

Care UK Community Partnerships Ltd

Hartismere Place

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Hartismere Place is a residential care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection there were 54 people living in the service.

People's experience of using this service and what we found

People benefitted from a service that was particularly well-led. The registered manager had been in post for six months and in that time had developed all aspects of the service. They were supported by a very proactive provider team. The provider, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

The service was very responsive to people's health and social care needs. The service was very open to using people's life experiences to improve their care and social well-being. Care plans were regularly reviewed and adjusted to take account of any changes in people's care and support needs and health status. The nursing staff ensured referrals were made to appropriate health and social care professionals as needed. We received particularly positive feedback about how the service supported people and their relatives when providing care at the end of people's lives.

People were able to participate in a range of meaningful activities that were based upon their activity profile. The staff took time to find out about people's life history, their occupation and interests and hobbies. People and their families were encouraged to make their views known and become involved in all aspects of the service.

People received a safe service. Staff received safeguarding training and knew what to do if they suspected people were at risk of harm. Other risks to people's health and welfare were well managed. Risks were assessed, and plans put in place to keep people safe. The number of staff on duty for each shift were based upon the collective care and support needs of each person in residence. This ensured the staff team could safely provide care and support to each person. Pre-recruitment checks ensured staff were suitable to work with vulnerable people. Medicines were well managed, and people received their medicines as prescribed. People were protected by the home's infection control policy and procedures.

People received an effective service which met their care and support needs. Staff training ensured they had the relevant skills to meet people's care and support needs. Staff were regularly supervised to ensure they worked well. People had access to the healthcare support they needed. We received positive feedback from healthcare professionals.

We received positive feedback about the quality and choice of meals. We observed meals were a social experience. A variety of snacks and drinks were freely available throughout the day.

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 received a service that was caring and centred around their specific needs and preferences. We observed people were relaxed and comfortable in their home. We received positive feedback from people relatives, staff and other professionals regarding the caring attitude of staff. The staff team had a good understanding of each person's individual needs. We observed people being treated in a warm and respectful manner by staff.

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 May 2019).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Hartismere Place

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, a specialist advisor in nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hartismere Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and 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 home since the last inspection. We sought feedback from the local authority and professionals who work with the home. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed the care and support provided and the interaction between people and staff throughout our inspection. We spoke with 14 people who lived in the home and nine relatives about their experience of the care provided. We spoke with the regional director, registered manager, deputy manager, six care staff including a nurse and senior carers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback by e mail from 10 relatives, five care staff and two healthcare professionals.

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

- People told us they felt safe living in the service. One person said, "The carers make me feel safe, I never feel unsafe."
- There were established safeguarding systems and processes in place. Staff were aware of these and knew how to report any concerns.
- The registered manager was aware of their responsibility to report concerns to the appropriate external authority.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed, using recognised tools such as Waterlow for pressure ulcers and the Malnutrition Universal Screen Tool (MUST) where appropriate.
- Care plans provided staff with the information they needed to manage identified risk. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as crash mats were in place. The Herbert Protocol was used which provided accessible information to share should a person go missing. Other specific risk assessments included having a grab rail on the bed and use of a wheelchair to identify how risks were mitigated.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.

Staffing and recruitment

- Most people told us there were sufficient staff. One person said, ""Staff are good, they are always around," and another said, ""Staff are very helpful, very rarely is there a problem waiting. They answer bells reasonably quickly, it is not a problem."
- A tool was used to assess the number of staff required, based on people's needs. This was used alongside observations by senior staff to assess the number of staff required.
- The registered manager told us they had previously used a number of agency staff but they had recently recruited a number of new staff which had reduced the number of agency staff.
- Staff continued to be recruited safely with appropriate pre-employment checks carried out. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- Staff knew how people liked to receive their medicines. One person said, "I have several tablets early morning, mid-day and in the evening, never missed any. They usually put them in my hand and stay until I

have swallowed them."

- Medicines systems were well organised, and people received their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff were trained, and their competency assessed before they administered medicines.
- There were processes in place to ensure people's behaviour was not controlled by excessive or inappropriate use of medicines.

Preventing and controlling infection

- People and their relatives said their rooms were clean and their personal items well looked after.
- Staff had received training in infection control. We observed gloves and aprons being used when staff were supporting people.
- Domestic staff were observed being very thorough cleaning handrails and memory boxes. Cleaning schedules were in place along with audits of infection/cleanliness.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. The registered manager told us they checked the accident book daily for any urgent actions as well as looking for any longer term trends.
- Any lessons learnt or identified actions were shared appropriately at the daily meeting or at regular team meetings.

Is the service effective?

Our findings

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 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

- People's care needs were assessed before they moved into the service to ensure the service could meet them. The assessment was comprehensive and included protected characteristics under the Equalities Act 2010.
- Regular reviews of people's care plans ensured they were up to date, and the person was receiving the appropriate care and support.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to deliver the care they needed. One person said, "I think they have good training, they always say what they are going to do."
- New staff completed a comprehensive induction programme. This included completing an induction booklet which was supervised by senior staff.
- The registered manager told us that changes to the induction of night staff, giving them day shifts to get to know people before going onto nights had improved staff retention. This also meant people did not meet a new member of staff for the first time during the night.
- Nursing staff had access to clinical skills training including syringe drivers, pressure care and catheter care.

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

- People told us the food was good. One person said, "Food is quite plentiful, if you don't like it they find you something else, like poached eggs or scrambled eggs, they do for me."
- Where people were identified as being at risk of malnutrition and dehydration care plans show they were monitored through being weighed regularly and the use of food and fluid charts.
- The lunchtime meal was a social experience. People and staff ate together. People who chose to eat in their room were given plenty of time from the staff to choose their meals with show plates to aid people to make a choice.
- Snacks and drinks were available throughout the day. One person said, "There is fruit on the table to help yourself, I have got a banana for later in my bag."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access healthcare professionals when they needed. One person said, "I see the chiropractor, doctor if I need one. As far as I am concerned they do everything I need."

- A relative told us how the staff had worked with other care professionals. They said, "They were quick to spot the return of [health condition] and worked seamlessly with the doctor and hospital to secure a diagnosis and put in care a plan of treatment."
- The service had developed good working relationships with local healthcare professionals. We received positive feedback from the local GP surgery.

Adapting service, design, decoration to meet people's needs

- The service was purpose built and people were able to access all areas of the service and garden.
- There was signage throughout the service to help orientate people. There were some coloured signs bespoke to individual residents to help them navigate to their own room and the dining room.
- People had been encouraged to personalise their rooms and there were various objects of memorabilia around the home which formed topics of conversation.

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.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions the records identified best interest decisions had been made and recorded.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. We observed staff seeking people's consent before providing care and support.

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 received positive feedback from people and relatives about the caring attitude of staff. One person said, "[Staff member] who runs the unit is a fantastic woman who goes the extra mile, she stays after her shift, she is dedicated to the job, she is lovely to staff, lovely to the residents, just a lovely lady."
- Care staff demonstrated their awareness of people's likes and dislikes. For example, they knew how people liked to have their drinks and snacks and where and how they liked to spend their time.
- Conversations with care staff demonstrated the quality of the care they provided to people was at the heart of the service. For example, one member of staff told us how they supported a person who displayed particularly challenging behaviour to have a good day.
- The whole staff team demonstrated a caring and compassionate attitude. A relative said, "I am always impressed with the friendliness of the staff and the way in which they all (including office, catering, maintenance) know and talk to [family member]." We observed the laundry person returning a person's clean laundry. The interaction demonstrated they knew the person and their preferences. The maintenance staff walked through the service, waved and called out people's name as they went past their door

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

- People and their relatives confirmed they were included and involved in care planning and reviews. A relative said, "The level of care [family member] receives is superlative – [family member's] carers give me regular reports and don't hesitate to contact me with concerns or questions."
- Care plans were reviewed each month as part of the service Resident of the Day. A senior care staff member told us each person was Resident of the Day on the same day of the month. This meant they and their relatives knew which day their care plan would be reviewed. They also said if relatives could not attend for the review, they knew when to expect a telephone call to discuss their family member's care.
- People were encouraged to take an active decision making role in their care. One person opted not to follow advice to wear compression socks and this was respected, discussed with the relevant care team and recorded in the care notes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "I do feel respected they knock on my door and ask permission to come in."
- Visitors said they felt very welcomed by staff and people's relationships with their relatives were encouraged and promoted. Relatives were able to book a child friendly family room if they wish to have a more private space to visit their family member.

- People were supported to be as independent as they were able and had the opportunity to retain their skills and abilities. We observed one person brought their own supply of drink powder to the kitchen and used the microwave to heat the milk. A member of staff asked if they required any help, but they declined and prepared their own drink before taking it back to their room.

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 Good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The care provided was exceptionally personalised staff knew people well. This included their social and cultural background. This meant that when people's physical or mental needs changed they were able to identify this very quickly and take action to support the person and really make a difference to their care, ability to be independent and live fuller lives.
- Staff had noticed that a person's confidence was decreasing as their mobility declined, the person was reluctant to come out of their bed room into communal areas. Following discussions with the person and extensive external research specialist equipment to support the person's mobility was purchased. The person is now regaining their mobility and thereby their confidence.
- Staff had a thorough understanding of the people they supported and quickly recognised any changes in their mental or physical well-being. For example, following the diagnosis of a serious illness a person had become depressed. Staff noticed this and began giving them more one to one support. During this support they found out that the person had a particular skill which could be used in the service. The person is now actively managing an activity in the service. The registered manager told us that the person is now more confident and now actively engages with people. This has really changed their quality of life.
- Staff were pro-active in using people's prior interests to develop meaningful activities. One person came out of hospital quite poorly and was confined to bed. They had little strength in their legs. Liaising with the family the staff found that the person had an interest in carpentry. Carpentry related activities were provided to encourage the person out of bed and become more mobile. The occupational therapist recently visited the person and said they now have sufficient strength to use a stand aid.
- People were encouraged to participate in the activities of daily living such as laundry and cooking. Following feedback from people regarding their involvement on this type of activity the kitchen had been re-arranged to enable people to assist with food preparation as they would have done in their own home. Feedback was that this has given people a feeling of purpose and normality.
- There were a wide range of activities provided to ensure people did not become socially isolated and promoted their physical and social well-being. One person said, "They have activities all the time, musical exercises, I enter any craft things they do, you please yourself, Rector comes every six weeks for a service, do flower arranging, I get lots of visitors, I have got more than enough to do".
- The service was actively involved with local community organisations including local schools. This involvement was sustained and had benefitted people living in the service and the wider community. We were given examples of where community involvement had improved people's behaviour and their quality of life.

- The service also organised outings to the local attractions. A relative said, "There are quite a few outings and activities for the residents to go on or attend. My (relative) went to Banham Zoo this year which was the first time she had been anywhere for years. She doesn't visit our houses due to not travelling particularly well and getting in and out of the car is also difficult for her. So, this was brilliant. She also enjoys the singing and seeing the children when they visit. Nobody at the home makes the residents join in if they don't want to which again is a good thing."
- Following our inspection visit, 10 relatives took the time to contact us to tell us about the excellent and personalised care provided which had positive outcomes for their family member's wellbeing. A typical example was, "The staff there have transformed (relative) from being very angry and unhappy to calm, relaxed, happier. Her sense of humour has returned as has her singing."
- People had individualised care plans, which detailed the care and support they wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. Oral health assessments were detailed and identified how much each person could do for themselves and the type of assistance required.

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.

- The service worked to the AIS. There was good signage in the service which supported people to navigate their way around. However, the service has put in extra signage to support one person who needed extra support.
- Staff were very aware of what support people may need to communicate effectively. A person who was registered blind moved into the service. When they moved in they could do very little for themselves. The service explored with the person what they needed to become more independent. They found that if equipment was placed consistently, the person was able to use them. The service also found that if the lighting was adapted the person could see better. Increased lighting has been installed in the person's room. They can now do much more for themselves which has really promoted their independence.

End of life care and support

- There were no people who required end of life care living in the service during our inspection visit. However, we received positive feedback relating to the end of life care provided to people.
- People and their families were truly treated with compassion and empathy with a very personalised care and support.
- We received particularly high compliments about the caring attitude and actions of staff when a person died. Speaking of what staff had done when their family member had died, a relative told us, "When [we] returned on Sunday morning to see [family member] leave with the undertaker we were both quite overwhelmed by what had been done for [family member], all the medical paraphernalia had gone, [family member] was surrounded by fresh flowers and was holding red roses and [relative's] bible under [their] crossed hands. We were both reduced to tears by the very many kindnesses shown to [family member] and to us."

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 improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All the people and relatives we spoke with described the service as having an exceptionally inclusive culture. One relative told us, "From the clerical staff [named administrator] to the staff on reception and then onto the senior carers, [named care staff] and also the daily carers. Everybody here is happy to talk to you and discuss any problems we may find with [family member] and even the manager spoke to me with a query I had." Another said, "I met up with [deputy manager] and [registered manager] who made me feel like part of the team and told me to contact them if I had any concerns."
- The staff team were equally as enthusiastic about the management of the service and how they were supported to provide high quality care. They consistently told us how much they loved their job role and how they understood the importance of their roles on people's quality of life. One member of staff said, "Both the manager and the deputy's positive approach is contagious, and I am very happy to be part of the ongoing development of our person centred, meaningful life approach we offer each resident in our care. It's a lovely place to work and I am very proud of what we all do." Another said, "The new management team have given me so much support which I have never had in all my time in health care. [Registered manager and deputy] have an open door policy. Whether you work here or family visiting I feel and have seen the way they make people feel at ease no matter what they want to talk about."
- Two members of staff gave us examples of how the registered manager had supported them with adjustments to enable them to continue with and develop their career. The registered manager told us making adjustments of this type helped them to retain good quality staff which in turn meant people received high quality care.
- The registered manager had a clear set of values that supported a positive culture at the service and these were shared and understood by the staff team. A member of staff told us, "[Registered manager] is approachable, friendly, open and honest with the staff team. They have shared their vision for Hartismere and supported staff at all levels within the home to be part of the bigger picture and the success of the service we offer our residents."
- The management team in the service were supported by an equally pro-active provider. The regional director visited the service regularly and held sessions where members of staff were encouraged to drop in and speak with them about how they felt the home was run and any changes they feel may benefit all. The regional director told us it was through one of these drop in sessions they had recognised the potential of the current registered manager.
- Staff provided support in a person-centred manner and the impact of innovations, activities and staff support on people's well-being was abundantly clear. People had been supported to regain lost skills, learn

new ones or improve in their health and well-being because of support at the service. For example, one person had been supported to obtain a blue parking badge for their car. Due to problems with parking they had begun to lose confidence and drive less. The blue badge had enabled them to regain their independence and support others in the service to access the community.

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

- Relatives told us the service communicated well with them if their family member had an accident or incident. One relative said, "Had phone calls when [family member] fell in the first few weeks, no injuries, had a phone call about flu jab last week, their communication is good." Another relative said, "I get the occasional phone call, one about mental health assessment, [family member] had one turn of seizures and ended up in hospital, communication generally good on that."
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture at the service and if things went wrong people were informed and actions were taken to make things right.
- We saw evidence that learning happened from internal and external audits and improvements were put in place if this was necessary.

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

- The registered manager and all staff spoken with had a clear understanding of their roles and responsibilities in providing high quality care and support to people who used the service. A focus on strong team work supported and empowered staff to deliver care to people which consistently met their needs.
- The registered manager had been in post for six months at the time of this inspection. They had implemented a robust programme of checks and audits which helped them to identify potential shortfalls and quickly act on them to ensure people received high quality care at all times. This included medicines, health and safety, falls and the care provided.
- Staff received regular observations of their practise together with regular supervision sessions to ensure they were providing high quality care. Supervision sessions were also used to explore development aspirations of staff to support them to continually improve their practise.

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

- Monthly meetings were held to obtain feedback from people living in the service and three monthly meetings for relatives. Within the service information about the meetings was clearly displayed to ensure people were aware they were taking place. The registered manager also told us that they rang relatives the week before meetings to remind them they were taking place. This ensured a good attendance which provided broad cross-section of feedback.
- Relatives gave us positive feedback about the meetings. One relative said, "There are meetings for residents' relatives which we will be attending in December, again a good idea to get feedback from the families. I think it is better to discuss concerns when they are small as if left these blow out of all proportion and then are harder to resolve."
- Records showed feedback from these sessions was used to develop and improve the service. For example, following feedback it was identified people and relatives were keen to start up a 'Hartismere Group' to get together to work on projects around the service. One of those mentioned was a garden project. The first meeting of the project had recently taken place and plans for the garden improvements were being developed.
- Relatives also gave positive feedback about a recent talk they had attended. The dementia champion had

held a relatives meeting to help friends and relatives understand dementia and answer the questions they may have and help them identify ways to support their family member. Relatives told us this had enabled them to gain a greater understanding of how it was affecting their loved one. These talks on dementia were also being offered to local businesses.

- There was pro-active engagement with the local community. People living in the service regularly went out to events in the community and events were held in the service which the local community attended. A recent example was the service hosting the town twinning association cream tea. This was attended by 70 people including people visiting from Pouzauges in France, the local MP and senior staff from the provider as well as people and their relatives. People were involved in planning the day and providing the refreshments and entertainment. The registered manager told us they were exploring the possibility of some people living in the service attending next year's event in France.

Continuous learning and improving care

- The registered manager was supported by the provider to develop and maintain their skills. They attended regular meetings with other managers from the provider's other services to share learning. The registered manager received weekly updates from the provider informing them of changes to policies and safety announcements which they cascaded to staff.

- There were staff who were champions in subjects relating to people's needs. This included pressure care, falls and dementia champions. Champions promoted their subject to colleagues encouraging them to read the relevant policy and procedures around their specific area of expertise. Changes to policies were passed to the relevant persons to deliver to their colleagues at various one to one and team meetings. This demonstrated a commitment to developing staff's roles, receiving best practice guidance and continuously improving the provision of care.

Working in partnership with others

- The registered manager and assistant manager told us they shared extremely good relationships with others involved in people's care, such as commissioners and social and health care professionals. This was confirmed in the feedback we received. A local health care professional told us, "As a manager communication is the most important element and I have no problem with picking up the phone or walking over to talk about anything which is really important."

- The service also had very good relationships with other local community organisations which either came into the service or people went out to participate in events. For example, the local nursery used the service's garden in the summer. The registered manager told us when the children were in the garden playing there was increased attendance to the coffee shop, which gave a good view of the garden, as people came and enjoyed watching the children play. When the nursery was burgled, and equipment stolen the service carried out a fund raising exercise to provide new play equipment.