Cornwallis Care Services Ltd

Hendra Court

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 Hendra Court on 6 July 2018. Hendra Court is a 'care home' that provides care for a maximum of 48 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Most people living at the service had a diagnosis of dementia or mental health condition. At the time of the inspection there were 45 people living at the service.

The service is on two floors in the main house and on one floor in the adjoining annex (called the bungalow). Shared living areas include three lounges, a conservatory, two dining rooms, garden and patio seating areas. In the main house there is a passenger lift and stairs to access the first floor.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the improvements recommended at the inspection of 26 June 2017. In June 2017 we found records to evidence when staff monitored certain aspects of people's care were not consistently completed. Also at that time extensive work to upgrade and improve all areas of the premises was in progress. Some parts of the premises were either out of use or in the process of being adapted to make them suitable to meet the needs of the people who lived there. People, who were cared for in bed, had bedrooms in an area of the main house that, due to the work that was in progress had low occupancy, and was isolated from the rest of the service.

At this inspection we found all the major work to redesign and upgrade the premises had been completed. The bungalow area of the service, not in use during the last inspection, had been completely reconfigured and redecorated and was being used by people. A corridor had been constructed around one of the shared lounges in the main house. This meant people, staff and visitors no longer had to walk through this lounge to access other parts of the service. Eight out of the ten rooms on the first floor of the main house had been upgraded and all eight were occupied. The shared lounge and dining room in this part of the service were now being used and people living in this area were no longer isolated. We observed people seemed happy and calm in the reconfigured and upgraded environment. We also saw people spending time in newly created enclosed garden areas, walking in and out whenever they wanted to.

During the inspection we spent time in the shared living areas across the service to observe staff interaction with people and how people responded to the care and support received. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from staff. People and their relatives told us they were happy with the care they received and believed it was a safe environment.

Comments included, "The staff make me safe because they are always around to help", "All the staff are very helpful" and "The staff are always keeping an eye on me." Staff knew how to recognise and report the signs of abuse.

Care records were personalised to the individual and detailed how people wished to be supported. They contained accurate and up to date information to enable staff to provide the agreed care and support for people. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risks in relation people's skin care and nutrition were being effectively monitored.

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. These services included tissue viability nurses, community nurses, GPs and speech and language therapists (SALT).

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals in place. Staff all told us they were very well supported and felt valued by management. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

There were safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine Administration Records (MARS) were completed appropriately and there were no gaps in the records.

People were able to take part in a range of group and individual activities. An activity coordinator was in post who arranged regular events for people. These included jigsaws, board games, craft work, visits by external entertainers and trips out. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership. Comments from staff included, "The manager is fantastic", "Feel very supported and can approach the manager anytime" and "Management want to know what we think and we are involved."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Where complaints had been received these had been well managed and effectively resolved. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Recent improvements to the premises meant that the design, layout and decoration of the service met people's individual needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People and their families were involved in their care and were asked about their preferences and choices. The service supported families to learn about the impact of dementia on their relative and help them understand the condition.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social activities of their choice and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with strong leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Hendra Court

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 unannounced inspection took place on 6 July 2018 and was carried out by two adult social care inspectors, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people living at Hendra Court, two relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with six care staff, the cook, the nurse in charge, the clinical lead, the registered manager and the operations manager. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff make me safe because they are always around to help", "All the staff are very helpful" and "The staff are always keeping an eye on me."

The service had policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held the personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and the monies held and found these to be correct.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff about what might trigger people to become distressed so staff could try to avoid this occurring and what to do when incidents took place. For example, one person's care plan stated, "[person's name] shows triggers via body language i.e. rubs their nose." If it was necessary to restrain anyone, for their own safety and that of others, staff had been trained in recognised 'holding techniques'.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure relieving mattresses were in place for these people. We found all of these mattresses were set to the correct level. People were weighed regularly and if there weight changed mattress setting were adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis.

If accidents and incidents took place at the service staff recorded details of the incident in people's records.

Such events were audited by the clinical lead. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly. Some people had their medicines given mixed with food or drink (covertly). This was managed appropriately with signed agreement from their GP.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

There were enough staff on duty to meet the needs of people who lived at Hendra Court. Rotas showed there were usually ten care staff and at least one nurse and one senior care worker on duty each day. The registered manager and clinical lead were available to support people if needed and the clinical lead worked two nursing shifts per week. As well as nursing and care staff there was the registered manager, the clinical lead, kitchen staff, laundry and housekeeping staff, activity co-ordinator and the maintenance worker.

Care and nursing staff were allocated to work in one of the three different areas of the service which meant staff were readily available to support people when they needed it. People, relatives and healthcare professionals all told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling which was suitable for their needs. This meant they could be supported to move safely and reduced the risk of cross infection.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately

skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

Good

Is the service effective?

Our findings

At the previous inspection in June 2017 extensive work to upgrade and improve all areas of the premises was in progress. Some parts of the premises were either out of use or in the process of being adapted to make them suitable to meet the needs of the people who lived there. People, who were cared for in bed, had bedrooms on the first floor of the main house that, due to the work that was in progress had low occupancy, and were isolated from the rest of the service.

At this inspection we found all the major work had been completed. The bungalow area of the service, not in use during the last inspection, had been completely redesigned and redecorated with new furniture and curtains. The previous layout of separate shared living rooms had been changed to an open plan design. This had made the living area appear more spacious and much brighter. Two enclosed garden areas had been created and this gave people easy independent access to outside spaces which had previously not been possible. People who spent their time in the bungalow were unable to tell us their views of the new layout and décor. However, we observed they seemed happy and calm in the new environment. We also saw people spending time in the garden, walking in and out whenever they wanted to.

In the main house a corridor had been constructed around one of the shared lounges. This meant people and staff no longer had to walk through this lounge to access other parts of the service. A new enclosed courtyard had been created leading from this new corridor. We observed people seemed happy and calm in the reconfigured lounge and we also saw people spending time outside in the courtyard. In addition, the service had a new wet room and one bathroom had been refitted to incorporate a ceiling track hoist. The front garden had been landscaped to make it more accessible to wheelchair users.

Eight out of the ten rooms on the first floor of the main house had been upgraded and all eight were occupied. Wherever possible these rooms were no longer being used for people who were cared for in bed because of their location. The shared lounge and dining room in this part of the service were now being used and people living in this area were no longer isolated. In addition, two high dependency bedrooms had been created in the main house, situated between the nurse station and the clinical lead office. This meant people who might need to be cared for in bed were close to staff and not at risk of being socially isolated.

People's need and choices were assessed prior to moving in to the service. This helped ensure people's expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. In our conversations with them it was clear they knew people well. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, tissue viability nurses, community nurses, GPs and speech and language therapists (SALT). This helped to ensure people's health conditions were well managed.

People were supported to eat a healthy and varied diet. Kitchen staff were aware of any specific needs or likes and dislikes. People were offered choices at each meal. Comments from people and relatives included, "The food is very good", "The sandwiches they make are excellent", "It's good real down to earth food" and "My relative is looking healthier already."

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff told us the management team supported them to carry out their roles. The registered manager met monthly with staff for one-to-one supervision meetings and the clinical lead met monthly with nurses. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately. Where conditions on DoLS authorisations had been applied, such requirements about recording reviews when people were given their medicines covertly (disguised in food or drink), these had been met.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Good

Is the service caring?

Our findings

During the inspection we spent time in the shared living across the service to observe staff interaction with people and how people responded to the care and support received. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from staff. The registered manager and clinical lead were actively involved in supporting people during the day. It was clear from people's reaction that this was a normal occurrence because people responded positively to their interactions and knew both of them.

People and their relatives all spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. Comments included, "Everybody around the home are just so friendly", "My relative has only been here a week, but he has settled in very well", "I love it here", "I get on brilliant with all the staff" and "It's obviously strange when you first come here, but all the staff make it easier."

We saw many examples of positive interactions between staff and people during the day. Staff were warm and friendly, frequently asking if people were comfortable and had all they needed. They were genuinely concerned for people's well-being. For example, during lunch, in one of the shared lounges, one person became distressed. A staff member spoke quietly and calming with the person and slowly encouraged them to eat their meal.

People's care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We saw staff knocked on bedroom doors and waited for a response before entering.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the shared lounges or in their own rooms.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "They make me feel welcome when I visit."

Most people living at the service had a diagnosis of dementia or mental health condition. The registered manager and staff recognised that people's families often needed support to help them come to terms with their relative's cognitive decline. The service worked closely with a dementia liaison nurse, who supported

people, staff and families. For example, this specialist nurse had supported one family to learn about the impact of dementia on their relative and help them understand the condition. This had helped to alleviate the family's anxiety and support them in their on-going relationship with their relative.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meeting with people and their families. Also, because the management were visible in the service relatives told us they had regular informal conversations about the changes taking place at the service. We saw details of a family and friends meeting/social event had been arranged for the week following our inspection with tea and cakes available.

Good

Is the service responsive?

Our findings

At the previous inspection in June 2017 we found records to evidence when staff monitored certain aspects of people's care were not consistently completed. We recommended that people's care records should accurately reflect the care provided for them.

At this inspection we found improvements had been made. Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Records to evidence the care people received were accurately completed by staff.

The registered manager or clinical lead met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. These were reviewed monthly or as people's needs changed. A summary sheet called 'my daily care plan' was in place for each person and had separate sections for the person's morning, afternoon and evening routines. This document described what the person liked to do and how they wished to be supported for each period of the day. This provided a good overview of the person and was an effective way for staff to understand people's daily needs and wishes.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and managers would regularly talk to them about their care.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information

about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People were able to take part in a range of group and individual activities. An activity coordinator was in post who arranged regular events for people. These included jigsaws, board games, craft work, visits by external entertainers and trips out. A photograph display board at the service showed people celebrating special events such as the recent royal wedding, the football world cup and tennis at Wimbledon.

One person told us they went out with a staff member to go swimming, to a local store and had recently been to the Eden Project. Other people told us, "I love doing the jigsaws", "The hairdresser comes to my room every week to do my hair", "I love all the things we do", and "I like to sit outside in the lovely garden with my relative."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Where complaints had been received these had been well managed and effectively resolved.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by the clinical lead, an administrator, nurses and senior care staff. The operations manager worked closely with the registered manager to support them in the development of the service.

On the day of the inspection the service was very busy with work going on to fit cabling to provide internet access throughout the service. There were various occasions when the registered manager and clinical lead supported staff to cope with emergencies that arose when some people became anxious. Despite all of this the management stayed calm, responded to our questions and supplied all the information we needed to conduct the inspection. They demonstrated an excellent knowledge of the people living at the service and were competent in leadership and running of the service.

Staff told us both the registered manager and the clinical lead were visible in the service and very approachable. They had a positive attitude and morale in the staff team was good. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. There were regular staff meeting held for all staff teams. Comments from staff included, "The manager is fantastic", "Feel very supported and can approach the manager anytime" and "Management want to know what we think and we are involved."

People, visitors and healthcare professionals were all positive about how the service was run and about the care provided for people. Comments included, "The service is keen to discuss ways to improve the person's life", "I would recommend Hendra Court to anyone looking for a safe and caring environment for their loved one" and "I wouldn't come back here to train staff if I didn't think staff wouldn't value the training and want to learn."

There were regular meetings for people and their families, which meant they could share their views about the running of the service. We saw thank you cards displayed in the service with comments such as, "Mum was shown great care and compassion during her last few months", "All the staff know what they are doing", "We have a brilliant manager" and "Everywhere is so clean and tidy."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The clinical lead completed weekly audits to check pressure mattress settings, pressure care and medicines records. Also monthly audits of care plans, medicines procedures, accidents and incidents, falls and infection control. We found there were no outstanding actions from any of these audits. In addition, because the registered manager and clinical lead worked alongside staff this enabled them to check if people were happy and safe living at Hendra Court.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the

induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.