Avery Homes Hinckley Limited

Hinckley House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 3 May 2016.

The service provides accommodation for up to 60 older people. The service is located in a residential area of Hinckley. Hinckley House is a modern purpose built residential care home. Accommodation is on three self-contained floors. Each has a dining room, lounges and communal areas. The home has landscaped gardens. At the time of our inspection 46 people were using the service.

At our last inspection on 12 May 2015 we asked the provider to take action to improve how they deployed suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs; and how they ensured that people's consent was sought or where people lacked capacity to give consent that the service acted in accordance with the Mental Capacity Act 2005. At this inspection we found that the provider had made the required improvements.

At our last inspection the service did not have a registered manager. Interim management arrangements were in place pending the appointment of a newly recruited registered manager. A registered manager was in place from 8 February 2016. 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 and associated Regulations about how the service is run. A registered manager left the service in February 2015.

There were procedures to protect people from abuse. Staff understood their responsibilities to identify and report any sign of concerns using the provider's safeguarding procedures. People were protected from avoidable harm through risk assessments. These included information for staff about how to support people safely and without undue restrictions.

Since our last inspection provider had recruited enough staff to be able to reduce reliance on agency staff. Improvements were made to how staff were deployed at busy periods to ensure that people's needs were met. People received their medicines at the right time. The provider had effective arrangements for the safe management of medicines.

The provider's arrangements for the storage of medicines were safe. Only staff that successfully completed training in management of medicines supported people with their medicines.

People using the service were supported by staff with the relevant skills and knowledge. Staff were supported through effective training and supervision. Staff understood and practised their responsibilities under the Mental Capacity Act 2005. They sought people's consent before they provided care and support. No person had restrictions on their liberty unless they had been authorised under the Deprivation of Liberty Safeguards.

People were supported with their nutritional needs. They had a choice of nutritious food and were protected from the risks of malnutrition and dehydration. People were supported to access health services when they needed. The service had experienced problems with the lift which at times had impacted on the quality of meals and access to health services for people with accommodation on the first and second floors, but this risk was being addressed.

Staff developed caring relationships with people using the service. They were able to do this because they understood people's needs and their life stories. Staff were attentive to people's needs and supported them to be comfortable.

People using the service and their relatives had opportunities to be involved in decisions about their care and support. They had access to information about the service and their individual care plans.

Staff treated people with dignity and respect. People were able to spend their time the way they wanted and their choices were respected. People were able to spend private time alone or with relatives in their rooms.

People received care that was centred on their personal needs. On an occasion those needs could not be met the provider informed the relatives of the person using the service.

People using the service and their relatives had access to a complaints procedure and other means of providing feedback about the service.
The registered manager understood their responsibilities under the Care Quality Commission's registration requirements.

The provider's quality assurance procedures assessed and monitored the quality of care people received and were used to drive improvements at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and practiced their responsibilities to protect people from abuse and avoidable harm without restricting people's freedom.

The provider's recruitment procedures were robust and staff were suitably deployed.

People had their medicines when they needed them. Arrangements for the management of medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff with the relevant knowledge and skills.

Staff were supported through effective training and supervision.

People were supported with their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with the people they supported.

People using the service or their relatives were involved in decisions about their care and support.

People's privacy and dignity were respected

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their needs.

People were supported to participate in meaningful activities.

People's feedback, including complaints, concerns and suggestions, were acted upon.

Is the service well-led?

Good

The service was well led.

The provider promoted an open culture where people, relatives and staff were encouraged to raise concerns and make suggestions.

Management and staff shared the provider's aims and objectives.

The service operated effective procedures for monitoring and assessing the quality of the service.

Hinckley House Care Home

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 visit took place on 3 May 2016 and was unannounced.

The inspection team consisted of an inspector a nurse consultant with specialism in care for older people and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection visit, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service. We also reviewed information we had about the service. This included notifications we had received from the provider about notifiable incidents that had taken place at Hinckley House. We also reviewed information we had received from the local authority that paid for the care of some of the people using the service.

We spoke with 15 people who used the service on the day of our inspection and relatives of six other people. We looked at four people's care plans and associated records. We observed how staff interacted with and supported people using the service. We spoke with the registered manager, deputy manager, an activities coordinator, a senior care worker and two care workers.

We looked at records about the training and support staff received; and looked at three staff recruitment files to see how the provider recruited people to work at Hinckley House. We looked at staff training records, records of staff meetings, residents meetings, a folder of compliments and complaints the service received since our last inspection. We looked at a summary of the most recent satisfaction survey carried out and completed by the provider in October 2015. We also looked at records associated with the provider's procedures for monitoring and assessing the quality of the service.

We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services in Leicestershire. They had no concerns about the service.

Good

Is the service safe?

Our findings

At our inspection on 12 May 2015 we found that the service had not deployed suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs. At the time there were 12 unfilled vacancies which meant the service was reliant on agency staff. Some agency staff lacked the skills and competencies required to meet the needs of people using the service. Staff were not always effectively deployed, especially at busy times. These matters were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken the necessary actions to meet the requirements of the regulation.

People who used the service told us they felt safe. One person replied when we asked if they felt safe, "Oh yes, very safe." They explained why they felt safe. They told us, "I feel very comfortable here." Another person told us, "I feel safe here, better than I did at home as I was forever having falls". Another person we spoke with told us, "I feel safe because I can trust everyone here". A relative told us they were very confident their loved one was safe.

The provider had policies and procedures for protecting people from abuse. Staff we spoke with were familiar with those procedures and knew how to identify and report any signs that a person was either at risk or had experienced abuse. They described how they looked for changes in people's mood and for physical signs such as unexplained bruising. They knew how to report abuse through the provider's reporting procedures. They also told us they were confident that any safeguarding concerns they raised would be taken seriously. One care worker told us, I'm very confident that if I raised any safety concerns I'd be taken seriously by the management". Care workers we spoke with knew they could raise concerns about people's safety directly with the Care Quality Commission (CQC) and the local authority adult safeguarding team or use the provider's whistle-blowing procedures to contact a senior manager at the provider's head office. People using the service told us that they felt comfortable about raising concerns if they had any. One told us, "I feel safe but if I had a concern I feel I'd be able to talk with a senior".

People's care plans included assessments of risks associated with their care routines, for example how to support people to wash and dress. A person told us, "I'm helped to get dressed. I feel comfortable when they do that". These risk assessments included information about how to support people safely to minimise the risk of harm or injury. They also included information about how to support people safely with equipment such as hoists. During our inspection we saw staff using the equipment safely. We observed efficient, comfortable and effective transfers from chair to wheelchair, chair to walking aid and care workers offering a guiding arm for those people who could walk.

Another factor contributing to people's safety was that the premises were well maintained and clean. When we spoke with a person about why the felt safe they told us, "It's very clean. That is very important to me". A person told us they were protected from risks of harm from accidents because the provider had effective maintenance procedures. The home had annual checks, including one to ensure it was free from legionella in the water supply. A maintenance person was on duty each day to attend to any repairs or maintenance matters that had been drawn to their attention by staff.

People told us their possessions were safe. We looked into this because since our last inspection there had been three reported thefts of people's money from their rooms. The provider had a policy that advised relatives about safekeeping of money. They had consulted with the police about the thefts and how to make money-keeping more secure. Larger sums of money were now locked in a safe. The thefts were investigated and no more had occurred since January 2016. A relative told us they had no concerns about the safety of their loved one's money.

We looked at how the provider operated their recruitment procedures. People applying to work at Hinckley House had to provide evidence of their suitability in their application forms and if they were interviewed. Their suitability to work at the service was tested and assessed at interview with the registered manager. Successful applicants did not start working with people using the service until all the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. The registered manger told us they were looking into ways that they could include people using the service in the staff recruitment process.

The registered manager decided staffing levels. They based their decisions on the needs of people using the service. If people's level of dependency increased, extra staff were deployed. Care workers told us that they felt enough staff were on duty. One said, "It is one of the things that have improved". None of the people using the service raised any concerns about staffing deployment having a negative impact. We noticed that when people used call alarms staff responded quickly, usually in under a minute which would not have happened so quickly if enough staff were not deployed. Care workers were not distracted by other duties because the provider employed cleaning and domestic staff and kitchen assistants. When we compared training records and the staff rota we found that staff on duty had the right training to meet the needs of people using the service. The registered manager carried out unannounced night checks to ensure the right number of staff were on duty and performing their duties.

The provider's had followed their disciplinary procedures after identifying isolated instances of unsafe practice by care workers.

The service's arrangements for the management of people's medicines were safe. Only staff trained in medicines management supported people with their medicines. Their competences to continue to support people with their medicines were reassessed annually. When medicines errors were made action was taken quickly to establish why and steps were taken to prevent the same error happening again. We observed a `medications round'. We saw that the medications administrator checked they were giving people the right medicines. They explained to people what their medicines were for and they sought assurance from people that they had swallowed their medicines before recording on medicines administration records (MARS) that a person had taken their medicines. Arrangements for the storage of medicines were safe. This included storing medicines securely and at the right temperature. Arrangements for disposal of medicines that were no longer required were effective.

Good

Is the service effective?

Our findings

People we spoke with told us they thought staff had the right skills and knowledge to meet their needs. A person told us, "Well, they all seem to know what they are doing". Another told us, "Every one of the workers, day and night staff, are great with me. There's not a bad one amongst them".
A relative told us, "I think they go on training now and again".

Care workers we spoke with told us that their training had prepared them to understand their role and the needs of the people they supported. One care worker told us, "The training was really good. It was in-depth and it brought things to life". Another care worker told us that the training they had and the day to day support from senior care workers and colleagues and information in people's care plans meant that they felt well informed about the needs of people using the service. One told us, "I'd never worked with people with dementia before, but my training and support prepared me for it".

Care workers recruited after April 2015 were supported to achieve the Care Certificate which is a national benchmark for staff induction that covers 15 standards of care. Twenty six care workers were working through the 15 modules that made up the course work. It was expected that all would successfully complete the training by the end of September 2016.

Other training included training about conditions that people who used the service lived with, for example various forms of dementia and limited mobility. Training covered practical skills like moving and handling, practicing dignity in care and communicating effectively with people. When care workers were trained to use equipment such a hoist they themselves were lifted in a hoist so that they knew what the experience would be like for a person using the service.

Staff were supported through regular, usually monthly, supervision meetings with their line-manager. For care workers that would be a senior care worker, for senior care workers it would be the deputy manager or registered manager. Care workers told us they found the meetings helpful.

People's care plans included information about their communication needs and styles. We saw and heard care workers and other staff communicate with people in ways that reflected what we saw in people's care plans. If people were seated we saw care workers speak with them at eye level so that the person they spoke with could see their face. We saw several instances of staff engaging in conversation with people and people responding with laughter and appreciation. This showed that staff put the training they had about communicating with people into practice.

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

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and deputy manager understood their responsibilities under the MCA. They followed the DoLS procedures when necessary. Staff we spoke with demonstrated awareness of the MCA. They understood they could provide a person with care and support only if the person gave consent and that they had to provide people with information that helped them make informed choices. A care worker told us, "I always ask a person if they need help before doing anything". Staff we spoke with understood that people had to be presumed to have mental capacity unless there was evidence to the contrary. They knew which people using the service where under a DoLS authorisation and why.

The registered manager had made several applications for DoLS authorisations to the local authority. Some were still outstanding after several months. After we discussed this with the registered manager they told us they would revise their system for following up applications with the local authority.

We found that the service was acting in accordance with the requirements of the MCA.

People using the service spoke in complimentary terms about the meals they had at Hinckley House. Comments included, "The food is quite nice", "The food is fabulous here" and "You certainly couldn't better it". People had a good choice of meals. They were presented with a choice in ways they could make an informed choice. Some people were able to choose from a verbal description of the meals. Others were shown plated meals they could choose from. When we saw meals being plated we heard a care worker say to a kitchen assistant, "Presentation is important" before they took two plated meals for a person to choose from. Some people were unable to make a choice and their meal was based on the information in their care plans about what food and meals they liked.

People who had special dietary requirements such as having food served in soft of pureed form were served their food as they required it. The cook, kitchen staff and care workers were well informed about people's nutritional requirements. In the kitchen, the cook had a folder of information about people's dietary needs.

People had their meals where they chose. Some had their meals in the communal dining rooms, others in a lounge and some in their bedrooms. People who required support with eating their meal received it irrespective of where they had their meal. Care workers supported people eat their meals at a pace that was comfortable. People told us they had enough food. One told us, "I get the portion size I want". We heard a care worker say to a person, "I know you want only half size portion" and another cut a person's meal into smaller pieces. We heard people say they enjoyed their meals.

People were provided with drinks of their choice throughout the day. A person told us, "Staff bring me drinks when I want them". Some people with walking frames had a basket fixed to them in which they had drinks they could take with them as they went to different communal areas.

Care workers recorded and monitored people's food and fluid intake when this was necessary, for example if they were assessed as at risk of malnutrition. Records were reviewed by senior care workers. If concerns were identified appropriate action was taken to refer a person to an NHS dietician.

Care workers we spoke with were knowledgeable about people's health needs. A care worker told us about a person's health needs and we found that what they told us matched what it said in the person's care plan. People were supported to access to health services such as dentists, dieticians, opticians, chiropodists and physiotherapists. We saw information in people's care plans that people were supported to access specialist

health services and that staff acted on information from those services to support people with their health needs.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were caring. A person told us, "The staff are friendly". Other people told us, "The girls (care workers) are kindness itself", "They can't do enough for you" and "They are always asking if there is anything they can do for you once they have completed a task." One person told us that staff were very friendly with her family members when they visited her. They told us, "My daughter is made very welcome, they even offer her a cup of tea."

Staff developed caring relationships with people using the service. They told us they were able to do this because of the information in people's care plans but mainly from talking with the people. We saw and heard care workers sitting and talking with people and engaging in meaningful conversation with them. Care workers asked people questions, showed interest in what they were saying. They supported people in a caring way and involved people rather than simply being task orientated. For example, a care worker noticed that a person wore slippers that looked a little too big for them and they explained to the person they might be more comfortable wearing another pair. After this conversation the care worker bought the person another pair, fitted them and supported the person to walk.

Care workers offered people reassurance and encouragement. We heard one say, "Come along, don't worry" as they supported a person walking in a corridor. People responded to care worker's supporting them with kindness. During a meal time a care worker offered gentle encouragement to a person and the person responded, "By Jove, this is tasty! I'm enjoying this". We saw care workers ask if people were comfortable and adjust people's cushions or pillows if they said they were not comfortable. Several people used a hairdressing service that visited the service. We heard care workers complement people how nice their hair looked.

People had opportunities to be involved in decisions about their care and support. Twenty of the 46 people using the service were involved in reviews of their care plans. People who were less able to be involved had decisions taken in their best interests and with the involvement of their representatives or relatives. A relative told us they felt involved in decisions about their loved one's care and felt they were kept well informed. They told us, "I'm involved in the care planning. I'm updated as to how things are going most times I visit".

People using the service and their relatives were informed of things that happened at the service that had an impact on them. For example, when the service experienced problems with the lift, people living on the first and second floors of Hinckley House were informed what impact it would have on them and the actions being taken to maintain the same level of care and support. Residents meetings took place most months when people and relatives were informed about staff changes and their views about things like activities and meals were sought. We saw from records of residents meetings that when people expressed views, for example about the meals they had, they were listened to and actions were taken. After a person made a comment that meat was sometimes `tough', the cook tried different ways of cooking it and the registered manager tasted food before it left the kitchen.

Staff working at Hinckley House received training about caring for people with dignity and respect. The registered manager and deputy manager monitored how they put their training into practice. They did this through observations and working alongside staff. Dignity in care was promoted through policies and procedures and at staff meetings. Records of staff meetings showed that the registered manager promoted dignity in care and explained what in meant. For example, at one staff meeting they explained that quality of care always outweighed quantity. The record of the meeting stated it was far more important for 10 people to receive all the care and support they needed than for 15 people to receive some of the support they needed.

Relatives and friends of people using the service were able to visit without undue restrictions. A person using the service told us, "My relatives can come any time they like. They staff seem to know them by name which is a marvel itself, I don't know how they do it". A relative told us, "I can visit anytime of the day. I've been early evening too after work". We looked at the visitor's signing-in book and saw that visitors came throughout the day into early evening.

Staff respected people's privacy. We saw several people spending time alone reading, doing puzzles or sitting in small groups talking. Staff did not interrupt people although they were attentive to people's needs. For example, we saw staff bring a person a drink after they hear the person tell another they'd like one. People had access to quiet areas and different lounges though we did not see all lounges being used. We brought this to the attention of the registered manager who told us they would promote the use of different themed rooms.

Good

Is the service responsive?

Our findings

People using the service told us that they experienced care that met their needs. A person told us, ""I feel that quite honestly the staff do their best for me. They have my best interest at heart, I'm sure".

Another person told us, "I came here for respite first of all to see if I might like it. What swayed me into coming was the care and concern everybody gave me, from the domestic staff right through to the management. I've been here two years now".

People using the service at the time of our inspection received care and support that was focused on their personal needs. Care plans we looked at were personalised and included information about what was important to people, things they liked or were interested in and how they wanted to be supported with personal care. Care plans included assessments of people's needs and dependencies across a wide spectrum of their care, for example how they wanted and needed to be supported with personal care needs, their mobility and what they liked and disliked. Care plans were reviewed monthly and people had opportunities to be involved in those reviews.

The registered manager had introduced a `resident of the day' approach to reviewing people's care plans with their involvement or the involvement of their representatives and relatives and a person's `key worker'. A key worker is a care worker specifically assigned to oversee a person's care and support. This approach meant that on a particular day each month a person's care plan was comprehensively reviewed. This meant that reviews of care plans involved the right people and were integral part of people's care and support. At the time of our inspection approximately half of the people using the service had a `resident of the day' review. Other people's care plans were reviewed but not to the same level of detail.

We saw that care workers put their knowledge of people's care requirements and preferences into practice when they supported people. For example, a relative told us that staff knew the sequence in which their parent liked her clothes and nightdresses, even to colour preference, laid out for them. They placed their clothes in a way that enabled them to dress and undress themselves. A relative told us that the care and support their parent received had made a positive improvement to the person's life. They told us, "I have to say we are very impressed with the care-giving here. You can't knock it".

People were supported to be independent. A person told us, "What I like is that I'm given choice whether I want to stay in my room or go into the lounge, there is no pressure. I can get up when I like, though I'm generally an early-riser". We saw people going into different rooms throughout the time of our inspection. Care workers knew which games people liked to play or which newspaper or magazines they liked to read. We saw people reading and doing puzzles.

Activities at Hinckley House were based on what people had requested, what they liked and their hobbies and interests. The service had two activities coordinator who organised social activities for people using the service and activities based on people's interests and hobbies. Entertainers and singers visited the service to put on shows for people. The service had links with a local school and arranged for schoolchildren to visit

and meet people using the service. People had day trips to places of interest to them. Activities included arts and crafts, baking, flower arranging, sewing and knitting. People had formed a `knitting club' and raised money for a local charity. One group bought animals to Hinckley House for people to learn about and touch. People with religious needs were supported to practise those when representatives of local places of worship visited Hinckley House.

Some activities were focused on the needs of people with dementia. These were researched by the activities coordinator. They arranged for people to have dolls and tactile toys to handle which is something recognised through research about dementia to have a positive effect on people living with dementia. When we went to a lounge used by people living with dementia we saw a care worker dancing with a person and others participating in armchair exercises, whilst others sang along to music.

People we spoke with referred to 'the workers in pink uniforms'. Those uniforms were worn by the activities coordinators. People described them as friendly and caring. A relative told us the activities coordinators had made a difference to their loved one's live. They told us that because of their care and support their relative who once declined activities now participated in activities "with gusto".

People knew how they could raise concerns if they had any. A person told us, "I've never had need to complain but I am sure the home would take my complaint seriously. Everyone is very approachable," A relative told us, "I think there must be a complaints procedure. I think the manager did mention it to me at the beginning. Another relative told us, "I have no qualms at raising any concerns I may have about my mother's care. It seems they want to do the best and are open to criticism". We saw that relatives had used the complaints procedure. The procedure explained that if a person was not satisfied with a response to their compliant they could refer their complaint to the local government ombudsman. That meant the procedure met the requirements of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However we noted that complaint response letters did not include information about the local government ombudsman. A complainant who was clearly dissatisfied with the response to their complaint had not been reminded about where they could refer their complaint to. We discussed this with an area manager who told us that a letter would be sent to the person with the information and that all future complaint response letters would include it.
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Good

Is the service well-led?

Our findings

At our last inspection the service did not have a registered manager. A person was recruited to run the service and they became a registered manager in February 2016. They told us about challenges they faced and that they felt supported by the provider in their efforts to improve the service. Staff we spoke with told us that improvements and leadership were evident now that the service had a registered manager.

People we spoke with, including relatives, knew who the registered manager was. Comments from people using the service included, "I find him very approachable", "He'll listen to you" and "He seems genuinely interested in any concerns". A relative told us, "He is approachable and will listen and actually gets things done which is the main thing". Another relative told us, "All the staff are very approachable".

People using the service had opportunities to contribute ideas and suggestions at monthly residents meetings. A person using the service told us about the residents meetings. They said, "Yes, I do get to get my penny-worth in". Most suggestions were about meals at the home. People's views were acted on and efforts were made to prepare some meals differently and meals were sampled by the registered manager for quality. People's views were also sought at reviews of their care plans when they were `resident of the day' and through an annual survey. The most recent survey was completed in October 2015. Eighteen out of 50 people responded to the survey and they rated the service as good, very good or excellent in terms of their personal needs having been met.

Staff had opportunities to be involved in developing the service. Those opportunities formally occurred during one-to-one supervision meetings they had with their line manager and staff meetings. There were staff meetings for different staff; for example, the registered manager had separate meetings team leaders, day staff, night staff and domestic staff. We saw records of those meetings and it was evident that the meetings were used to communicate with staff about areas of the service that required improvement. The registered manager was also using staff meetings and one to one meetings to address staff issues such as staff using social media and how staff behaved. They also operated an `open door' policy which meant staff could speak with them at any time. Staff we spoke with told us the registered manager was approachable. The activities coordinator we spoke with told us, "I get excellent support from the manager". They went on to tell us that they had been supported to introduce new activities for people living with dementia that had been a success. They were also encouraged to attend meetings with their counterparts at another service run by the provider to discuss activities.

Under the direction of the management team staff were supported to provide care that was safe and caring and which promoted people's independence and welfare. Staff were encouraged to raise concerns through the provider's reporting procedures and whistleblowing policy. A care worker told us they would report any concerns they had, for example, about unsafe practice by a colleague without hesitation. The management team communicated their aims for the service at staff meetings and staff we spoke with shared those aims. A care worker we spoke with told us, "I know what the CQC rating of the home was at the last inspection [requires improvement] and we are improving. There are more staff now and the support we get is better. The management are very approachable".

The registered manager was aware of their responsibilities under CQC registration requirements. They notified the Care Quality Commission of events and incidents at the service and they ensured that our rating from our last inspection was conspicuously displayed. Relatives we spoke with were aware of that rating but they spoke about the service in positive terms. One told us, "Right across the board this home is fantastic".

The provider's procedures for monitoring and assessing the quality of the service were effective. The registered manager and deputy manager carried out regular monitoring of the quality of the service. This included observations of a staff care practice, staff supervision, reviews of care plans and care records, audits of medication procedures and investigations of accidents and incidents occurring at Hinckley House. Maintenance schedules were maintained ensuring that the premises were safe. The quality assurance procedures were used to identify what the service did well and what could be improved. An example was a thorough risk assessment and contingency plan for when the lift at Hinckley House was out of use, something that happened on three occasions in the last 12 months. This had resulted in plans to install another lift that gave people on the first and second floors easy direct access to the garden. We also saw evidence that there had been learning from mistakes in instances of care and support that fell below the standards the provider expected and people deserved. For example, medications administration procedures were reviewed and staff retrained after medicines errors were made.

The registered manager and staff shared a common aim of improving the service.