Grosvenor Care Homes Limited

Grosvenor House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Grosvenor House Care Home is registered to provide accommodation, nursing and personal care for 39 people. The service can accommodate both younger adults and older people. It can provide care for people who live with dementia and/or who have a physical disability. There were 36 people living in the service at the time of our inspection visit. The service is also registered to provide care for people living in their own home. However, no one was receiving assistance in this way at the time of our inspection visit and so we did not assess this part of the service.

The service was run by a company who was the registered provider. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 4 October 2016 the service was rated, 'Requires Improvement'. Although there were no breaches of the regulations we found that improvements were needed to ensure that people reliably benefited from living in a well-led service so that they received safe, effective and responsive care.

At the present inspection we found the concerns we had previously raised had been addressed. As a result we have rated the service as being, 'Good'.

In more detail, there were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, most of the necessary provision had been made to ensure that medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and most of the necessary background checks had been completed before new nurses and care staff had been appointed. People were protected by their being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Nurses and care staff had been supported to deliver care in line with current best practice guidance. People received most of the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and

guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs. As part of this people had been offered opportunities to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a robust management framework that helped nurses and care staff to understand their responsibilities so that risks and regulatory requirements were met. In addition, various steps had been taken to promote the financial viability of the service. The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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.

Nurses and care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been supported to avoid preventable accidents while their independence was promoted. As part of this positive outcomes were promoted for people who lived with dementia if they became distressed.

Most of the necessary arrangements had been made to ensure that medicines were safely managed.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Most of the necessary background checks had been completed before new nurses and care staff were appointed.

People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

People received most of the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet.

People received coordinated care when they used different services and they had received on-going healthcare support.

The accommodation was adapted, designed and decorated to meet people's needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

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

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People told us that they were offered the opportunity to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well led.

There was an open culture and people benefited from staff understanding their responsibilities so that risks and regulatory requirements were met.

People who lived in the service, their relatives and staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability.

Quality checks had been completed and the service worked in partnership with other agencies to promote the delivery of

joined-up care.

Grosvenor House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 17 November 2017 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 12 people who lived in the service and with three relatives. We also spoke with a nurse, a senior member of care staff and six care staff. In addition, we met with the registered manager and with one of the directors of the company who owned the service. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing

care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I'm pleased my relatives chose this place as it's very good." A person who lived with dementia and who had special communication needs smiled and held hands with a nearby member of care staff when we asked them about their experience of living in the service. Relatives were confident that their family members were safe. One of them remarked, "This is a really good care home. It does all of the nursing things but at the same time it's homely and alive. It's not sombre and the staff really do care."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that nurses and care staff had completed training and had received guidance in how to protect people from abuse. We found that nurses and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

In addition, we noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money. This included the registered manager keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls.

We saw that nurses and care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. We noted that when this occurred nurses and care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall when a social event was due to start in the main lounge. We heard a member of care staff gently reassuring the person about the matter. They explained to the person that the event would take place after they had been to the dining room to have their lunch.

Most of the necessary arrangements had been made to ensure that medicines were managed safely. There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and nurses who administered medicines had received training. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. However, we noted that a suitable record had not always been created to show that some medicines were stored at the correct temperature. This is important because some medicines that are not

stored in the right may lose part of their therapeutic effect. The registered manager assured us that steps would immediately be taken to address our concerns and we noted that the necessary improvement had been made by the end of our inspection visit.

The registered persons told us that they had carefully established how many nurses and care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient nursing and care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum set by the registered persons. We also noted that during our inspection visit there were enough nurses and care staff on duty. This was because people promptly received all of the nursing and personal care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had not obtained a fully detailed account of their employment history. This oversight had reduced their ability to determine what background checks they needed to make. However, in practice a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. Furthermore, the registered persons assured us that the service's recruitment system would quickly be strengthened to ensure that suitably detailed employment histories were obtained in the future.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the registered manager had assessed, reviewed and monitored what provision needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation was clean and had a fresh atmosphere. We also noted that equipment such as hoists and commodes were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that care staff recognised the importance of preventing cross infection. They were wearing clean uniforms, had access to antibacterial soap and regularly washed their hands.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. They also included practical measures such as people being kept safe by having special beds. These beds alerted care staff if a person got up at night and needed assistance. In addition, they automatically illuminated the floor near to the bed so that there was less risk of a person tripping and falling.

Good

Is the service effective?

Our findings

People were confident that the nurses and care staff had the knowledge and skills they needed. They were also confident that staff had their best interests at heart. One of them said, "The staff here are very good and they help me a lot." Relatives were also confident about this matter. One of them said, "I find the staff to be very helpful and certainly they know what they're doing."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had a preference about the gender of the nurses and care staff who provided them with close personal care.

Records showed that new nurses and care staff had received introductory training before they provided people with care. In addition, records showed that since our last inspection established nurses and care staff had received intensive training in a number of key subjects. The registered manager told us that this training was necessary in order to confirm that nurses and care staff kept their knowledge and skills up to date. We found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The food here really is quite good actually and we always get more than enough." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. People were offered a choice of dishes and the meals were attractively presented. However, we also noted that care staff were late assisting some people to move to the dining room. As a result of this, some people were only starting their meal when other people sitting at the same table had finished dining. This reduced people's ability to enjoy dining as a shared experience. We also noted that one member of care staff was assisting two people to dine at the same time. This was an arrangement that did not fully enable the people concerned to receive an appropriately personal service. We raised both of these concerns with the registered persons who told us that the dining arrangements would immediately be changed so that the shortfalls were addressed.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drink specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this was the service subscribing to the 'trusted assessor' scheme at their local hospital. This involved a specialist nurse who was based in the hospital being fully briefed about the facilities and resources provided by the service. This then enabled the nurse to accurately and quickly establish when it would be appropriate for a patient to leave hospital in order to be admitted to the service. Another example of this included care staff offering to accompany people to hospital appointments so that they could pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. We saw an example of this during our inspection visit in that arrangements had been made with a local doctor to regularly call to the service. This had been done to enable the doctor to regularly review the healthcare needs of the patients who were registered with their surgery.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges. In addition, most areas of the accommodation were well decorated and comfortably furnished.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. This involved the registered persons, nurses and care staff following the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager, nurses and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about a person undergoing a particular medical procedure. This had enabled careful consideration to be given to whether the benefits of undergoing the procedure outweighed the distress the person might experience.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are all very kind to me. They seem to find the right people to work here." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I come regularly to the service and I've never had any concerns at all about the care people get here." Another relative said, "The carers really care. I got messages from the staff asking about my family member's well being when they were in hospital. When they came back the staff sent me a message to say they were okay and settled. I really appreciate it because it puts my mind at rest if I'm not here. Also, if I'm away the staff reassure my family member."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Nurses and care staff were informal in their manner and were friendly when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in one of the lounges and chatting with them about their joint favourite television programmes.

Nurses and care staff were considerate and we saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. This included arranging with family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. We also noticed that whenever possible the registered manager made a point of being on duty when a person arrived so that they could personally welcome them to their new home. Furthermore, records showed that nurses and care staff gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that nurses and care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One of them remarked, "The staff are good and they know how I like to be helped. They're around but not in your face all of the time. That's how I like it." Relatives were also positive about the amount of help their family members received. One of them commented, "I can see that my family member is settled here and that wouldn't be the case if they weren't treated well."

We found that people received personalised care that was responsive to their needs. Records showed that nurses and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving both the nursing and personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, changing position safely and promoting their continence.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. During the course of our inspection visit there was a lively atmosphere in the main lounge. In the morning a number of people were being supported to enjoy a hand-eye coordination game. In the afternoon, two singers called to the service and we saw people smiling and laughing as they sang along to a medley of their favourite tunes. In addition, we saw people receiving individual assistance to enjoy activities. An example of this was a person who was assisted by a member of care staff to enjoy solving a word puzzle game.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake and in addition people were given a present by the registered manager. Furthermore, people had been enabled to share in community events. As an example of this, on the day of our inspection staff had dressed up to support fund raising for a national Children In Need event. In addition, photographs showed that shortly before this people had enjoyed joining staff to raise funds as part of the national Breast Cancer Awareness Day.

We noted that nurses and care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when the registered persons had received a complaint the matter had been thoroughly investigated and resolved to the satisfaction of the complainant. Speaking about their experience of using the complaints procedure a relative said, "I did

complain once. But it was dealt with straight away and very professionally."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable.

Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that nurses and care staff had supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "It seems to me to work smoothly enough. It must take quite a lot of organising I suppose but all I can say is that I get all of the help I need every day." Relatives were also complimentary about the management of the service. One of them remarked, "I think that the service is very well managed indeed. The manager is a very experienced nurse and she sets high standards for the place."

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive.

In addition, we noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Nurses and care staff were clear about their responsibilities. We noted that each shift was led by a nurse who was in charge and who was assisted by a senior member of care staff. In addition, records showed that information was carefully handed over between nurses and senior care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed.

People who lived in the service, their relatives and staff were engaged and involved in making improvements. Documents showed that the registered persons had carefully considered what arrangements would best enable people and their relatives to give feedback. We saw that people and their relatives had been invited both to complete quality assurance questionnaires and to attend open meetings with the registered persons.

In addition, we noted that people and their relatives had been invited to meet with the registered persons in private if they wished to do so. We noted a number of examples of the suggested improvements being put into effect. An example of this was staff being encouraged to car-share when they went to work so that there was more space for relative's to park when they visited. Another example was plans that had been made to lay additional paths in the garden to enable people to have better access to all parts of the grounds.

Nurses and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any

concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

We noted that the registered persons adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. Records showed that these arrangements had been successful in that high levels of occupancy had been maintained.

In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons examining regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working including enabling people to promptly be discharged from hospital after their treatment had finished. Another example was the service subscribing to the use of 'nurse associates'. This involved two members of care staff being nominated to receive specialist training to enable them to complete additional care tasks that might otherwise need to be done by community nursing staff.