Hampshire County Council

Hawthorne Court Nursing Home

Inspection report

21 Hamilton Road
Sarisbury Green
Southampton
Hampshire
SO31 7LX

Date of inspection visit:
20 January 2020
22 January 2020

Date of publication:
01 May 2020

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

About the service
Hawthorne Court Nursing Home is a care home which currently provides personal and nursing care to 75 people aged 65 and over. The service can support up to 80 people, including people admitted for short stay and reablement and those living with dementia.

People's experience of using this service and what we found
People felt safe. Staff had received training in safeguarding and understood the actions they needed to take if they identified any concerns. Systems were in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Infection prevention and control procedures were in place and a range of audits were carried out by senior staff.

A range of healthcare professionals, including community nursing and mental health teams, were involved in people's care when necessary. People received personalised care in line with their assessed needs and their care plans. Risks were assessed and actions taken to minimise these while promoting independence as far as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who had received a thorough induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. People were supported to have enough to eat and drink.

The service was responsive to people's needs and staff listened to what people said. People were confident they could raise concerns or complaints and that these would be dealt with. People and their families or other representatives were involved in discussions about their care planning. The provider sought feedback through the use of questionnaires and surveys.

The provider and registered manager promoted an open and inclusive culture within the service, and governance systems were focused on safety and quality improvement. There was a strong person-centred ethos which reflected the provider's values. The provider had a programme of ongoing investment to improve the environment. This included investing in technology and systems to improve both the environment and people's experiences of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Hawthorne Court Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector accompanied by an assistant inspector, a Specialist Advisor and an Expert by Experience. The Specialist Advisor had clinical and practical experience and knowledge of best practice relating to the care of older people and those living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hawthorne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eleven people who used the service and two relatives about their experience of the care provided. We spoke with a number of staff including the registered manager, two deputy managers, registered nurses and assistant practitioners, care assistants and administrative staff. We also spoke with a visiting GP.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We received feedback from two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report safeguarding concerns and were aware of outside agencies they could contact if necessary. Staff told us,"We have a phone number for the safeguarding team. Everyone's empowered to ring directly if they wanted to" and "I would report to senior managers or speak to adult services or out of hours safeguarding team."
- Staff could describe possible signs of abuse and were confident that the management team would respond appropriately if they raised any concerns.

Assessing risk, safety monitoring and management

- People confirmed they were happy living at Hawthorne Court and felt safe. For example, two people who were assisted to move by staff using hoists told us, "That's no problem, I'm safe in it" and "I've got used to it now. I feel safe in it and don't mind." A relative said, "I have no problem at all with safety here. She's safe and happy here."
- Care plans contained risk assessments. People had been risk-assessed for risks such as not being able to use the call bell, for falls, moving and handling, tissue viability and choking. When risks had been identified, the care plans contained guidance for staff on how to manage these. The risk assessments had been reviewed monthly, and the plans had been updated as people's needs changed.
- A range of systems and processes were in place to identify and manage environmental risks, including maintenance checks of the home and equipment and regular health and safety audits. A current Legionella risk assessment and record of monitoring checks were in place.

Staffing and recruitment

- People were supported by sufficient staff with the right skills and knowledge to meet their needs. People confirmed that staff were available when they needed care and support.
- Some staff mentioned there was currently a high use of agency staff. The registered manager told us this was being reduced through on-going staff recruitment drives.
- Staff rotas were planned in advance and records showed the daily allocation of staff to provide cover across all units. New agency staff worked with experienced regular staff. Staffing levels were monitored and reviewed according to people's changing needs.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

The system of checks included agency staff who worked at the service. Records were on file showing that checks were also undertaken to ensure that nursing staff were correctly registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

● People's medicines were managed so that they received them safely. There were procedures and records in place and staff demonstrated clear knowledge and understanding of the processes. Nurses and senior care staff received medicines training and updates which included competency assessments. The medicines room was clean and tidy and the room and fridge temperatures were checked regularly and recorded.

● People's medicines records included important information such as allergies and an up to date photograph of each person. Medicines administration records (MAR) were audited regularly to ensure medicines had been given and signed for by staff.

● Controlled drugs were stored and managed safely and in line with current practice. This included having a second member of staff check and sign when these drugs were administered.

● Protocols for medicines taken on an "as required basis" (PRN) were in place and utilised for those people requiring them, including clear instruction as to what, when and why it could be given. A medicines disposals book was maintained and products for disposal were recorded and stored safely.

Preventing and controlling infection

● The home appeared clean and furniture and fittings were clean and in good condition. Corridors were kept uncluttered. We observed domestic staff on each floor cleaning the rooms and communal areas. People's comments included "It's very clean here, they're always cleaning something" and "It's spotlessly clean here."

● The provider had infection prevention and control (IPC) policies and procedures. Staff were trained in IPC and were equipped with, and used, protective clothing, such as aprons and gloves. Cleaning schedules and records were in place and a range of audits were carried out by senior staff.

Learning lessons when things go wrong

● Incidents and accidents were recorded electronically from written incident forms. The records showed appropriate action was taken. Systems were in place to ensure staff monitored people for any health concerns for 24 hours following any accidents or incidents.

● Action taken by staff to ensure people's safety following accidents and incidents was appropriately recorded and reported. The provider and registered manager reviewed this information for any trends.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Records showed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person or their representative, had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. Consent forms had been completed with people confirming they had agreed with the support provided.

● People had person centred care plans that detailed the care and support people needed. This ensured that staff had the information they needed to provide consistent support for people. There was information about people's lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way.

Staff support: induction, training, skills and experience

● Staff said they received regular supervision and relevant training and records confirmed this. The provider had introduced a new online system for monitoring the delivery of staff training. Staff comments included, "If we ever think we need refresher training we can just ask. I asked for phlebotomy again so have been put on that" and "Sometimes I even think we get too much training, there's always something on."

● Staff had good working knowledge of people's individual needs and how to meet them in a person-centred way, for example, when discussing about people's care plans the registered nurse on duty knew the individual needs and how to care for them.

● Staff received a comprehensive induction. An agency care worker said they also had a good induction to the service and the electronic support planning system was "Good, easy to use and guides you".

Supporting people to eat and drink enough to maintain a balanced diet

● Each person had a nutritional assessment and support plan that was kept under review. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes when necessary.

● There were members of care staff trained as hydration and nutrition champions, whose roles were to help ensure people drank and ate sufficient amounts, prioritising those people assessed as needing support. During the inspection we observed that every person had a drink with them and were offered regular hot or cold drinks by staff. The service was taking part in a hydration for care homes project and information about hydration was on display.

● We observed the lunchtime meal being served. The TV was on pause and soft music played instead. Tables were laid with tablecloths and cutlery and a choice of cold drinks was available. People were offered

serviettes or larger clothes protectors. The meals appeared appetizing and were served from a heated trolley. Portion sizes varied according to peoples wishes.
● Staff with a variety of roles assisted with the delivery of food and support people required. When supporting people to eat, staff sat down and chatted to them throughout, asking if they were ready and giving gentle encouragement. Some people used adapted cutlery to eat their meal independently. During the meal one person stated they wanted to go back to their room. Staff assisted the person to their room and their meal was taken on a covered plate for them to finish there.
● There was a choice of food. People told us, "You choose when they come around with a list of meals on a piece of paper" and "You get two choices, if I don't fancy them, I'll ask for an omelette or a salad." One person said, "I can't remember what we're having today, but it's always lovely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Records showed people had access to specialist services including physiotherapists, opticians, podiatrist, dentists, dieticians, speech and language therapists, and the community mental health team. A health care professional told us the service worked with them to meet people's needs and attended relevant training. They said, "Recommendations appear to be followed and staff contact the department if there are any concerns." A GP who visited the home regularly said, "We all work as a team, everything is very good."
● People with physical health care needs, for example, epilepsy, catheters, diabetes type one and two, had care plans to guide staff on how to care for them. People also had oral health care plans in place with guidance on what assistance was needed.

Adapting service, design, decoration to meet people's needs
● The home was a purpose built nursing home. Each person had their own room they could personalise as they wished. There was an ongoing programme of maintenance and improvements to the environment.
● Store rooms and bathrooms were kept locked when not in use. Windows had safety locks in place. Staircases could only be accessed using a number key pad. Corridors and lounges had wheelchair user friendly access. There were handrails along the corridors.
● Every spare corner had been utilised in the home. At the end of corridors there were seats with an array of reminiscence memorabilia in place. These included a Saints football team corner, a garden area with a garden bench, a royalty area with letters of thanks from Queen Elizabeth's staff, a red post box, WW2 displays of D-day, operation Overlord and V.E day.
● Walls in corridors had been decorated with pictures of singers and film stars, and displays of arts and crafts, including paintings and textured 'pebble art' created by residents and staff.
● Outside, the garden was set centrally so could be seen from the windows on four sides of the home. The garden had a flat surface with raised beds, benches, tables and sitting areas, and bird feeders.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The registered manager and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways. Care plans provided staff with guidance about how to involve people as fully as possible in making decisions.
● One person received their medicines covertly. A mental capacity assessment and best interest decision had been recorded, with the involvement of the GP and advice from the pharmacist on how the medicine should be given. Another person had an MCA and best interest decision for bed rails. This recorded that a crash mat had been used in the past to be least restrictive but was not effective.
● Staff had received training in MCA and we observed staff asking people's consent before providing care and support. Staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways. Staff told us, "You have to assume people have capacity until it's proved otherwise" and "You have to ask for consent for everything, you don't just go ahead and do something without asking. I know I wouldn't like it" and "DoLS is to make sure they [people] are in the right place to keep them safe, but it has to be in they're best interests."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We heard staff chatting with people throughout the day. Staff knew people well and spoke about them with fondness. People's comments included, "They're excellent here. If they can't help you with something, they'll get someone else who can help" and "I get on well with the staff, we have a bit of banter between us, they're lovely."
- We met a person had not been well enough to attend their spouse's funeral. They talked about how they felt very supported by the staff, who had held a small event in the home to coincide with the funeral. "It was very nice and everyone was very kind to me." They also said, "If I want anything, I call out 'excuse me, can you help me?' They always come, I've never been ignored. It's made all the difference to me being here, knowing they are so nice."
- One person appeared anxious and was asking if they were safe. Staff were patient and gently reassured them: "Yes, it's okay, you're safe here." The person said, "Oh okay, good, and they're expecting me?" Staff responded, "Yes you're about to have your lunch, all paid for already so you don't need to worry about that. All safe."
- As the afternoon drew on, staff members visited each person's room and, if in agreement, drew the curtains and put lamps and side lights on. This gave the rooms a warm and homely feel and glow.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed their wishes were respected and acted upon. For example, "At night time I like to have my door closed but the light left on the dim setting" and "I like to have my door left open at night" and "I have the door open at night and the curtains closed."
- Care plan records reflected people's choices were respected. This included declining care, in which case staff would come back later and continue to encourage the person to accept care.

Care plans included clear guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand.

- We observed care staff asking people where they wanted to go and what would they like to do.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their privacy and protected their dignity. People appeared comfortable and were dressed in well-fitting, clean clothes. Staff spoke about people in a friendly and respectful manner and demonstrated understanding of their individual needs.
- People's care and support plans were written in a respectful way that promoted people's dignity and independence. For example, one person preferred female staff to support them with personal care and staff

support was planned accordingly.
● We observed staff promoting people's privacy, dignity and independence during a home visit by a GP. People were asked if they wanted to be seen by the GP in their room. When one person chose to speak with the GP where they were in a communal area, a member of staff took them to a quiet corner where there was more privacy.
● Staff told us, "We do try as much as we can to help people do what they can" and "You have to try to help people do things for themselves. Some might try and then say 'actually I can't' but at least they've had a go."

● Confidential records were kept secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we found some care plans lacked details about the issues presenting, how they were managed and the best way to support the person, particularly with regard to mental health and dementia. At this inspection we found improvements had been made.

- People's individual care plans utilised information obtained through initial and on-going assessments. Information included people's backgrounds, spiritual needs, hobbies and interests and helped staff know what was important to people and engage with them in a meaningful way.
- People's family and friends were involved and listened to. A relative whose spouse had been admitted for short stay care told us, "I can't find anything to fault here" and "She's cared for so well."
- Care plans had been updated regularly and clear review dates were set after each plan had been agreed. Changes in people's health and wellbeing that required different levels of support or assistance were recorded and shared with staff.
- Daily care records completed by staff showed people were provided with appropriate care and support, which was individual and personalised. Handover meetings were conducted daily and documented. This allowed staff to effectively share information about any new risks or concerns about a person's health or wellbeing.
- Some people had behaviour support plans, when applicable, and staff were familiar with the agreed strategies. Staff were able to explain the processes they would follow and said they had received training on managing challenging behaviour. The community mental health team were involved in providing further support.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication support plan with details about their preferred means of communication and the support they needed. For example, one person sometimes used signs and gestures to express themselves. While they understood spoken English, it was not their first language and some words from this were included in the care plan to help staff if needed when communicating with the person.
- The service involved people and their families or carers in planning care and information was provided in

a format that was suitable for the individual. People with specific needs such as visual or hearing impairment were referred to appropropriate specialists for assessment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● We observed staff recognising visitors, greeting them and making them welcome. Relatives spoke positively about feeling welcome in the home. One said, "The staff all talk to me, I've had nothing but pleasantries and I can make myself a drink in the kitchen." Another relative told us, "I can have a meal here. On Christmas day they saved a lunch for me and I ate it with mum."

● There were a range of activities on offer and people could choose what to take part in. Planned activities were shown on monthly information sheets. These included quizzes, chair exercises, crafts, one to one sessions, games and visits from entertainers. There were photographs showing people enjoying activities in the home.

● People spoke positively about the activities and the activity co-ordinator, who had been nominated for a regional care award. Three other activities staff had left and, while these posts were being recruited to, the activity co-ordinator was supported by care staff and volunteers.

● One person told us, "I'm not keen on mixing with other people, I do go and do the exercises though." Another person said, "I used to just sit in my room but now I've got this wheelchair I go to the lounge or to whatever activity is going on. A lot of the time I sit here and play my music or watch one of my DVD's." Another person said, "I'm looking forward to seeing 'Delvis' again this week. I've got a photo of him here."

● A relative said, "She enjoys the homes activities here and they're open to the relatives attending." Another relative told us, "There's only one activity co-ordinator at the moment but they made a big effort here at Christmas. Everyone was up and in the lounges together. They had a big party the week before and a New Year's party."

● The activity co-ordinator, who had led a successful sugar craft session in the morning, showed us the home's shop and said that they took a trolley round to people regularly, from which they could purchase toiletries, sweets and snacks. The home also had a pub, and activities room and a hairdressing salon.

Improving care quality in response to complaints or concerns

● No one we spoke with said they had made any official complaints. The provider had a clear policy and procedure for acting on concerns and complaints, so people could be confident that any concerns they raised would be dealt with in an appropriate manner.

● Records were kept of complaints received, the responses to them and actions taken by the service. For example, following concerns raised about the conduct of some agency staff, action had been taken that included updating the agency staff induction and ensuring new agency staff worked with permanent members of staff.

End of life care and support

● End of life care plans were written in a sensitive manner and contained enough detail to care for people at end of life. Do not attempt resuscitation (DNAR) forms were in place and records showed people and their families had been consulted. Advance care plans were detailed and showed people and their families had been involved.

● The registered manager told us the service had recently undertaken work to raise awareness about end of life care with a specific focus on religious belief. Meetings had been scheduled with people's families and this had led to increased discussion about how people wished to be supported at this time.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was promoting an open and inclusive culture within the service. They carried out walkabouts to check what was happening in the home and had an open door policy for people who lived there, visitors and staff. Throughout the inspection we observed a culture of teamwork and that staff had time to engage with people.
- Staff said they felt well supported by management. A member of staff told us, "Yes I do feel supported, we tend to support each other a lot." An agency member of staff said they could "Approach anyone, no matter what their title. If I have a question they'll provide me with the answer."
- Other staff comments included, "There's a culture of learning, not a blame culture. People will raise issues because they'll be looked into and then learn something from it" and "(Registered manager) is the calmest manager I've ever worked with … I think she's very fair, she tries very hard."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately.
- Where issues were brought to their attention, the registered manager and provider investigated these and informed relevant parties as needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and there were clear lines of accountability.
- Regular audits of the quality and safety of the service took place and were recorded, such as audits of medicines, nutrition and weight checks, contractures and pressure wound monitoring. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. The registered manager maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. A copy of the report was sent to the service manager and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service used feedback to drive improvements and promote high quality care. A relative told us, "They

do regular surveys here, so we can give our opinions." The registered manager also held meetings for relatives. A person told us, "My family have been before; they tell me what was discussed." A relative said, "I go. Once I complained that staff were parking in the disabled space. The manager got back to me very quickly. She'd spoken to the staff about it and I don't think it happens anymore."

● A survey of the views of people's relatives and friends had taken place in October 2019. The registered manager had responded to feedback about food and staffing. Kitchen staff had completed further training and visited other services to share and develop practice. New equipment had been purchased for the kitchen and food quality had improved. A catering officer was now in post to improve this aspect of provision across the provider's services. The deployment of agency staff was being monitored and reduced through on-going recruitment drives.

● Managers and staff had daily meetings and handovers that ensured people's care and support needs were discussed and monitored. This was further assisted by the new electronic recording system for care and support.

Continuous learning and improving care

● The service had systems in place to report, investigate and learn from incidents and accidents. Investigations were undertaken following incidents and appropriate actions were taken in response.

● In-house clinical governance meetings took place to discuss clinical issues and agree any actions and learning. For example, following an identified increase of skin tears and bruising in November and December 2019, the induction training for agency staff now had more of a focus on moving and handling techniques. There were also weekly checks to ensure the appropriate use of equipment.

● Registered managers' meetings were held regularly and were used as an opportunity to share good practice.

● The provider had invested in new IT and upgrading WIFI throughout the building, as part of a move toward electronic care planning, which would be a more efficient and secure way of managing people's personal information and care.

Working in partnership with others

● The service had recently worked on a pilot project with the speech and language therapist (SALT), to improve the referral and assessment process for people where there were concerns about eating and drinking. The service also worked closely with GP's, the tissue viability nurse, continence nurse, occupational therapist (OT), community mental health team, dentist, optician, and chiropodist.

● Staff on the reablement unit worked closely with care managers, occupational and physiotherapists to enable people to return home and, if needed, to receive care in the community. This also assisted the general management of health services overall.