Yorkshire Regency Healthcare Limited

The Heathers

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

The inspection took place on 30 January and 8 February 2018. It was unannounced on both days.

The Heathers is a 'care home'. 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 we looked at both during this inspection. The Heathers provides care and support to people who had past or present alcohol dependency problems. The home is an adapted property. At the time of our inspection there were 33 people using the service.

The last full inspection of the service was in July 2016. At that time we found the provider was in breach of two regulations, there were related to staffing and good governance. The provider sent us an action plan to show what they would do to make the required improvements. During this inspection, we found the provider had made the required improvements. We also carried out a shorter focussed inspection in June 2017. During that inspection, we looked at how the service supported people to manage their money and checked to see if the service was meeting the requirements of the Mental Capacity Act. We did not have any concerns during that inspection.

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

We found the service was safe. Staff knew how to recognise and report any concerns about people's safety and wellbeing. Staff knew about people's individual needs and risks to people's safety and welfare were identified and managed.

There were enough staff deployed, the provider had increased the number of staff on duty following the last inspection. Recruitment procedures were robust and were followed. This helped to protect people from the risk of being supported by staff unsuitable to work in a care setting. Staff received the training they needed to carry out their roles safely and effectively. Staff told us they felt well supported.

People's medicines were managed safely.

The home was clean and safe. The provider was in the process of making improvements to the environment to make sure it met the needs of people who used the service.

People's nutritional needs were identified and met. People were satisfied with the food and told us they were always offered choices.

Staff understood the Mental Capacity Act and Deprivation of Liberty Safeguards and how this affected their

roles. This helped to make sure people's rights were protected and promoted.

People's needs were assessed before they moved into the home. This helped to ensure their needs could be met. People had person centred care plans, which detailed their individual needs and preferences. People made decisions about their care and treatment.

The service worked openly and cooperatively with other agencies to make sure people received the support they needed to maintain and improve their health.

The registered manager and staff team were kind and compassion. They treated people with respect and dignity.

Since the last inspection, we found improvements had been made to the range of activities offered to people in the home and in the community.

People knew how to raise concerns. All concerns were recorded and we saw the management acted to try to resolve any issues or concerns raised.

We found the culture in the home was positive and inclusive. The management team and staff had a person centred approach and were committed to continuously improving the experiences of people who used the service.

People who lived at the home, relatives and other stakeholders spoke positively about the service and the standards of care and support provided.

The provider had improved the systems in place to audit and check the quality of the service and we found they were being operated effectively.

The provider used people's views and feedback to make changes and improvements to 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.

People were protected by staff who were aware of how to recognise and report abuse.

All the required checks were done before new staff started work. There were enough staff to keep people safe.

People's medicines were managed safely.

The building was safe and clean although showing signs of wear and tear.

Risks to people's safety and welfare were well managed.

Is the service effective?

Good

The service was effective.

People were assessed before they moved in to ensure the home could meet their needs.

People were supported by a well trained team of staff. Staff felt supported to carry out their roles.

People were supported to eat and drink a varied diet and their preferences were catered for.

People made decisions about their care and treatment. Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff worked well with other agencies to make sure people were supported to maintain and improve their health.

The provider was refurbishing the building to create an environment which was more appropriate to the needs of the people who used the service.

Is the service caring?

Good

The service was caring.

People were supported by a kind and caring team of staff.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their needs and preferences.

Staff knew about people's needs, their likes and dislikes.

People had the opportunity to take part in social activities inside and outside the home.

People knew who to talk to if they were not happy about anything. Complaints were taken seriously and acted on.

Is the service well-led?

Good

The service was well led.

The home had a positive and person centred culture. People were highly satisfied with the overall care and support provided by the service.

The management team was committed to continuous improvement of people's care and support experiences. Systems were in place to audit and check the quality of the service.

People's views and feedback were used to make changes and improvements to the service.

The Heathers

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.

The inspection took place on 30 January and 8 February 2018 and was unannounced on both days.

One the first day the inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert's area of experience was addiction services. On the second day, one adult social care inspector carried out the inspection.

Before the inspection visit, we reviewed the information we had about the service. This included information sent by the registered manager about things that had happened in the home. We contacted the local authority safeguarding and commissioning teams to ask for reviews of the service. We received written feedback from two health and social care professionals who worked with the service. The feedback we received was positive.

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

During the inspection, we spoke with eight people who lived at the home, one relative, one visiting health care professional, two care workers, three team leaders, the cook, the activities organiser, the maintenance man, the provider, the nominated individual and the registered manager. We looked at six people's care records, medication records, four staff files, staff training records and other records related to the day to day management of the home such as maintenance records, meeting notes, surveys, complaints and audits. We observed how people were cared for and supported by staff in the communal parts of the home. We looked the communal areas and a selection of people's bedrooms.

Good

Is the service safe?

Our findings

There were enough staff to keep people safe and meet their needs.

At the last inspection we found the provider was in breach of Regulation 18. There were not enough staff deployed to keep people safe. In particular, we were concerned there were only two staff on duty overnight. During this inspection, we found the provider had increased the staffing numbers and there were now three staff on night duty. In addition, the registered manager told us they had updated the dependency tool that they used to help determine the right staffing levels. People who used the service told they did not have any concerns about the availability of staff. Staff we spoke with told us they enjoyed working at the home and said there were "plenty of staff." During the inspection, we observed staff were available in the communal rooms and were attentive to people's needs.

During our last inspection, we found the registered manager had not always followed the provider's recruitment procedures. During this inspection, we found this had been dealt with. We looked at four staff files and saw all the required checks had been completed before new staff started work. This helped to protect people from the risk of being cared for by staff unsuitable to work with vulnerable adults.

Most of the people we spoke with told us they felt safe at The Heathers. One person said they felt safe because staff checked them regularly especially throughout the night. One person raised some concerns and we discussed this with the registered manager. They were already aware of the issues and were taking action to deal with them. Staff we spoke with knew how to recognise and report any concerns about people's safety and welfare. They were confident any concerns they raised would be dealt with appropriately.

The service supported a number of people to manage their personal finances. We looked at the systems they had in place and found no concerns. A senior staff member was responsible for supporting people to manage their money and the provider carried out audits to check the correct procedures were followed. A record was kept of all transactions and staff obtained receipts when they purchased items on people's behalf. We checked a random selection of financial records and found no concerns. This provided assurance people's monies were looked after in a safe way.

The registered manager understood their responsibilities in relation to safeguarding and reported concerns appropriately to the local safeguarding team and the Commission.

People told us they knew what their medicines were for and said they always received their medicines at the right time.

We found people's medicines were managed safely. We observed a member of staff administering medicines. We saw they followed the correct procedures and recorded the time people took their medicines to ensure there was an appropriate gap between doses. We observed the staff member took time to engage with people and respected people's privacy by knocking on bedroom doors before entering.

Medicines were stored securely. The medication administration records (MARs) were up to date and each person's MAR had a photograph attached to help identification and reduce the risk of errors.

When people had medicines prescribed to be taken 'as required', there were guidelines in place for staff to follow. This helped to make sure these medicines were used consistently.

Some people who used the service held and administered their own medicines. Individual risk assessments were in place and staff explained how they monitored to make sure people were taking their medicines correctly. Some people had rescue medication prescribed, for example, to help manage epileptic seizures. People's care plans included Information about the use of this medication.

Where people had topical medicines such as creams and lotions prescribed there were charts in place to show where and when they should be used.

Staff confirmed they received medicines training and this included annual competency assessments. The purpose of the competency check was to make sure staff were following the correct procedures. Staff knew what to do in the event of a medication error and told us they would have no hesitation in reporting any concerns.

Senior staff carried out medication audits. In addition, the supplying pharmacist carried out checks periodically. This helped to make sure any discrepancies were identified and dealt with in a timely way.

People's care records included detailed risk assessments covering areas such as falls, mobility, nutrition, mental health, behaviours which challenge, finances and alcohol.

Each person who used the service had personal emergency evacuation plans (PEEPs) in place. This provided staff with information about the support they would need in the event of an emergency.

The provider had systems and processes in place to make sure the building was safe and equipment and installations were maintained and serviced at the required intervals. We looked at a selection of maintenance records and found they were up to date. This included fire safety, gas, water and electricity.

Accidents and incidents were recorded and analysed to look for trends and patterns. Where appropriate, action was taken to reduce the risk of recurrence. We found lessons were learned and improvements made when things went wrong. For example, the registered manager told us there had been a lot of complaints about the laundry service and in response; they had changed the way people's personal laundry was managed. Each person's laundry was now washed separately to avoid clothing being mixed up.

We found the home was generally clean although showing signs of wear and tear. Staff were provided with gloves and aprons and there were hand-washing facilities throughout the building. This helped to reduce the risk of cross infection. The local environmental health department inspected the kitchens and at the last inspection gave a score of 4 out of 5. This showed the service had good food hygiene and safety standards.

Good

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. The registered manager told us they tried to make sure they obtained as much information as possible about people's needs, preferences and expectations before they moved into the home. They told us this was an important part in the process of making sure people's care plans were person centred. After admission people's needs were assessed in response to changes and a full re assessment of their needs was done annually. We saw evidence of this in the care records we looked at.

One of the team leaders told us 'champions' had been appointed to develop practice around areas such as falls, alcohol, infection control, dementia, palliative care and medicines. The role of the champions was to keep up to date with current best practice and ensure this was reflected in delivery of care. They did this through involvement in care plan reviews and sharing learning with other members of the team. At the time of our inspection, the home was taking part in pilot scheme that was being rolled out by the local Clinical Commissioning Group (CCG). This was the 'Red Bag' initiative. This integrated pathway was designed to support care homes, ambulance services and acute hospitals to meet the National Institute for Health and Care Excellence (NICE) guidance on transition between hospital and community services. This showed us the provider was working to ensure people experienced care, which was up to date, and evidence based.

Care records demonstrated the service worked closely with external health and social care professionals such as district nurses, community psychiatric nurses, social workers and doctors. We saw details of their visits were logged and care plans were updated to reflect the changes in people care, treatment and support. In addition, the registered manager told us a general practitioner held a surgery at the home on a weekly basis.

We received positive feedback from health and social care professionals who were involved with the home. One visiting professional stated, 'I am very happy with the care. I think they have a good understanding relating to alcohol dependency. I have found them to be very professional in dealing with challenging situations and wanting to work with professionals involved. [They are] very accommodating when professionals want to hold meetings at the home. I actually feel like it is a very special skill to support this client group and to be productive and caring about people's mental health and wellbeing.'

Another visiting professional stated, 'On the last visit, I then went to speak to the manager and the service user's key worker after my meeting and they took on board suggestions of how to progress with my service user and also came up with ideas on what they could do to help the situation'. This assured us the service was working well with other professionals and organisations to ensure people experienced effective care and treatment.

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

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. At the time of our inspection, none of the people who used the service had an authorised DOLS in place. We carried out a focussed inspection in July 2017 to check if the service was working within the principles of the MCA and found it was. At that time we found staff had a good understanding of their responsibilities in relation to the MCA.

We saw consent to care and treatment was recorded within peoples care records. Our conversations with staff told us they understood and respected people's rights in relation to consent. During the inspection, we saw staff asked people for their consent before providing care and support.

People's nutritional needs were met. We saw people were offered a choice of food and drink at breakfast and lunchtime. People told us there was plenty of food and confirmed there was always a choice of food. We saw people were involved in developing the menus, which were a regular topic of discussion at 'residents' meetings. People were able to help themselves to hot drinks throughout the day.

The cook knew about people's dietary needs and their likes and dislikes. At the time of our inspection, none of the people who used the service had any special cultural or religious dietary needs. The cook assured us they would be able to cater for special diets if they were required.

We saw people's nutritional status was assessed and when people were identified as being at risk appropriate action was taken. For example, a health care professional told us their client did not like prescribed dietary supplements and the home made them a fortified milk shake, which they liked.

One of the team leaders was responsible for staff training and development. They maintained the training matrix and ensured that everyone who required training either had it or was booked for it. Staff were not marked as having fully completed their training courses until their knowledge had been checked by conversation or observation of practice. The team leader explained that different methods of training suited different people and told us training was delivered in a variety of ways such as face-to-face, internal and external courses and e learning. Additional support was provided if necessary to help staff complete the required training.

The training matrix showed the majority of staff were up to date with the required training. Training on safe working practices covered topics such as safeguarding, fire safety, first aid, food hygiene, health and safety and infection control. In addition, training was provided on a variety of other topics such as equality and diversity, dementia, drugs and alcohol, palliative care, sensory deprivation and challenging behaviour. The training matrix showed how often training had to be updated. A further course on 'falls' has been written and was about to be introduced. This had been developed by two staff who had attended a train the trainer course.

New staff were expected to complete their full indication, including the care certificate within three months of starting. The care certificate is a nationally recognised training programme for staff with no previous experience of care work. New staff had an initial five days of induction training and a further period shadowing, usually two weeks, to ensure they had the knowledge and skills they needed to work

unsupervised.

All staff had either completed or were working towards their care certificate or another care qualification.

Staff told us they felt well supported. One said, "There is good training and development here, much better than other homes I have worked at." Another said, "This is my first job in care, and I have been here for four years. I left university and started work at [name of previous employer] then I came here. I've learnt loads, mainly because I have been given the opportunity to learn and to use my learning to progress."

This demonstrated the provider was committed to making sure staff had the knowledge and skills they needed to support people who used the service.

At the last inspection, we found that although the premises were safe improvements were needed. We found the décor and furnishings were not in keeping with the purpose of the home, which catered for a younger client group.

During this inspection, we looked at some surveys, which had recently been completed by relatives of people who used the service and noted they had all identified the environment as an area requiring improvement.

We found the provider had made improvements to the building since the last inspection. For example, in consultation with people who lived at the home they had made the home a smoke free area and created an outdoor smoking shelter. The former smokers lounge had been converted to a games room. During inspection, we saw people who used the service were enjoying using the games room, which had a full size pool table. In addition, we saw the provider had started a programme of refurbishment and they provided us with details of their plans to continue this throughout 2018 and 2019. This assured us the building was being adapted to meet the needs of the people who lived there.

Good

Is the service caring?

Our findings

People who used the service told us they felt cared for and supported. One person said the staff were "all lovely" and added they felt well looked after. Another person told us they were receiving "good support" from staff to manage their alcohol intake by having an agreed daily limit. Some people who lived at the home singled out individual staff members for special praise. One person said, "[Name] is the best here, [name] is absolutely fabulous." Two people we spoke with were currently not drinking alcohol and told us they felt they were getting good support from staff to maintain this.

Relatives of people who used the service were also complimentary about staff. In a recent letter to the registered manager, one relative wrote 'My [relative] had been at The Heathers for over two months and we are very pleased with the care and improvement in [relatives] spirits. The staff seem wonderfully friendly and helpful and the residents seem happy at the home.'

We received similar comments from health care professionals involved with the service. One health care professional wrote, 'I have visited this home a number of times in the past three months and always felt that the staff there are visible and have been polite and kind to the residents. I have often heard staff asking residents if they are all right when they have come down from upstairs or are leaving a room. My client has a very person centred plan.' Another health care professional wrote, 'I have found both the manager and the staff to be very helpful both times I have visited. Each time staff have enabled me to have a quiet separate space to be able to speak to my service user privately and comfortably.'

During the inspection, we observed positive interactions between staff and people who lived at the home. For example at lunchtime, we saw staff were courteous and attentive to people's needs. We saw staff respected people's privacy for example by knocking on bedroom doors and waiting for a response before entering. We saw people had been consulted about night time checks and where people had indicated they did not want to be disturbed this was clearly recorded.

Within the care records, we saw evidence people had been consulted about the how they wanted their care and support to be delivered. People were encouraged to complete a 'This is me' record, which included details of their life history, friends, family and interests. This helped staff to get to know and understand people's individual circumstances, needs and preferences.

People were supported to have a say in how the service was run by way of regular meetings and annual satisfaction surveys. The registered manager told us how they used people's feedback to make changes to the service. For example, they said they had recently responded to requests for a lighter meal at lunchtime by changing the menus. However, shortly after the change had been made people changed their minds and therefore the menus had been changed back again.

We saw staff supported people in practical ways for example helping them to claim benefit payments. Information about the effects of alcohol and information about local alcohol support services was available in the home. In addition, staff told us how they supported people to make contact with these support

groups.

We looked at whether the service complied with the Equality Act 2010 and in particular, how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found no evidence of discrimination and saw examples of how staff respected and promoted people's individuality. For example, one person had been supported to paint their bedroom in the colours of their favourite football team. In another example, we saw paintings and poetry done by people who used the service were on display in the games rooms. The person who had done the paintings told us they were proud to have their work on display. We spoke with one person who used a wheelchair and they told us they had no difficulty getting around the home independently.

Good

Is the service responsive?

Our findings

People received the right care and support to meet their needs. People's needs were assessed before they moved into the home and this information was used to develop plans of care. The care plans we looked at contained information about people's individual needs and preferences. They addressed all aspects of daily living and included information about people's support needs in relation to their physical and mental health. The care plans were reviewed at regularly intervals, usually once a month, and updated to reflect any changes in people's needs. We saw people had been supported to have a say in how their care and support would be provided.

We looked at what the service was doing to comply with the Accessible Information Standard. We saw people's communication needs were assessed. None of the people who used the service had any identified communication needs at the time of our inspection. The registered manager told us information was available in alternative formats, such as large print, if needed.

When people had particular health care needs, additional information was included in their care files to help staff understand the impact on people's daily lives. For example, in one person's records, there was an NHS Fact Sheet about peripheral neuropathy and in another there was information about Chronic Obstructive Pulmonary Disease.

The staff we spoke with knew about people's individual needs and preferences. We found staff were responsive to people's individual needs. For example, they supported people to manage their alcohol consumption by having agreed daily limits in place. The relative of one person who used the service told us this had benefitted their relative. They said their relative was 'much happier' now that they had a managed drinking plan.

Staff told us how they supported people who wanted to reduce their alcohol consumption by gradually reducing their daily intake over a period of time. A health care professional who sent us written feedback about the service confirmed this. They stated, 'I think they are very good at motivating the residents in the right direction. My clients controlled alcohol allowance has been reduced during (their) stay in conjunction with GP advice. (Client) is now doing more things for themselves and joining is some social activities."

In addition to being responsive to people's needs we saw staff were proactive in helping people to improve their quality of life. For example, we saw they were supporting one person who used the service to give up smoking cigarettes. They were helping the person to find a nicotine replacement product, which suited their needs, and encouraging them to attend a local NHS smoking clinic.

We saw people were supported to consider planning for their end of life care. One of the staff we spoke with said, "We have really good end of life care here. It is hard, but there is lots of support. We do 'post reflection' at team meetings to support each other. Keyworkers often work with family to let them know what people liked and plan the funeral. We might even have to tell the family. When someone passes here, we are devastated. We are like one big family."

At the last inspection we were concerned people were not getting enough support with social activities. During this inspection, we found this had improved. On the morning of the second day of our inspection, we saw a number of people were going swimming. This was a regular event. Other planned activities in the community included a knitting club, a cooking club, church services and a table tennis group. The activities organiser told us they had supported one person to join a local library. Regular trips out were also organised. For example, people had attended Christmas markets in Bradford and Haworth and the activities organiser was in the process of organising a trip to Scarborough.

People were offered the opportunity to take part in a variety of in house activities such as playing pool, quiz nights and board games. We saw people who used the service and staff had organised a pyjama day in November to raise money for Children in Need. From the photographs, we concluded people had enjoyed this.

The home had several cats and people told us they liked having the cats around.

Information was available about the complaints procedures. The registered manager kept a record of all complaints no matter how small and we saw action was taken to try to resolve any concerns raised. The registered manager also kept a record of compliments so that they knew where they were meeting and/or exceeding people's expectations.

People who used the service told us they would not hesitate to talk to the manager or one of the team leaders if they had any concerns. One person said, "If I've got any problems I can go to them".

Staff knew what to do if people had concerns about the service. One member of staff said, "If someone made a complaint to me, if it was about the home, like cleaning, then I would tell [manager]. If it was something like someone being hit I would make sure that safeguarding and CQC were informed."

Good

Is the service well-led?

Our findings

We found the culture in the home was open and inclusive. The registered manager told us, "My door is always open. I am the person who the buck stops with." Throughout the inspection, we saw this open door approach in operation with people who lived at the home regularly going to the office to talk to the registered manager or one of the team leaders.

Staff told us they had confidence in the registered manager and felt well supported in their roles. One staff member said, "If something was wrong I'd tell the manager. I am 100% [sure] that she would deal with it. There is no hushing it up here. I am well supported, I have supervisions every three months and [registered manager] gives us good support."

Three team leaders each with different delegated responsibilities supported the registered manager. Our discussions with the team leaders showed us they were enthusiastic about their roles, open to suggestions and ideas and always looking for ways to improve the experiences of the people who lived at the home.

Feedback from visiting health care professionals about the culture of the home was positive. One stated, '[Registered manager] is always willing to talk about any issue and seems to have a very good handle on what is going on with the residents in the home. When I have rung up and spoken to different members of the staff team. The messages have been passed on and it feels like the staff team work well together.'

At the last inspection, we found the provider was in breach of Regulation 17 because their quality assurance systems were not always operated effectively. During this inspection, we found the provider had made improvements. The registered manager explained the systems and processes in place to monitor the quality and safety of the service. Audits were carried out on a range of areas including health and safety, infection control, medicines, accidents and incidents and money held on behalf of people who used the service. Where necessary, action was taken to address any shortfalls. The provider's representative carried out monthly monitoring visits during which they checked different aspects of the service. For example, recent visits had focussed on activities, service users' money and medicines. Where improvements were needed action, plans were put in place to make sure issues were dealt with.

The records showed the provider's representative also used these visits to talk with staff and check their understanding of subjects such as safeguarding and the Mental Capacity Act. The provider was also in the home regularly and when they showed us around it was evident people who lived at the home knew them and they knew about people's needs.

In addition to the open door approach operated by the registered manager and senior staff team people were provided with the opportunity to share their views of the service by way of meetings and satisfaction surveys. The provider sent surveys to people who used the service, their relatives and/or representatives and other stakeholders such as health care professionals once a year.

The most recent surveys had been sent at the end of 2017 and the provider was in the process of collating

the responses. We looked at a selection of surveys completed by relatives and health care professionals. The responses were mainly positive; the only area where people felt improvements were needed was the environment. One relative commented. 'The quality of care [name] receives is of the highest standard. A bit of a makeover of the premises would be wonderful.' Another relative commented, 'They look after [name] and are very fond of [name]. A third person commented, 'All I can say is the home saved [my relatives] life.' One heath care professional commented, 'The Heathers manage a particularly difficult client group. They do this well seeking advice when needed and implementing suggestions.' Another health care professional commented, 'The home provides excellent care to service users with complex needs.'

Throughout the inspection, we saw examples of how the service worked with other agencies and health and social care professionals to improve the experiences of people who used the service. For example, they were taking part in a pilot scheme run by the CCG to improve people's experiences when they transferred between community and hospital services.

The provider had processes in place to help make sure the service was continuously developing. They operated services in two local authority areas and attended care home forums in both areas. These forums helped the provider to keep up to date with changes in legislation and best practice and this information was shared across the organisation by way of managers meetings. In addition, the registered manager told us they made extensive use of internet resources provided by organisations such as Skills for Care, the Social Care Institute for Excellence (SCIE), the National Institute for Health and Care Excellence (NICE) and CQC.

The CQC rating from the last inspection was displayed in the home as required by law.