

Hardwick Care Group LLP

Hardwick House Retirement 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 undertook an unannounced inspection of this service on the 09 March 2017.

Hardwick House is registered to provide residential care for up to 19 older people. There were 15 people living at the home at the time of the inspection. People required a low level of support in relation to personal care needs, visual and hearing impairments. People with short term memory loss were supported with prompting and assistance when required. People were independently mobile and everyone at Hardwick House had capacity to make decisions about their care and how they spent their time.

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

Harwick House is owned by Hardwick Care Group LLP and was registered in October 2016.

Hardwick House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.

People were safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and the outcome to be achieved. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately..

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. I was living on my own and I am glad I'm in here".

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. They also understood the principals of the Mental Capacity Act 2006 (MCA)

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training enabling them to support people safely. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food and I can choose what I want." There was a varied daily choice of meals, and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People said they could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, which included musical events, exercise classes and current news events. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here, it's a home from home." A visitor told us, "Fantastic, we know mum is safe and happy."

People were encouraged to express their views and completed surveys, feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, they sort it out quickly".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 ●

Hardwick House was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good ●

Hardwick House was effective.

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

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good ●

Hardwick House was caring.

Staff communicated clearly with people in a caring and

supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity. End of life care was provided in a holistic and inclusive way.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good ●

Hardwick House was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that an assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and recreational outings was available should people wish to participate.

Is the service well-led?

Good ●

Hardwick House was well-led.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

Hardwick House Retirement 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 which took place on 9 March 2017 and was unannounced.

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

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

People living at Hardwick House were able to tell us about their experiences of living at the home. We carried out observations in communal areas, looked at care documentation for five people, and further records to look at specific information including daily records, risk assessments and associated daily records and charts. Medicine Administration Records (MAR) charts and medicine records were also viewed. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals.

We spoke with 13 people using the service and five staff. This included the registered manager, care staff, domestic staff member and the chef.

We spoke with relatives and visitors during and after the inspection. This included feedback from visiting health professionals.

Is the service safe?

Our findings

People told us they felt safe and were confident staff did everything possible to protect them from harm. They told us they could speak with the registered manager and staff if they were worried about anything. They were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "Excellent, I know my relative is safe and cared for here." People told us, "I definitely feel safe," "I feel safe with everything," and "I feel safe both with the building and the staff." Another person said, "Staff ensure the bell is nearby at all times, my eyesight is not good but staff are always available to help me."

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. At this time there were no formal risk assessment proformas in place as the registered manager managed risk by continuous monitoring and monthly care plans which incorporated changes to any support needs. The registered was aware that as people became frailer a more formal risk assessment would be required and was committed to gradually introducing them. The care documents also highlighted health and safety risks such as macular degeneration which is a visual impairment. The care plan identified the importance of ensuring that the placement of furniture was not changed unless discussed with the person. This had reduced the risk of trips and falls.

Risk assessments had been completed for identified risks and signed by people if appropriate. For example, one person had signed to say they did not wish to be checked throughout the night. There were also signed disclaimers regarding the temperature of hot baths. This was to be further risk assessed in line with guidance from the health and safety executive

Information from the daily records were transferred to the main care plan summary on a monthly basis. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. Advice had also been sought from the GP and dietetic team. The latest review had recorded that the person's risk had reduced, they had put on weight, and staff continued to make sure the person was offered snacks and their food fortified with full fat milk and cream. This was monitored closely by the care staff.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. People told us there were always sufficient staff on duty to meet their needs. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am totally safe before leaving me."

The rota showed alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. The registered manager had recently undertaken a staff survey to seek staff views on increasing hours to meet peoples changing needs. She told us, "I'm thinking ahead about staffing levels, people do get older and this will affect the support we currently give."

Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the doctor's surgery and supporting people with personal care. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately. One person told us "I just ring if I need anything and they come immediately."

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important, I used to forget to take my pills when I was at home, here staff give them to me." Another said, "I can rely on the staff to give me my tablets on time and that is so important."

We looked at the management of medicines. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge and storage room. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

Medicines were stored appropriately and securely and in line with legal requirements. People had a locked metal medicine cabinet in their room for their medication. Medicines were supplied by a local pharmacy. The medicine storage policy reflected that individual bedroom temperatures should be below 25 degrees Celsius to ensure that medicines are stored at the correct temperature for safe use. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

PRN Protocols for administration of medicines were in place. PRN protocols identify what the medicine is, why it was prescribed and when and how it should be administered. This is to ensure that people receive their medicines in a safe, consistent manner regardless of who is administering it. Policies and procedures to support the safe administration and management of medicines had been updated.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the homes' mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Systems were in place to ensure the safety and maintenance of equipment and services to the building. This included legionella checks to ensure that water systems had been risk assessed to ensure they were safe. Maintenance and equipment checks had taken place with certificates available to confirm this.

Fire evacuation plans were in place for day and night procedures. People understood when an evacuation may be required and most would evacuate the building on hearing the fire alarm. Evacuation fire drills had taken place and evacuation equipment was available to assist with this if needed. This meant people's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Fire alarm and emergency lighting checks had taken place regularly to ensure people's continued safety. Contingency plans were also in place for evacuation in the event of an emergency.

During our visit we looked around the home and found all areas were safe and well maintained. There was an on-going refurbishment programme which included the upgrading of ensuite facilities and communal areas. People told us their rooms were kept clean and safe. One person said, "Someone comes and checks

my room for any problems." There was a passenger lift which enabled people to access all areas of the home. The lift was clean and serviced regularly.

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Is the service effective?

Our findings

People we spoke with told us, "Excellent here, they worry I'm not eating, but I eat when I feel hungry, but it's good they are keeping an eye on me," and "We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist." Without exception, people felt care staff were skilled and experienced to care and support them.' People felt very confident with the home's staff knowledge and experience.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. One visiting relative told us, "Really pleased, the staff are good, they care and pick up if there is a problem." Staff recognised that people's health needs could change rapidly as they get frailer. One staff member told us, "We monitor for signs, changes in their mobility and eating habits which may indicate their health is deteriorating."

Staff received 'essential' training in looking after people, for example in safeguarding, food hygiene, fire evacuation, moving and handling, health and safety, first aid and infection control. Service specific training was being planned such as end of life training, dementia, diabetes and training to support people who lived with visual and hearing impairments. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. There were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 3 (national vocation qualification) . We all complete mandatory training." The training programme confirmed that all care staff had either an NVQ 2 and 3. Staff applied their training whilst delivering care and support, for example people were supported to move safely, they received assistance and support when needed, all undertaken in a respectful and professional manner. Staff also showed they understood how to assist people who were becoming forgetful. One staff member said, "It's part of our job to make life good for residents, we sometimes have to remind residents of the date and gently point out the time, we are very mindful of how to approach people when they become anxious, patience and humour are vital."

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "It's important to develop all staff as it keeps them up to date and motivated." Staff told us they felt supported and enjoyed the training they received. Comments included, "really interesting and the manager will work with us on the floor to make sure we do things correctly."

People who lived at Hardwick House had capacity to make decisions about their care and welfare. The registered manager and staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. The manager had an understanding of the Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. The Care Quality Commission has a legal duty to monitor activity under DoLS. This

legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The manager knew how to make an application if this was needed. At the time of the inspection no DoLS applications had been made. However, the manager had spoken to the DoLS team when they required information regarding a person's care.

People had an initial base-line nutritional assessment completed when they came to live at Hardwick House, which included their weight being recorded. Their dietary needs and preferences were recorded. People told us their favourite foods were always available. One person told us, "They know what I like and don't like, always give me what I want." The chef told us, "People tell us their dietary needs when they move in. We can cater for vegan, diabetic and any other special diets. If people need a soft or pureed diet we can accommodate this." He also told us "Staff are good about telling me who is not eating so I can add cream to their meals."

People's weight was regularly monitored and documented in their care plan. Staff said some people didn't wish to be weighed and this was respected, "We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The chef and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." One person had lost weight when they had had a chest infection. The GP and dietician had been involved and this person had now recovered their weight loss. The staff we spoke with understood people's dietary requirements and how to support them to stay healthy. The four week rolling menu demonstrated a balanced and nutritious diet.

We observed the mid-day meal service. Sherry was offered before lunch which was enjoyed by people. Most people ate in the dining room. Staff set the dining tables for lunch with glasses, condiments, and napkins. Fresh fruit was available for people to help themselves to when they wished. People told us they looked forward to their meals. Comments included, "Really good food, they always give us what we enjoy, I like the company." People were asked every morning what they wished from the menu. One person commented, "We can change our minds, they are very accommodating."

The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas and staff recorded amounts eaten and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway."

The home had received the highest rating of '5' by the environmental health organisation (EHO) for their kitchen, with no recommendations or requirements.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "The care here is good, very kind and caring. Nothing is too much trouble." Another person said, "I love living here, very kind staff." A relative said, "I can't fault them, kind, respectful and polite."

People's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke with people who preferred to stay in their room. One person told us, "I am happy in my room, I have all my things around me, my photos and personal bits. If I wanted to go down to sit in the lounge, I could but I don't want to, staff respect that." Another told us, "We get the choice, but it's always our own decision, great respect is shown to us in all ways."

Staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are very caring."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Most people wanted to be as independent as possible and felt they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. A person's relative told us, "They ask us for suggestions and keep us well informed, I feel we are all supported." Another person's relative said, "My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through." The registered manager told us, "We support people to do what they want, some people like to go out to the shops or church." We saw staff ask and involve people in their everyday choices, this included offering beverages, where they wished to sit and meals.

Staff told us how they assisted people to remain independent. One staff member said "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support, we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and to choose their clothes.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity.

People received care in a kind and caring manner. Staff spent time with people who spent their time in their

room. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. Life stories were being developed for everybody. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed they had been involved with developing their or their relative's care plans. Staff were very knowledgeable about the people they supported and knew of their family history and who to contact when required. One of the values of Hardwick House was to provide a 'home' for people. The registered manager was also the provider and her family were all involved with Hardwick House. They were all committed to ensuring that people felt at home and comfortable. Slides from family holidays and events were shared with people, which meant that the ethos of a 'home' benefitted everybody.

At the time of our inspection one person was receiving end of life care. The registered manager had consulted with the family and the GP to enable them to provide this important care at Hardwick House. Appropriate support had been given by the community team, this had included a hospital bed with a pressure relieving mattress. The care plan approach was holistic and very person centred, it detailed the care and support needed at the person's stage of their life, such as gentle mouth care. The person was comfortable, peaceful and painfree, and looked very well cared for. The family were involved in all care decisions and had been offered the opportunity to stay overnight if they should choose to. During the inspection as staff had known that they had a strong religious belief they had asked the vicar to visit as they knew that this would be meaningful for them.

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with," and "We can talk to staff at any time, about anything."

We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. Staff told us, "We don't do a formal activity plan as everyone has different hobbies and interests, and people shouldn't feel as if they must do something." One person told us, "I spend time doing what I enjoy, we have activities if we want and I go out for walks and go to town."

The home supported people to maintain their hobbies and interests. One person said, "We have speakers from interesting organisations that we have been involved in, I have made friends here, I don't feel bored."

The activity co-ordinator send out a monthly activity schedule which invited people to meet at 10 am for coffee and various activities. This included poems and music, arm chair exercises and research sessions on movie stars followed by a film that the movie star had starred in. One activity really enjoyed was the Friday local newspapers discussion. People chose themselves whether they wanted to attend. Activities were also discussed at resident meetings where trips out were discussed and destinations agreed. One person said, "I get weary in the afternoon and like to have a nap on my bed, I prefer my own company." Other people said, "I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don't feel the need to be constantly entertained." Special events were planned and people enjoyed attending them, such as visiting entertainers and seasonal celebrations. Peoples birthdays were celebrated with a glass of sherry and a toast should they wish to celebrate.

The home encouraged people to maintain relationships with their friends and families. A relative told us, "We visit all the time, and that is so important to us." One person said, "I look forward to my family coming to see me. It brightens my day and is important to me." We saw that visitors were welcomed throughout our inspection.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". The registered manager said, "People are given information about how to complain. It's important that you reassure people, so that they comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

A 'service user / relatives' satisfaction survey', had been completed in the Autumn of 2016. Results of people's feedback was used to make changes and improve the service, for example menu and choices of food. Resident (and family) meetings were held formally and minuted and people were also encouraged to share feedback on a daily basis and visitors and people confirmed this.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. When people moved into the home care files had been written to include their preferred day and night time routines. People did not have care plans as such, due to their low level of care needs. Information in 'daily routines' ensured staff were aware of people's likes, dislikes, preferences and support needs throughout the day and night. The registered manager said that the daily routines were a reflection of people's daily choices and that it was a working document. Every month all the care documentation including the daily notes were reviewed by the allocated and a new care daily routine was written if changes were needed. Information with regards to visual and hearing impairments was included in care files as were short term ailments such as eye appointments.

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

Care files included information around people's lives, background significant life events and included information about people's goals and aspirations. People and their families told us they were regularly involved in the care delivery reviews and in any changes made to their medicines or health.

Is the service well-led?

Our findings

Everyone knew the registered manager and referred to her when describing their experiences of life at Hardwick House Residential Home. One person said "The manager always pops in to see me, very knowledgeable and honest, is always here." A relative said, "The manager is very professional, caring and runs the home well." Another relative said, "Really pleased my relative is here in a small caring environment."

The registered manager took an active role with the running of the home and had good knowledge of the staff and people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends, family and staff we talked with described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The manager is very hands on and supportive, she works with us, which is good."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone." Resident and family meetings were held at least three times a year, the last one was in September 2016. The focus of the meeting was to discuss options for Christmas, activities, food and included feedback from previous points.

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; "I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The registered manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them

and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a lovely home and we can do our job well because of that."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

There was a quality assurance system in place to drive continuous improvement within the service. We discussed there were areas that needed to be developed such as a plan of action and completion date where improvements had been needed. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned, this included the laundry service and menu choices.