CQC of significant events excluding one occasion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.

● When care did not go to plan, people and their relatives were kept informed showing a transparent service. However, records were not always kept in line with this regulation. We discussed this with the registered manager who assured us they would maintain records regarding any future incidents.

We recommend the provider seeks reputable guidance in order to meet the duty of candour when something goes wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and their relatives were positive about Harry Sotnick House and everyone said they would recommend it. Comments included: "It's a lovely place, always spotless and mums looked after really well.", "This home is brilliant." and "I'd recommend it here. It is a very nice place and I honestly couldn't find fault with it."
● The registered manager and all the staff we spoke with, demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the heart of everything they did.
● An initiative called 'Resident of the day' was in place. The primary aim of this was to improve the overall experience for people who lived at Harry Sotnick House. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need.
● Staff told us they enjoyed their work and that they felt valued for their contributions. We were told of an instance where the provider had arranged for an ice cream van to visit as a gesture of thanks to the staff team.

Continuous learning and improving care
● There was a culture of continuous improvement. Staff spoke of how the service had been on a "journey" and now felt proud of all the improvements that had taken place.
● The provider, managers and staff were enthusiastic and committed to further improving the service for the benefits of people using it.
● There was a robust process in place where complaints, accidents, incidents and safeguarding concerns were monitored. This process enabled themes and trends to be identified and ensured timely investigations, potential learning and continual improvements in safety.
● The management team had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.
● Where we raised areas for improvement during this inspection the registered manager was open to our suggestions and took prompt action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others
● The management team promoted a culture of listening which was open and invited feedback from people, staff and the public. Feedback was gained through one to one meetings, group meetings, surveys and individual reviews of people's care. People and their families were given the opportunity to give feedback about all aspects of the service.
● The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.
● Where suggestions had been made to improve the service, the provider had addressed these.
● The provider was proactive in how it met the needs of the local community and supported partner agencies. For example, at the beginning of the COVID-19 pandemic, a unit was made available to support people from hospital who still required care. This collaborative working meant resources were used in the best way, reduced the pressure on the hospital and helped to ensure people who needed care received it.

● We found the team worked closely with other professionals to ensure people received effective, joined up care.
● The provider took part in research opportunities with the aim of improving the quality of life for older people. For example, at the time of our inspection a project to improve oral health in older people was taking place. One staff member told us how this was important for their practice.