South Coast Care Homes Limited

Hartfield House Rest Home

Inspection report

5 Hartfield Road
Eastbourne
East Sussex
BN21 2AP

Tel: 01323731322

Date of inspection visit:
09 May 2017
11 May 2017

Date of publication:
04 July 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Hartfield House Rest Home provides accommodation for up to 20 older people. There were 16 people living at the home at the time of the inspection. People required a range of care and support. There were some people who lived independent lives but required support for example with personal care and moving and walking safely. People were able to stay at the home for short periods of time on respite care or can choose to live at the home permanently. Staff provided end of life care with support from the community health care professionals but usually cared for people who needed prompting and minimal personal care support.

There was no registered manager at the home. They had left just prior to the inspection. A new manager was in post and had commenced the registration process with CQC. 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.

This was an unannounced inspection and took place on 9 and 11 May 2017. This was the first inspection at Hartfield House since the new provider had taken over.

People were supported by staff who were caring and compassionate. They knew people really well and understood their individual needs and choices. They knew people as individuals and were committed to ensuring people received good quality care and support.

There were a range of risk assessments in place to help people stay safe and to retain their independence. Although, not all risks for people with complex health needs had been identified these were managed safely because staff understood people's needs..

The provider had identified areas that needed to be developed however time was needed to allow these to be fully developed and embedded into practice. People's records did not always reflect what they had done each day.

People's medicines were stored, administered and disposed of safely by staff who had received appropriate training. Some people had been prescribed 'as required' medicines. Information about why and when these should be given were not always in place. However, staff had a good understanding of people and their medicines.

Staff had a clear understanding of the procedures in place to safeguard people from abuse. They knew what actions to take if they believed people were at risk of harm or abuse.

There were enough staff to meet the needs of people who lived at the home. There was a safe recruitment system to ensure staff employed were suitable to work at the home.

There was a training and supervision programme in place. This ensured staff had the knowledge and skills to meet people's needs. Staff told us they were well supported.

Mealtimes were a sociable occasion. People were given choice about what they wanted to eat and drink and received food that they enjoyed. Nutritional assessments were in place to ensure people's needs were met.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff sought people's consent before offering any support.

People were supported to maintain good health and had access to external healthcare professionals such as their GP when they needed it.

People's care was personalised and reflected their needs and wishes. Care records showed assessments had taken place and people were involved in the drawing up of their care plan. They were able to make individual and everyday choices and staff supported them to do this. The opportunity for social activity was available should people wish to participate.

People had access to the complaints procedure and complaints were handled appropriately.

There was an open and positive culture at the home. People were happy living there and all staff were committed to improving the lives of people who lived there.

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

Hartfield House was not consistently safe in relation to people who had complex health needs.

Risk assessments were in place for people to remain independent in a safe way.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough staff who had been safely recruited to meet the needs of people who lived at the home.

Is the service effective?

Good

Hartfield House was effective.

Staff received the training and support they needed to enable them to meet people's needs.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to external healthcare professionals such as the GP when they needed it.

Is the service caring?

Good

Hartfield House was caring.

People were supported by staff who were compassionate and caring.

People were treated as individuals and staff respected people's

dignity and right to privacy.

Staff were committed to ensuring people were supported to make their own decisions and choices.

Is the service responsive?

Good

Hartfield House was responsive.

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

People were able to make individual and everyday choices and staff supported them to do this.

People had access to the complaints procedure and complaints were handled appropriately.

Is the service well-led?

Requires Improvement

Hartfield House was not consistently well-led.

The provider had identified areas that needed to be developed however time was needed to allow these to be fully developed and embedded into practice. People's records did not always reflect what they had done each day.

There was an open and positive culture at the home. All staff were committed to improving the lives of people who lived there.

Hartfield House Rest 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 checked 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 was an unannounced inspection by an inspector 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 service. The inspection took place on 9 and 11 May 2017.

Before the inspection we reviewed the information we held about the home. We considered the information which had been shared with us by the local authority and other people. We looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the 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 met with people who lived at Hartfield House and they told us about the care they received. We spoke with nine people and three visitors. We spent time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas.

During the inspection we reviewed the records of the home. These included staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We looked at four care plans and risk assessments along with other relevant documentation to support our findings.

We spoke with six staff members including the manager and the provider during the inspection. Following the inspection we contacted three healthcare professionals to ask for their feedback about the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I've never had any reason to even think that I wasn't safe here." Another person told us, "If you weren't safe here you wouldn't be safe anywhere. I can't see how anyone wouldn't feel safe." A visitor said, "We wouldn't allow our relative to be here if we didn't think they were safe."

The service was not consistently safe in relation to people who had complex health needs. The management of diabetes was not always safe. To support one person staff were required to take and record the results of the person's blood sugar level to determine what dose of medicine should be given. If extra medicine was required further tests were needed to determine if the extra dose had been effective. These had not always been completed so staff were unable to demonstrate if the person required further medical intervention. There was information about what the optimum blood sugar level should be for this person and what action staff should take if it was raised. However, there was no information about what should happen if it was below this level. Staff assured us they had received appropriate training and competency assessments prior to supporting this person however these were not available at the inspection. Only senior care staff supported this person with their diabetes. Although staff had a good understanding of the person's health condition and the support that was required there was a risk this person may not receive the appropriate support to manage their condition safely. We identified this with the manager as an area that needs to be improved. There was evidence that external healthcare professionals were involved in supporting this person and staff had contacted them appropriately when concerns had arisen.

Risk assessments were in place to help keep people safe and these related to people's mobility, nutrition and skin integrity and contained guidance for staff. Where people were at risk of falling there was preventative information in their care plan for staff to follow to ensure they were safe. There was guidance about how to support people to mobilise safely and where people were at risk of developing pressure damage there was guidance for staff to ensure people received appropriate care. Where people chose to take risks in relation to what they done during the day and the care they received this was recorded. It demonstrated the person was fully aware of the risks they were taking and possible consequences. Staff had a clear understanding of the support required.

Medicines were stored in a locked trolley which was not left unattended when in use. Medicines Administration Records (MAR) charts were not signed until medicines had been taken by the person. These had been completed to show when medicines had been given or why they had been omitted. MAR charts contained information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin. Medicines were ordered, stored and disposed of safely. Only staff who had been trained to give people their medicines. They received regular training and competency assessments took place. Some people had been prescribed 'as required' (PRN) medicines, such as pain killers. Although protocols were not in place for every PRN medicine staff had a good understanding about the medicines people had been prescribed and why they may need them. Some people were able to manage their own medicines. There were risk assessments in place which had been reviewed to show people were able to manage their medicines safely.

People were protected from the risk of abuse because staff had a clear understanding of the safeguarding process. Staff we spoke with told us they received training and regular updates in relation to safeguarding. They told us what actions they would take if they believed people were at risk this included informing the most senior person on duty. If this was not appropriate staff were aware of reporting to external agencies such as the local authority safeguarding team. The staff and manager were aware of their responsibilities in reporting any concerns that may be considered safeguarding.

People told us there were enough staff to look after them and meet their individual needs. There were three care staff working during the day, plus the manager with two care staff on duty at night. There was also the cook, domestic and maintenance staff. The rota showed staffing levels were consistent. People were attended to in a timely way and received support when they required it. One person said, "They're (staff) very good at coming when you need to call them and they never make you feel like you're bothering them." The home was staffed 24 hours a day with an on-call system for management support and advice.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were completed before staff started work to ensure they were of suitable character to work at the home. This included references and criminal records checks with the Disclosure and Barring Service (DBS).

The home was clean, tidy and well maintained throughout with evidence of on-going redecoration. Staff followed infection control procedures, there were adequate handwashing facilities throughout the home and staff used personal protective equipment appropriately. A visitor told us, "You see them (staff) wearing their gloves and aprons when they need to and there are the hand sanitise units dotted around the place for everyone to use."

Regular health and safety checks took place. These included fire, environmental and maintenance checks, regular servicing for gas and electrical installations and lift and hoist servicing. A fire risk assessment had taken place and there was an action plan to ensure identified works took place in a timely manner. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation.

Good

Is the service effective?

Our findings

People spoke positively about the care and support they received. They told us thought staff were competent and that they had confidence in their abilities. Comments included, "They are all super at what they do and do it well," "It's like a well-oiled machine everyone knows their job and gets on with it all how you'd expect them to," and "I'd trust any of them to do a good job." A visitor told us, "The staff are professional and caring at the same time and everyone seems to know what they are doing."

Staff received regular training and updates to ensure they had the appropriate knowledge and skills to support people. This included safeguarding, moving and handling, mental capacity and infection control. In addition staff were able to undertake further training. This included the diploma in health and social care at various levels. One staff member told us, "We receive yearly updates, they are really good, the training is now longer and helps improve our competence." The training matrix showed the training staff had received and we saw further training was booked throughout the year. The provider had identified in the PIR they were planning to introduce competency assessments to check staff had understood the training they received. This had also been identified by the new manager. Staff told us that since she had commenced work at the home the manager would stop them and ask them what they were doing, she would also ask them why. One staff member said, "She wants to know if we understand what we are doing, it also makes me think about things as well."

There was a supervision programme in place. Staff received supervision from either the manager or senior care staff. The manager told us because she was new to the home she planned to undertake all supervisions to enable her to get to know staff and identify their learning and development needs. Staff told us they received regular supervision and they found this was supportive.

When staff started work at the home they received a period of induction which included being introduced to the day to day running of the home. They then spent a period of time shadowing other staff prior to working as a team member. Staff told us following this they felt confident to work at the home. One staff member said, "I can always ask for help or support, seniors (senior care staff) go out of their way to help me." Staff also completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. There was information in care plans about the decisions people could make and we saw people were able to make day to day decisions such as when to get up and what to eat. Where necessary, decisions had been made in people's best interests. For example whether the person could have a key to their bedroom. Where best interest decisions had been made there was guidance to remind staff to continue to empower people to make their own decisions. Some people's consent forms had been signed by their relatives, the reason why and information about who could make decisions on people's behalf was not clear. This had been identified by the manager and she had started to address the concerns.

Throughout the inspection we observed staff asking people's consent before providing any care or support. 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's nutritional needs had been assessed and reviewed. People were supported to maintain a balanced and nutritious diet of their choice. When risks were identified these were reflected within care documentation. For example, records were in place to monitor the intake of people who were at risk of not eating or drinking adequate amounts. Most people were weighed monthly so staff could identify if they were at risk of weight loss or malnutrition. Where people had been assessed as losing weight appropriate referrals to the GP had been made.

Staff had a good understanding of people's dietary needs and preferences; these were recorded in the kitchen and in their care plans. Staff had a good understanding of people's likes, dislikes and the way food was cooked and this was provided accordingly. Soft drinks were available to people throughout the day. People who remained in their rooms told us they were always provided with enough to drink. Comments included, "I have a few problems with my water works and they are very keen for me to keep drinking cranberry juice or water," and "I didn't like the taste of the water so they fill my jug from the water fountain in the dining area which I much prefer."

People were able to choose where to eat their meals. Most people sat in the dining room although some remained in their bedrooms. They were offered a choice of meal and the menu for each meal was displayed on a blackboard in hallway. Although people chose their meal the day previously they were offered a choice when the meal was served. If people declined the meal they were offered an alternative. One person said, "We get a choice of a couple of things but you can say if you don't like it and have something else." Hot drinks and snacks were served throughout the day. One person said, "I enjoy the homemade cakes." Another told us, "I like the fruit bowl in the lounge, you can help yourself."

The dining room was a bright with tables attractively laid with tablecloths, placemats, cutlery, glasses, condiments, flower decorations and napkins. People chose where they wanted to sit and were served their meals politely with offers of a soft drink as well as a hot drink afterwards.
People were offered more and staff checked that they had had enough to eat. The dining experience was a relaxed and sociable occasion. Where people needed support this was provided sensitively as and when they needed it and asking before they did so. This meant people were supported to be as independent as possible.

People told us they generally enjoyed the food. One person said, "I'm pleased the food is good. When you get to our stage of life your meals are important." Staff were also mindful of the importance of people eating and drinking what they enjoyed. Where people were less happy with their meals there was evidence of the cook and staff working with them to further develop their menu. Following feedback about the meals the cook and provider had worked with people to develop menus of their choice and ensure people were always able to eat food they enjoyed. There was a feedback book in the dining room where people were able to comment on the meal they had just eaten. They were supported by staff to comment if required.

People were supported to maintain good health and received on-going healthcare support. They said that they could see the GP when they wanted which was a great reassurance and were supported in attending hospital appointments. One person told us, "I've been seeing the doctor about my leg and the nurse comes

every week to dress it." Another person said, "I see the chiropodist and whilst I can't remember when it is they always know here and remind me." Records and discussion with staff confirmed they liaised effectively with a wide variety of health care professionals who were accessed regularly.

Good

Is the service caring?

Our findings

People were treated with kindness and respect by the staff. There was a calm and relaxed atmosphere at the home and people responded positively to staff. People spoke highly of the staff. Comments included, "They are very lovely and caring and you feel like an Auntie rather than just someone living here," and "You never feel like you're a nuisance, they always say it's a pleasure when they do anything you ask and they tell you it's their job to make sure you're happy and comfortable." Another person said, "It's very homely and not impersonal. The poster saying it's like family is a true reflection of how it is here." People truly considered Hartfield House their home. One person told us, "I went into hospital and before that I hadn't thought of this as home, but I couldn't wait to get back here as it does feel like home." Another said, "Its home from home, not like an institution."

Interactions and conversations between staff and people were positive, staff smiled and listened to people whilst going about their day to day work. There was friendly chat about family, pets and shared good humour. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. Staff approach to people was kind and caring. They got down to people's level to maintain good eye contact. They often placed a comforting arm around someone's shoulder and reassured people as they were supported to move from one place to another.

People told us they were supported and encouraged to maintain their independence. Care plans informed staff what support people required. One person said, "I'm mainly independent but I rely on them for bits of help, so you know they are there when you need them." Another person told us, "You do as you like, you choose and if you're not capable then they're there for you." We saw evidence of this during the mealtime.

We observed staff supporting people in communal areas of the home. They were patient and knowledgeable of people's individual needs and abilities. They worked at people's own pace and did not hurry them. Staff were observant and attentive to people's needs and understood the principles of privacy and dignity. They checked people's comfort, asked their consent. We heard staff saying, "Do you mind if I help you?" and "Are you comfortable there, here's your blanket to keep your legs warm would you like it?" This was done discretely and helped ensure people's dignity was maintained. People were called by their preferred name. Staff knocked on people's doors and waiting before entering. One person told us, "I find them (staff) very respectful, they never barge in and always present themselves to you politely."

Visitors were welcomed at the home and could visit whenever they wished. One visitor told us, "I've never met an unfriendly carer at any time of day, they always make you feel so welcome with the offer of tea and you can even have lunch if you'd like to." People were supported to continue friendships with family and friends. Friendship groups had grown and developed at the home and people were supported to maintain these. We saw people sitting in their friendship groups, chatting and enjoying each other's company.

People's bedrooms were personalised with their own belongings such as photographs and other items that were important to them and reflected their interests. People's views and lifestyles were respected. They wore clothes of their choice and were supported to maintain their own appearances and style in a way that

suited them.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information which were available to all staff.

Good

Is the service responsive?

Our findings

People received care that was person-centred and responsive to their needs because staff knew and understood them well. They told us they received the care they needed and chose. One person said, "I feel incredibly lucky to be here they treat you as people not things." Another person told us, "They really listen and help you if they can and if they can't they find someone who can."

People were supported to spend their day as they wished. Most people spent their day in the lounge but others stayed in their bedrooms or went out. They were supported to access all areas of the home as they wished. People told us they were able to get up and go to bed when they wished. We were told, "They (staff) know I like to lie in so no one disturbs me early." Staff knew people well and understood their likes and dislikes and individualities. One person said, "They know I like my door open, even just a little bit at night." There were a range of activities taking place and people were able to join in if they wished. Visitors told us they were regularly updated about their relative's health and care needs. One visitor told us they were, "Confident that any changes or updates would be discussed as they occurred."

Before people moved into the home people's had been assessed to ensure their needs, choices and preferences could be met. Where possible people were offered the opportunity to visit the home, meet other people and stay for a meal to help ensure they would feel comfortable there.
People, and where appropriate, their representatives, were involved in the assessment and developing the care plans. Care plans contained detailed and relevant information about their needs in relation to personal care, mobility, skin integrity, nutrition, health and personal preferences. People's care plans included information about their preferences, for example what they liked to eat and drink and what was important to them in relation to personal hygiene. There was detailed information about how to communicate with people. For one person there was guidance for staff about the 'best side' to stand when talking to the person and a reminder to speak slowly and clearly. There was guidance for staff how to support people with their mobility this included the use of a mobility aid or the support of staff. Throughout the inspection we saw people received the support they required and chose. Staff were able to give us detailed information about people's choices and this information was clearly recorded. Reviews of care took place regularly. People had an allocated key worker. A key worker is a staff member who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers knew people they supported very well and were responsible for reviewing their individual care plans.

The manager had identified that activities were not always meaningful or developed to suit each individual. She had plans to work with staff, develop their understanding and identify more opportunities for this to happen on a day to day basis. In addition feedback from people had identified that people would like more opportunities to go out as a group or individually or with staff. One person told us, "Some trips out would be super. I know not everyone would want to but I know some would love a trip to the theatre or something like that." The manager had discussed this with the provider and obtained extra funding to fully develop this opportunity for people.

A range of activities was available to people who wished to take part. This varied from day to day and included outside entertainers, visiting pets which people really enjoyed and opportunities for reminiscence, discussions and crosswords with the staff. There was a buffet evening once a week and people told us they enjoyed this. One person said, "It's a lovely time to all get together and socialise." There was information in people's care plans about their hobbies and interests and what they liked to do. Where people enjoyed watching television there was information about what programmes they liked to watch. Some people were less able to participate in activities but enjoyed reminiscing, there was guidance for staff about what people liked to talk about. During the inspection we saw staff take one person out for a walk and other people, where able, went out alone or with family and friends. Some people maintained their own hobbies and interests such as art and they were supported to do this.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People told us they would make a complaint if they needed to. We saw people's concerns had been recorded and responded to appropriately. This prevented them becoming formal complaints. People's views were sought and listened to through day to day discussions, feedback surveys and meetings. There were regular resident meetings and minutes of these were available for us to read. Records showed people were introduced to the new manager and a leaving party had been held for the previous manager. People were asked about their view of the food and any other issues that were important to them. People told us they attended meetings and issues raised were addressed. People had raised concerns that the towels were 'scratchy' therefore new towels had been ordered.

Requires Improvement

Is the service well-led?

Our findings

People, visitors and staff told us the home was well-managed. Although she had only been at the home a short time it was apparent that the new manager had made a positive impact with people. One person said, "There's a new boss and she's going to be good. We've asked for softer towels and she's going to get it sorted I think." Another person told us, "I think she's very nice and I always wave to her out the window which I used to do when the previous manager was here before." A visitor said, "It's a lovely atmosphere. I see a lot of homes and this is one of the best. I'd definitely come here if I had to." A staff member told us, "On the board outside it says, 'We care like family' and that's what it's like for staff as well as people."

From discussion with the provider and information gathered from the PIR we saw there were plans in place to develop and improve the service. The provider was committed to driving improvement and was working with an external consultant to help promote and develop the service. This included re-decoration of the home and the implementation of a robust quality assurance system. The new manager had, although only in post a very short time, also identified areas where changes and improvements were required. This included detailed analysis of accident and incident forms to identify themes and trends and ensuring appropriate information was in place in relation to people's legal representatives. Whilst we acknowledged the work that had been completed we also identified that improvements were required to ensure these improvements were fully embedded into everyday practice.

Although staff had a good understanding of when and why people needed PRN medicines protocols were not in place for every PRN prescribed. One person had been prescribed a medicine for when they became anxious, staff were able to tell us when this would be given but there were no guidance for consistency. This person had also been prescribed two different pain killers. Staff told us this person could tell them when they were in pain but there was no guidance about which medicine should be given. The lack of PRN guidance had not been identified on the medicine audit.

People's care plans were detailed but their daily notes did not fully reflect what people done each day. There was limited information about people's mood or well-being. Details about activities people had participated in were recorded in a diary but this only included the type of activity and who attended. There was no information about whether people participated or enjoyed themselves. There was no information about the activities people engaged in if they did not attend a group activity. Some other daily records were not always fully completed for example pressure mattress checks and cream charts. We identified this is an area that needs to be improved.

There was a positive and open culture at the home. Staff spoke of the home's vision and values which was displayed in the home. This was a statement that staff were proud of. This was embedded into how care was delivered and the commitment of staff to provide good quality person centred care. They told us they believed the new manager also had the same values and would continue to improve the service. One staff member said, "She's only been here a week but she is really getting to know people." Another staff member said, "As seniors we have our own responsibilities but I know the manager will be looking at them, she will be taking over supervisions so she can get to know staff and what we need." The provider had open

communication with staff and they were able to contact him at any time if they had any concerns or worries. He had set up a 'text message' system to enable staff easy contact.

Before the appointment of the new manager the provider had maintained oversight of the home. A director visited at least three days a week. They had ensured the managerial responsibilities were allocated to a named senior carer. This ensured staff were aware of their roles and responsibilities and ensured the continued smooth running of the home.

Staff told us they were well supported at the service. They told us the provider was always available and they felt supported by each other. They were asked for their feedback and regularly updated about changes at the home, there had been a meeting with all staff to introduce the new manager. There were regular staff meetings where staff were given the opportunity to feedback and issues or ideas. There were handovers at the start of each shift to ensure staff were updated about any changes in people's care and support needs. These handovers were now recorded to enable staff who had been off duty for a few days to be able to review any changes quickly. All staff were committed to making improvements to enhance the lives of people at Hartfield House.