The Partnership In Care Limited

Hazell Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Hazell Court provides accommodation and care for up to 55 people, with 12 beds available for people who require rehabilitation and nursing care. The service was split with 43 people based in the residential unit and 12 people based in the rehabilitation unit.

There were 55 people living in the service when we inspected on 20 October 2016. This was an unannounced inspection.

There was a registered manager in post. 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.

Improvements were required to evidence that people had received their prescribed medicines. The registered manager was fully aware of the improvements required and was taking action to reduce the risks to people. These improvements were ongoing and not fully implemented and embedded in practice.

People received care that was personalised to them and met their individual needs and wishes. People were encouraged to be as independent as possible by a staff team who knew them well and where additional support was needed this was provided in a kind, caring, respectful manner.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred, ensuring that they obtained consent before providing care.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse and staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care and there were procedures and processes which guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being and people's nutritional needs were assessed and people had a balanced diet.

There was an open and transparent culture in the service and staff were very motivated. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Processes were in place that encouraged feedback from people who used the service and their relatives. An effective quality assurance system was in place and as a result the service continued to develop and

improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were being made to ensure the safe administration of medicines. These were ongoing and not yet fully implemented.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were systems in place to minimise risks to people and to keep them safe from abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's privacy, dignity and independence were promoted.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People were provided with the opportunity to participate in meaningful activities.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People and their relatives were asked for their views about the service.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Hazell 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 the 20 October 2016 and was undertaken by two 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 had experience of caring for older people.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with seven people who used the service and five visitors, including people's relatives. We observed the interaction between people who used the service and the staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to six people's care. We spoke with the director, the registered manager, the deputy manager and nine members of staff including nursing, care, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. We also spoke with three professionals who were visiting the service.

Requires Improvement

Is the service safe?

Our findings

Improvements were required in the safe management of medicines. We checked the medicines administration records (MAR) and there were some medicines that had not been signed to show that people had received these. Some of these medicines were eye drops, inhalers and liquids and it was not possible when checking the stock to see if these medicines had been administered as prescribed. This meant that there was a risk that people were not receiving their prescribed medicines.

Monthly audits were completed on medicines by the management team at the service and audits were carried out by the pharmacy supplying the medicines. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. Recent audits completed by the management of the service had identified that there were medicines that had not been signed as being administered on the MAR. After a high number of missed signatures were identified during an audit in June 2016, this had been discussed in a staff meeting. The most recent audit evidenced that while this had significantly improved, further improvements were still required. One senior staff member who was responsible for administering medicines told us they were, "Frequently disrupted, especially between 7.30am and 8.30/9am," and that they had to, "Answer door bells or answer carer's questions and that at weekends when there are no administration or management around, answer the telephone." The management team had implemented strategies to address the issue including keeping MAR charts in people's bedrooms and asking the senior to delegate the answering of the telephone to other staff. The management team advised us they were working continuously with staff to improve practice. However, these improvements were ongoing and not yet fully implemented and embedded in practice to ensure that the management of medicines was safe at all times.

Despite our findings, people told us that they were satisfied with the arrangements for their medicines administration. One person said, "I receive my medication regularly and when I need pain killers, they [staff] come quickly. They [staff] are very good." However, another person who was required to take their medicine thirty minutes before food told us, "It was difficult at first as they [staff] frequently forgot. They have listened to me and got used to the routine and it has improved."

Medicines were stored safely in lockable cabinets for the protection of people who used the service. Where people were prescribed with medicines to be administered 'as required' (PRN), there were protocols in place which guided staff on each of these medicines and when they should be provided to people. This showed that the risks of inappropriate administration of PRN medicines were assessed and minimised.

Staff had received training in medicines administration and provided people with their medicines respectfully, with consent and at the person's own pace. We heard a nurse checking to see if a person wanted their 'as required' medicine and telling the person to, "Give me a shout," when they were ready for their inhaler.

People told us that they were safe living in the service. One person said, "The staff go out of their way to make me feel safe and comfortable." Another person said, "They [staff] are trained and I feel safe when they

[staff] transfer me [using moving and handling equipment]." One person's relative commented, "[Person] is safe. We can't ask for more."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received training in safeguarding and were aware of the provider's safeguarding and whistleblowing procedures [the reporting of poor practice]. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report any concerns appropriately. One staff member said, "We do safeguarding training. If I suspected abuse, I would report it and I would take it higher if I suspected management." Staff were given the number of local safeguarding team and one staff member told us, "We can call the local safeguarding hub for advice."

Where a safeguarding concern had been raised by another agency, the service had taken timely action to fully investigate the circumstances and actions had been taken to reduce the risks of future incidents, which included disciplinary action.

Potential risks to a person's safety within their home were assessed and provided staff with guidance on how the risks to people were minimised. This included risks associated with falls, pressure care and mobility. Where risks were identified, people's independence was still promoted. For example, we saw one person being supported by a member of staff who monitored their safety whilst they used their walking frame. The staff member walked slowly with them, gently encouraging them and ensuring they went in the right direction. There was a warning note about chest infections on the front door, encouraging people not to visit if they have coughs or colds to minimise the spread of infection and to keep people well.

Risks to people injuring themselves or others were mostly limited because equipment, including hoists had been serviced and regularly checked so they were fit for purpose and safe to use. However, we saw that cleaning products could be accessed by people using the service. There was a cleaning trolley with products including toilet cleaner left unattended in a corridor and two toilet cupboards which contained cleaning products and were not locked. This meant that there was a risk that those using the service could access these products and use them inappropriately. The director told us that they would look into this concern and rectify it immediately.

There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire and people's records held information of how people were to be supported to evacuate the service if needed in an emergency. This showed us that people and the staff team were provided with the information required to keep people safe.

The comments we received from people and relatives were mixed relating to the staffing levels in the service. We found that whilst some people had no concerns, others felt that sometimes staffing needed improvement. One person told us, "Staff come immediately when I ring for help." Another person said, "There is never enough staff, but they do use them sensibly here." However, one person said, "On occasions, the unit is short of staff; more so at night. When they [staff] are very busy, I have to wait slightly longer for staff to come when I call." Another person told us that the staff responded quickly when they called, and they were generally well staffed but numbers were depleted when staff went off sick or during an emergency at night. One relative told us that most of the staff had been in post for some time but after some carers joined the activities team, they appeared short of staff. Another relative said, "They are sometimes short of staff but they [staff] do their best." A staff member told us, "We need more staff. We are often short of staff when there is sickness." Another staff member commented, "There is not enough staff. They are always short and I get called on my days off. [Registered manager] is improving this but there still isn't enough. I

think it is due to sickness but other days they haven't put enough on."

We discussed the staffing levels with the director and the registered manager who told us that sickness levels and the poor management of staff annual leave had impacted on staffing during the summer period and that they had been using agency staff, however the use of agency staff had now reduced and the staffing levels had improved recently. The service was actively recruiting to vacant positions. We saw that staff were attentive to people's needs and any requests for assistance were provided in a timely manner. Staff were not rushed in their interactions and had time to spend sitting and chatting with people.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Records also showed that checks on nursing staff were made to ensure that they were allowed to practice in the United Kingdom.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "Staff know what they are doing. They [staff] know how to move me so my back doesn't ache too much." Another person commented that staff had, "Good training." One staff member said, "The training helps me to make sure that I do it [moving and handling] properly so that I don't hurt myself or the resident." One relative said, "There are no problems. They [staff] are skilled to care for [person] and use the hoist when they get [person] up and [person] is well looked after." We observed staff assisting people to use mobility equipment safely and effectively. This showed us that the moving and handling training the staff had been provided with was effective.

The clinical lead checked referrals from the discharge planning team prior to admitting a person for rehabilitation to ensure that staff had the skills and knowledge to meet the person's support needs. Where additional training was needed to meet people's needs, this was arranged.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. New staff completed the Care Certificate, an induction, and shadowed experienced members of staff before working on their own in the service. One staff member told us, "We had a tour of the service and I shadowed about ten shifts." All of the nurses had completed the mandatory training and one nurse said, "Head office are great, we are always doing training." Another staff member said, "They [registered manager] usually arrange training if we request it." A third staff member told us and records showed that they had completed training on manual handling, end of life and person centred care and that they could use their skills within their role.

Staff were knowledgeable about their work role, people's individual needs and how they were met. Staff meetings were held and staff had supervision and felt well supported by the management of the service. One staff member told us, "I have supervision every three or four months." Another staff member said, "[Registered manager] is really nice and approachable which is good when you need someone to talk to."

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 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.

We saw that staff gained people's consent before they provided any care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. There were consent forms in place which were signed by people and/or their representatives giving consent for photographs to be taken and for specialist equipment to be used when providing support. Where people had refused care, this was recorded in their daily records, including information about what action was taken as a result. For example, one person who had capacity and was at risk of choking, chose not to have thickener in their drinks as they did not like this. The risks had been discussed with the person, who made their decision and this was respected and documented.

Staff had a good understanding of DoLS and MCA and had received training. One staff member said, "Capacity is about whether a person can make a decision for themselves or whether the decision should be made by family. It is all about what is best for the resident." Records identified people's capacity to make decisions and we saw that when required, decisions had been made in a person's best interests.

People were complimentary about the food and said that they had a choice of what to eat. One person said, "The food is good, there is a range of choices or I can opt for something else if there is nothing I fancy." Another person commented, "I have no complaints with the food. If I don't like something on the menu, they [staff] get me something else." One relative said, "The food is good and varied and [person] can go down for lunch or remain in their room."

The dining room was warm and welcoming. At lunchtime we saw that people had a choice and on one table, people had four different meals. All the meals were nicely presented and brought to the table with a metal lid over the top to keep the food hot. Fresh vegetables were put in the centre of the table for people to help themselves, however these quickly went cold. On the rehabilitation unit, one person said, "The dinner is cold already. The cauliflower is stone cold." The staff member immediately took the dinner to heat it up. The director said that they would look into how to ensure that the food remained hot.

People were encouraged to eat independently and staff promoted independence where possible. Staff were encouraging and there was lots of conversation. Where one person was not eating much, different staff members supported the person and spent time encouraging the person to eat some more.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. This information was on the wall in the kitchen and was updated weekly and included who had a fortified diet, who preferred finger foods and any allergies that people had. They told us how they spoke with people about their preferences on the menu and made additions if people said that they wanted a particular item.

People were provided with a choice of snacks including homemade cake and choices of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was requested from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person had seen the GP frequently and said, "If I'm not well, I buzz. They called the

paramedics who came out and I was taken to hospital." Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where changes in people's wellbeing were identified, action was taken to seek guidance and treatment from health professionals.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said, "Staff treat you like a human being, nothing is too much trouble," and, "The [staff] are nice and friendly, and most of them come in to talk to me and have a laugh." Another person commented, "I am very relieved to be here, I love it. They [staff] are very friendly, they come in for a chat and pop in to see if I want anything." All of the relatives we spoke with were complimentary about the approach of the staff. One relative described the staff as, "Magic," and said, "Since the new manager has been here, it is more caring. It is beautiful." Another relative said, "Care staff are kind and come and talk to [person], they [staff] do what they can."

There was a relaxed and friendly atmosphere in the service. Staff knew people well and understood their needs. We saw that interactions were not rushed. For example, when one person was anxious, staff were aware of their concerns and were encouraging and reassuring. One person commented, "They [staff] are patient and give me time to walk [to the toilet]."

Staff communicated in a caring and respectful manner and in an effective way by making eye contact and listening to what people said. Where it had been identified that one staff member had not used respectful language in records by the management of the service, this had been addressed with the individual concerned to ensure this practice improved. We observed interactions between staff and people to be kind and compassionate. This showed that staff attended to people's needs with care.

People told us and records showed that they were supported to maintain their independence by staff. Part of the aim of the rehabilitation unit was to encourage people's independence to support them to return to their own home. A staff member told us that their role was to, "Encourage and motivate." One person who was in this unit said, "They [staff] do encourage me to do more for myself but I never feel pushed [into doing more]." One person's care plan said, "Please leave the top of the squash loose so that I can make my own drink."

People's privacy was respected by staff who communicated with people discreetly, for example when they had asked for assistance with their continence. We observed two staff who were supporting a person using the hoist. The staff members ensured that the person's privacy and dignity was maintained by covering their legs so that no areas were exposed. They were kind and provided reassurance by explaining what they were doing.

People told us that they felt their privacy and dignity was respected. One person said, "I feel respected and staff are aware that I value my privacy. They always knock and ask permission to come in [to their bedroom]." Another person commented, "They are very caring and I think they do a wonderful job. They always ask if it's all right to come in." The person went on to tell us that they were especially pleased with the en-suite in their bedroom because it gave them more privacy.

Records showed that people had been involved in planning their care and support. Two people told us that they were involved in writing their life story and updating their care plan each month. Care plans included a

booklet called 'My Story' which gave a detailed biography of the person's life so far and included their likes and dislikes, preferences about how they wanted to be supported and cared for. The records included information where discussions about people's care and wellbeing had been held with their relatives, where appropriate. People's choices relating to their end of life decisions were in place, and records relating to if they wanted to be resuscitated showed that they had been endorsed by a health professional.

People's bedrooms were personalised and reflected their choice and individuality. People had the opportunity to include personal items of decoration and furnishing to personalise their space. People were able to choose the colour that their bedroom door was painted to help them to easily identify which was their bedroom.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs. One person said, "The care is good. I am quite happy here and the staff are lovely and are always very kind and thoughtful." Another person described the service they received as, "Perfect." One person who was in the rehabilitation unit told us about how they had been struggling to walk when they had moved into the service but with the patience, support and encouragement of staff they could now mobilise confidently around the service using a walking aid.

Staff knew about people, their individual likes and dislikes and how these needs were met. We saw photographs of a visit which had been arranged for one person to spend some time with horses at a local stable, this linked to their interests and previous experiences. People and their relatives told us that staff knew them well and cared for them according to their preferences. One person said, "Most of the staff are very good, they know me and respond quickly because I don't call often. They make sure I have everything I need and take their time." Another person said, "Staff are aware of my preferences. They know that I don't like being closed in. I like the curtains and door open, even at night." One relative commented, "There is such a change in [relative]. [Relative] looks well, their hair is clean, they are eating, it is a remarkable change since they moved in."

People told us that there were social events that they could participate in. The community newsletter which was produced gave people information about forthcoming events at their home and others locally within the organisation, for example, a country fayre. We saw photographs in the newsletter of people enjoying a summer fete and a trip to Felixstowe for fish and chips.

There was an activities programme in place which showed that people were provided with activities to reduce the risks of boredom and isolation. We saw photographs displayed on the walls of activities that people had enjoyed in September 2016 with themes which included having tea and cake in town, dressing up and being silly and baking.

The service had recently made some changes and now had an engagement/activities team in place that focused on providing some one to one time with people, encouraging people to engage in activities and running the day care centre two days a week. We saw people participating in several activities throughout the day. This included taking part in a quiz, making pom poms, having a hand massage, painting nails, knitting, watching television, listening to music and talking to each other, staff and visitors. One relative said, "[Person] gets on very well with those who work in the day centre and I play bingo with everyone." One person said, "I mostly spend time in my room, reading and dozing and sometimes join in with activities; it's exercises later today". Another person told us that when they felt well, they would go down to the lounge to join in with the activities but recently they had remained in their bedroom watching television. They said, "I can please myself what I do." However, one person who was in the rehabilitation unit said, "I spend the day eating and watching TV as there are no activities this end." A relative of a person also in the rehabilitation unit said, "I would like to see more structure in the day. They have an activities team but it's too noisy for [person] downstairs, so [person] stays up here." A staff member in the rehabilitation unit said, "It can be

really hard to get [people] motivated but we will provide activities around the individual." Another staff member commented, "The garden has just been done and we are looking at getting people outside to plant bulbs. We are painting bird boxes to put on the fence."

The environment was bright with lots of areas to stimulate senses and evoke memories. This included a fish tank, a dressing table with jewellery, mirrors, pegs and a washing line. Corridors had different themes such as London and the West End. People had made hot air balloons which hung on the walls and there was a good use of signage and colour. There was a butterfly trail and the garden had a beach theme. There were two kittens which people at the service were talking about fondly and they were providing entertainment for people with comments such as, "Ahhh, look at them."

People told us that they could have visitors when they wanted them. This was confirmed by people's visitors and our observations. We saw people entertaining their visitors and they were welcomed by staff. This meant that the risks of people becoming lonely or isolated were reduced and people's relationships were respected.

People and their relatives told us that they knew how to make a complaint and that their concerns and complaints were addressed. There was a complaints procedure in the service, which explained how people and visitors could make a complaint and how this would be managed. Records of complaints showed that they were investigated and responded to. Where complaints were upheld the service had offered an apology, in line with the service's duty of candour policy. In addition action was taken to reduce the risks of future incidents and to improve the service. This included supervision with staff and improving record keeping.

Complaints were discussed at team meetings to enable staff to reflect on these and make any required improvements to their practice. Where feedback was received, action was taken to make improvements, for example, following feedback from some relatives who said that they did not know the names of the staff, a family tree had been introduced with named photographs of all the staff on it.

Since the last inspection of 10 September 2014, the service had won a Suffolk GEM (going the extra mile) award from the local authority for the creative way that it supported people in their own homes to maintain a safe, comfortable and dignified life.

Good

Is the service well-led?

Our findings

Feedback from relatives about the staff and management team were positive. One person's relative said, "The management are brilliant, supportive and reassuring. They always keep me informed and there is nothing that I want to change here." Another relative said, "Since [registered manager] has been here, it has changed completely. It is really really good." One staff member said, "[Registered manager] is wonderful and has brought this place to life. They have breathed new life and creativity into the home." Another staff member commented, "Since the new manager, things are improving. [Registered manager] is really nice and approachable which is good as you need someone that you can talk to."

Staff spoke highly of the service and were proud of it. The service had an 'outstanding employee programme' and an annual awards ceremony involving the provider's other local services, where it recognised staff that had gone the extra mile.

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. One staff member said, "We are more of a team now and morale has improved. I have the opportunity to do my NVQ (National Vocational Qualification) so I have opportunities for the future and I feel motivated to do this." The staff were clear on their roles and responsibilities and committed to providing a good quality service.

Relative's meetings had recently been introduced to keep people up to date and to actively seek feedback on any areas of the service that could be improved. A compliment from a relative had been received at that meeting which was, "Thank you for all the great changes made since [registered manager] arrival. It is a better atmosphere, the environment is improving and people feel happier." Relatives that we spoke to felt confident that any concern raised would be listened to and addressed.

Audits and checks of the service were completed to identify any concerns in practice, in areas such as health and safety, cleanliness and dementia care mapping. Dementia care mapping examines the quality of care from the perspective of the person living with dementia. This showed that the service assessed the quality of what was provided and took action where required to continuously improve the service for people. The service had a comprehensive action plan which was kept under review and identified the improvements that had been made in the service. This had clear timescales for when additional planned improvements should be made.

Meeting minutes showed that staff were encouraged to add items for discussion to the agenda and their feedback and comments were valued, acted on and used to improve the service. For example, where staff said that the white coats in the kitchen did not fit everybody, the management team were looking into ordering aprons instead.

Annual questionnaires were completed by people, staff, relatives and professionals for feedback on the strengths of the service and areas for improvement and the results were mostly positive. One questionnaire said, "Good communication between relatives and staff." And another said, "Staff are smiley and happy. I

enjoy being here." This feedback was used to look at how the service could continuously improve.

The registered manager kept up to date with best practice through closely working with the provider's other services and attending local forums such as the Suffolk dementia provider's forum. This provided additional oversight of the service to ensure that the care provided was of a high quality and the service did not become isolated.

The service worked in partnership with various organisations, including the local authority, district nurses and community services to ensure they were following correct practice and providing a high quality service. For example, in the rehabilitation unit, the staff worked with other agencies and reviewed each person's progress and actions required weekly to ensure a smooth discharge back to their own home and that all the appropriate care packages and equipment was in place.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

The registered manager had been in post since June 2016 and had identified areas that required improvement in the service and had taken action to ensure that the service continued to improve.