Hillcroft (Carnforth) Limited

Hillcroft Nursing Homes - Woodlands Drive

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?	**Outstanding**

Overall summary

The inspection at Woodlands Drive was undertaken on 09 December 2014 and was unannounced.

Woodlands Drive provides care and support for a maximum of 54 people, some of whom have dementia. At the time of our inspection the home was fully occupied.

Woodlands Drive is situated in a residential area of Morecambe. All bedrooms are en suite and accommodation separated into three units, each with their own dining room and communal lounge.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Processes were in place to safeguard people against abuse. People and their representatives told us they felt safe whilst living at the home. We observed people were comfortable and relaxed and staff engaged with them in a very caring and respectful manner. People confirmed staffing levels were sufficient for their needs and we found staff administered medication safely and effectively.

Staff worked with service users to ensure they received appropriate support. People told us they were supported to make decisions about their care. We noted people's nutritional needs were maintained and any related issues were acted upon. We observed staff maintained individuals' privacy and dignity throughout our inspection.

Staff checked and recorded people's preferences and cultural needs. Care records were detailed and individualised. Care planning followed people's assessed needs and was regularly reviewed to monitor their progress. People and their representatives told us they were fully involved in their care planning and care review. Staff effectively monitored people's health and worked with other providers where additional support became necessary.

Staff told us they were sufficiently trained and supported to carry out their work. Records confirmed staff were experienced and enabled to support people in their care. The registered manager had ensured people were protected against unsafe and inappropriate care because staff were effectively trained and supervised.

The registered manager worked hard to ensure the home had an open working culture. People and their representatives' views were regularly sought and acted upon as a way of checking the quality of the service. The staff and registered manager carried out frequent audits to protect the health and safety of visitors and people who lived there.

The management team and staff demonstrated good practice in working collaboratively with partner agencies in order to continuously improve the service people received. We saw a wide range of evidence that the home was well-led and the management team worked hard to provide an effective and responsive service.

Summary of findings

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.

People and their representatives told us they felt safe. We noted staffing levels were sufficient to assist the maintenance of people's safety. Systems were in place to protect people from the risk of abuse, neglect or harm.

We observed medication was administered safely. People understood the purpose of their medication and their records were properly maintained.

Good

Is the service effective?
The service was effective.

Staff told us they had received training and supervision to assist them in their role and responsibilities. Records we checked confirmed staff had received support and guidance appropriate to their role.

Staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with a variety of nutritious food and staff had assessed individuals against risks associated with malnutrition. People's changing health needs were monitored and external services were accessed for additional support where this was necessary.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care they received. We observed staff engaged with people in a very caring and respectful manner. We noted people's dignity and privacy were maintained throughout our inspection.

Care records demonstrated people and their representatives were involved in their care planning. People confirmed staff respected and involved them in their support.

Good

Is the service responsive?
The service was responsive.

Staff ensured people's care was individualised and regularly reviewed. People and their representatives confirmed they were involved in the review of their care, which ensured support was responsive to their individual needs. We observed people were sufficiently occupied throughout our inspection.

There was an effective complaints process in place.

Good

Is the service well-led?
The service was well-led.

Outstanding

Summary of findings

The service had an open working culture. People and their representatives confirmed the home was well-led. Systems were in place to check people's experiences and gain their views about the care they received.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home. Audits and checks were regularly undertaken and identified issues were acted upon.

A wide range of processes had been undertaken by the management team to assess and improve upon the quality of care people received. The registered manager and senior directors worked collaboratively with partner agencies in order to maintain upon and improve standards to meet people's needs.

Hillcroft Nursing Homes - Woodlands Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors; a specialist advisor, with NHS clinical governance experience of older people with dementia; 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. The expert by experience for the inspection at Woodlands Drive had experience of caring for older people.

The last inspection was carried out on 03 February 2014, when there were no concerns identified and we found the service was meeting the legal requirements.

Prior to our unannounced inspection on 09 December 2014 we reviewed the information we held about Woodlands Drive. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts and comments and concerns received about the home. At the time of our inspection there was an ongoing safeguarding concern being investigated by the Local Authority in relation to people's safety at Woodlands Drive.

We routinely ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR because this inspection was carried out quickly in order to check the safety of people who lived at Woodlands Drive.

We spoke with a range of people about the service. They included the area director, quality manager, registered manager, six care staff, two people who lived at the home and seven relatives. We also spoke with the commissioning department at the local authority and Healthwatch Lancashire. We did this to gain an overview of what people experienced whilst living at the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care on several occasions throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records. We checked documents in relation to four people who lived at Woodlands Drive and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

We observed staff engaging with people in a safe and supportive manner. People told us they felt safe whilst living at the home. A relative said, "I go home feeling and knowing [my relative] is safe. That is a great lift for me." Another relative told us, "I'm reassured [my relative's] here. [My relative] is in very safe hands and I can sleep at night knowing [my relative] is kept safe." A third relative stated, "It's well-kept and always clean and pleasant."

We reviewed how the registered manager recorded and responded to accidents and incidents within the home. We found these had been documented along with a record of actions taken to reduce the risk of further incidents. This meant risks to people who lived at the home had been monitored to ensure their recurrence was minimised.

We observed people were relaxed and smiling during our inspection. Staff consistently engaged with people to reassure and enable them to feel safe. For example, staff used reassuring tones and gave people time to talk when they needed this. This demonstrated people were supported properly because staff used appropriate methods to protect them from inappropriate care.

Our discussions with staff about safeguarding people demonstrated they understood how to respond to potential abuse and were confident about whistle-blowing any concerns. Training records we looked at confirmed staff had received related training to underpin their knowledge. The registered manager told us, "We do a fact finding when a safeguarding occurs or is alleged. We have staff meetings to discuss this as a team. My role is to find out how and what incidents occur and then inform the relevant authorities."

Care files contained an assessment of people's needs. This lead into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, falls, medication, pressure area care, deprivation of liberty and mental health care.

Risk assessments were individualised and were colour coded green, amber and red depending on the level of risk associated with people's general needs. Staff explained this alerted them to people's increasing risk and support requirements. This showed the service had arrangements in place to minimise potential risks of receiving care to people it supported.

We checked staffing levels the registered manager had in place to establish if there were enough staff to meet people's needs. A relative told us, "They have plenty of staff. [My relative's] needs are attended to quickly and I feel [my relative] is safe in this respect." We observed staff undertook their duties in a calm and respectful manner. Staff confirmed levels were adequate to support the needs of people who lived at the home. We were told agency staff had only been used once in the past year. This showed people had continuity of care from staff they knew and recognised.

Staffing levels had been properly assessed and monitored. For example, the registered manager told us, "We regularly arrange for additional staff to come in to take people out on trips to Blackpool, for example." We found there was a good skill mix of staff, including the registered manager, nurses, care staff and ancillary staff. This demonstrated the home enhanced its ability to meet people's needs by ensuring staffing levels had the right combination of skills.

We checked five staff files and found correct procedures had been followed when staff had been employed. This included reference and criminal record checks, qualifications and employment history. The provider had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment.

We checked five staff files and found staff had completed an induction programme following their successful recruitment. This covered fire safety, confidentiality, accident reporting, first aid, whistle-blowing, health and safety, manual handling and expected standards of care. A staff member told us, "If there is anything you are unsure of I'm confident to ask." This showed the registered manager had systems to protect people from unsafe care because staff were properly inducted.

We observed medication being dispensed and administered in a safe manner. Staff took their time and concentrated on one person at a time to minimise risks associated with this process. We noted the staff member had a very caring nature when giving people their medicines. For example, they sat down with the individual

Good

Is the service safe?

and explained in reassuring tones what the medication was for and the importance of taking it. A relative told us, “I’m satisfied [my relative] receives her medication as and when she needs it. The staff check [my relative] has taken this properly.”

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping. Medication was stored safely and only skilled, trained nurses administered people their medicines. One person told us, “I’m on medication and I’m aware of what it is.” This ensured medication processes were carried out using a safe and consistent approach.

The management team frequently undertook medication audits to identify any issues and underpin the safe administration of medication to people who lived at the home. Records we checked included monitoring of stock control, storage area cleanliness, record-keeping, errors and audit trails of medicines going in and out of the home. Nurses undertook a self-assessment of their competence annually and were observed by the registered manager. Audits included details of issues identified and follow-up actions to ensure the risk of re-occurrence was minimised.

Good

Is the service effective?

Our findings

People and their representatives told us they felt their care was good and provided by experienced, well-trained staff. A relative told us, "The staff are great. They're very experienced and know what they're doing."

Staff told us they were supported to access training and further qualifications to underpin their work responsibilities. A senior nurse told us, "I liaise with the training co-ordinator, along with the matron, for every member of staff about their personal development plan and home strategy plan for their training." This demonstrated staff were supported to access training in order to carry out their duties effectively.

We looked at staff training records, which demonstrated staff had qualifications relevant to their roles. This included professional qualifications and registrations related to qualified nurses. Training records confirmed staff had received information to support them in their role. This included manual handling, health and safety, dementia awareness and infection control. A senior nurse told us, "All our training is face-to-face. We are now more focused on training." People were protected against inappropriate care because staff were properly trained and qualified.

We saw the registered manager had made available evidence-based, best practice to underpin staff understanding in a variety of ways. For example, we noted a poster highlighting the principles of care and dignity sourced from the Royal College of Nursing. This was good practice in giving staff guidance in various formats to prompt them and increase their awareness.

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. A staff member told us, "Every time I ask for support I get a response." Records confirmed staff had opportunities to discuss issues they had and to explore their professional development. We saw documents included follow-up actions to monitor how identified issues were being managed.

We observed people were relaxed and comfortable. We noted staff interactions with people demonstrated they understood their needs and how to support individuals. A staff member told us, "My priority is my residents." Staff had a good awareness of each person. We observed staff consistently supported people to make decisions throughout our inspection. For example, staff offered individuals choice of fluids, meals and snacks; options of where to sit; and choice around activities to ensure people were occupied. They used every opportunity to engage with people in an effective manner and to provide social stimulation.

Care records contained documented evidence of people's consent to their care and support. This included information about people's choices with regard to, for example, name preferences, activities and nutrition. This meant people were protected from ineffective care because their needs and preferences had been identified and care planned.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with staff to check their understanding of the MCA and DoLS. Staff demonstrated a good awareness of related principals and training records confirmed they had received guidance to underpin their knowledge. This showed systems were in place to enable staff to support people who lacked capacity to make decisions.

We looked at three records where a DoLS application had been made. The applications showed that mental capacity and best interest meetings had taken place. Assessments of the individual's capacity to make decisions were recorded and all documents we reviewed were in-depth, signed and reviewed. There was evidence of family involvement in these processes. The funding authority that had placed the person at the home had been involved as part of the best interest decisions.

We did not observe people being restricted or deprived of their liberty during our inspection. We noted staff did not constantly observe people, but frequently monitored them

Good

Is the service effective?

to ensure their safety. One person told us, "I can come and go when I want." This meant staff were aware of how and where people were without limiting their freedom in any way.

We joined people for lunch and found the quality of food provided was of a good standard. For example, meals were well-presented and of ample portion. Blended diets, for people with swallowing difficulties, also looked appetising. People were provided with a wide and varied menu and, where appropriate, were supported by staff using a discrete and caring approach. One person told us, "I eat good food. The food is excellent."

We found the kitchen clean and the chef had undertaken appropriate food hygiene and safety checks. The chef had a good understanding of people's preferences and dietary requirements. They told us, "All the residents have a diet plan." We reviewed care records and found people's nutritional needs were frequently assessed. People's weights were checked regularly and potential risks of poor diet had been assessed. This meant people were protected from malnutrition and dehydration because staff had monitored their related health.

The registered manager had in place effective communication systems in place to ensure continuity of people's care. For example, daily care records were used to brief staff during shift handover. A staff member told us, "We assess residents if other health professionals, such as a GP, are required." Where an individual's health needs had changed, staff worked closely with other providers to ensure people continued to receive appropriate care.

Care records confirmed staff engaged with speech and language therapists, dieticians and GPs, for example, to enable people to maintain their support levels. A relative told us, "I was concerned [my mum] was losing weight and the staff reassured me [my mum's] health is being monitored well. They have shown me her weekly weights and the GP has been in to see her."

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received. One person said, "I'm looked after very well indeed." Another person told us, "The staff couldn't do enough for you." A relative stated, "It's beautiful here. It feels like a hotel and the care matches that. My [relative] and all the other residents, from my observations, are treated well and like guests." Another relative told us, "I can honestly say [my relative] gets first class care."

We observed staff engaged with people in a very compassionate and respectful manner. Communication was a two-way process, where staff consistently checked people understood what was being said. It was clear staff cared about the people they supported and understood how best to communicate with individuals. For example, staff made appropriate use of touch and interacted with varying levels of communication in an effective way. This helped people to engage more and feel included.

We noted staff always chatted and spent time with people and their relatives whenever they passed through communal areas. This showed people's well-being was being maintained because staff had a caring and respectful approach. A relative told us, "The staff are fantastic. They are so caring and respectful to my [relative]. I feel like they know [my relative] and understand how to care for her." Another relative said, "The care is second to none."

Visitors engaged with their relatives in a relaxed and contented manner. Staff routinely made relatives welcome, offering drinks and privacy for their visits. Staff and relative interactions were friendly and there was a happy atmosphere within the home. For example, we saw staff demonstrated a compassionate attitude and laughed with people who lived at the home and their representatives. A relative told us, "We are really encouraged to visit when we like and as much as possible. It means we can still keep the family together." This showed staff encouraged and supported people to maintain their important relationships.

We observed staff ensured people's privacy and dignity were protected. For example, staff knocked on people's doors and where individuals became anxious staff sat with them and reassured them appropriately. We saw evidence of good practice in relation to people's privacy. There were posters in the bathrooms sourced from the Royal College of Nursing that explained to staff the principles of care and dignity. The registered manager promoted the importance of dignity in care by having a designated staff member as the dignity champion.

The registered manager had en electronic care record system in place and insured only designated staff had access to this via a swipe card procedure. People's confidential information was held securely because there were effective data protection measures in place. We reviewed four care records to check how people were involved in their care planning. We found records were consistent, comprehensive and personalised. Documents evidenced people or their representatives had been consulted and involved in all aspects of their care from the point of pre-admision assessment and throughout their stay. A relative said, "The staff checked my [relative's] needs with me and how she likes things done. They pay attention to this and [my relative is] always well-dressed and cared for."

Care files contained information about people's preferences and diverse needs. This included checks of how individuals wanted to be supported and the activities they wished to participate in. Communion and other church services were provided on a weekly basis or when requested. One person told us, "I have everything I need." Where people had limited capacity to express their needs, we noted the registered manager had used other approaches to support them. For example, staff worked with advocacy services and best interest meetings included people or their representatives. These ensured people's human rights were maintained.

Good

Is the service responsive?

Our findings

The registered manager and staff used a person-centred approach when engaging with people and planning and assessing their needs. A relative told us, "Everything possible is done for [my relative]. Even when I come back a few hours later, and I often do, I can tell this or that has been done."

Staff demonstrated they had a comprehensive understanding of each person in their care. The management team told us the philosophy of the home had changed and improvements had been implemented to ensure care planning was more personalised. We saw improvements in care records included a more holistic approach, rather than a focus upon medical conditions. A senior nurse confirmed, "We have moved away from task orientated care." This demonstrated staff were responsive to people's needs because they provided care that was individualised.

Care records were comprehensive and personalised to ensure people received the support they required. Records showed staff sought and recorded people's preferences to help them understand their needs. Documents had been regularly reviewed to assist staff to respond to people's changing care requirements. The electronic care record system the registered manager had in place provided graphs to additionally help staff to monitor changes in individual care over time.

A relative communication sheet was maintained and used to keep people's representatives informed. People and their relatives told us they were kept up-to-date and fully involved in the review of their care. When asked about staff involving people in the evaluation of their care, a relative said, "I'm often involved in [my relative's] care plan and future needs." Another relative told us, "The staff keep me up-to-date with how my [relative's] doing. They check how I think [my relative] would like things done."

We observed people were comfortable and active during our inspection. Individuals were supported to engage in a variety of activities. These included sensory dolls, individual activities, trips out, jigsaws, music, sing-a-longs, games and bingo. Special event parties were also held to celebrate, for example, Easter, Halloween and Bonfire Night. One person told us, "Last Sunday I was at Morecambe Festival Market." A relative told us, "[My relative] is stimulated as much as possible, which is hard with [my relative's] severe dementia. They help to involve [my relative] in activities. So, for example, a staff member will sit with [my relative] when they are playing bingo and help [my relative] to take part."

We found evidence of the registered manager, staff, people who lived at the home and their representatives being involved in fund-raising events. For example, a coffee morning was held in aid of the Dementia UK charity. Additionally, sponsored events took place to raise money for the Children In Need charity and the service held an open day for the public. This showed people were supported to engage within community events. We observed the activity co-ordinator regularly checked for and recorded feedback from staff about the activities provided. This was actioned upon by the staff member in order to improve the activities provided for people who lived at the home.

The registered manager displayed information in a prominent position in the reception area about making a comment or complaint about the care people received. This included the various steps the management team would take to manage complaints. This showed people's views were considered important as part of how the service reflected upon how it delivered care and support.

Staff were able to describe how they would deal with a complaint, including referring the matter to the registered manager. People confirmed they knew how to make a complaint if they needed to. A relative told us, "We were given an information pack when my [relative] came here. This included information about how to make a complaint." Another relative said, "I feel able to say if I found anything the matter, but [my relative] is very well looked after."

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives told us the home was well-led. A relative said, "This is a brilliant home." Staff confirmed they felt the management team was accessible and there was an open working culture within the home. A staff member told us, "Management are very supportive and they have an open door policy."

The registered manager had been in post for five months. They confirmed they received support from senior directors as part of their development and in the ongoing operation of the service. The registered manager told us, "I'm getting a lot of support from my senior managers. It's great as I'm new in post so the main thing is getting that support." Staff told us the management transition had been efficient and they worked well with the new manager. A staff member said, "The manager is always there." Another staff member stated, "The manager takes time to listen to what I've got to say."

People and their representatives were assisted to comment upon the care they received and the environment they lived in. This included formal satisfaction surveys, as well as providing comment cards throughout the home to help people make suggestions anonymously. A relative told us, "I am asked about what I think of the service [my relative] gets. They always ask about how the staff are doing and if they could do things better. It's great here, I don't think they could improve anymore." The registered manager told us, "People make comments on comment cards, which we look at and discuss with the individual for us to make improvements."

We additionally found evidence of six-monthly meetings between the management team, people who lived at the home and their representatives. The chef and activities co-ordinator also attended to explore any issues people may have in relation to nutrition and social activities. We tracked related information and found the management team addressed comments raised and monitored actions taken into, for example, improving menu options. This demonstrated the registered manager acted upon people's feedback in order to continuously improve upon the care they received.

We saw the management team had in place a Non-Conformance Report Sheet. We were told this was used to record, for example, incidents, complaints and staff grievances and would be followed up by the management team. This was good practice of incident management. The quality manager told us, "This would be completed by anyone, such as staff, a relative or a manager. These are available on the nurse station and reception." This meant the registered manager promoted an open working culture because people and staff were supported to report and give feedback about the service and care delivery.

The senior director told us senior managers held regular quality and safeguarding meetings. The purpose of this was to analyse incidents, accidents, falls and safeguarding concerns to assure the service was meeting standards and regulations. The senior manager said, "We report on this and look at any follow-up actions to identified issues." This demonstrated the provider was monitoring the quality of its service and ensured people received safe care because incidents were acted upon.

The senior director told us monthly matrons and senior manager meetings were held to look at the outcomes of quality monitoring audits. Information from senior management quality and safeguarding meetings was discussed to confirm a consistent approach to quality assurance was maintained.

Staff reported they attended staff meetings every three months and felt they worked well as a team. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. A staff member told us, "Staff meetings are an opportunity to put everyone's concerns forward." Another staff member said, "Things are actioned."

Staff we spoke with had a good understanding of their roles and responsibilities. They told us they were involved in completing audits to check quality assurance of the service provided. For example, nurses undertook medication audits to assess and improve related procedures. This showed the registered manager worked with and included staff as a team in ensuring the support people received was effectively monitored.

We saw evidence that the provider monitored quality assurance by carrying out regular directors' visits. This included an inspection of the environment and the systems the registered manager had in place. Reports included a record of identified issues; actions to manage them by

Outstanding ☆

Is the service well-led?

named, individual staff; and follow-up meetings to evaluate outcomes to actions taken. The registered manager told us, "[The senior directors] come and monitor and check on me." This showed the management team led the staff well in acting upon identified issues and improving upon the care people received.

The registered manager regularly carried out a range of quality audits. These ensured the service provided remained consistent. Audits included checks of environmental health and safety, medication, end of life care, food hygiene and fire safety. Monitoring systems included records of any issues and actions undertaken to address these issues. The service's safety certification for water, gas and electric were all up-to-date. This meant the registered manager monitored whether the home was maintaining an effective service and acted upon identified problems.

The management team had successfully worked towards meeting requirements for the International Organisation for Standardisation 9001: 2008. This external organisation had checked the service had met criteria for effective quality management systems. To meet this standard the management team had ensured care was based on a strong focus upon people who lived at the home and there was a commitment to continuously improve the service they received. This showed people received appropriate support because the management team worked in partnership with other agencies to quality monitor their care.

We saw evidence that the local Clinical Commissioning Group had carried out a review of the home. The service was assessed against a framework, called Commissioning for Quality and Innovation (CQUIN), to enable commissioners to reward excellence. This included a review of how the management team and staff were meeting targets related to, for example, falls, infection control and pressure sores. Feedback from the review included: "Very pleased with all reporting of CQUIN elements and we have used the Hillcroft company as an example to other contract holders."

The senior director told us the service was working in partnership with two other agencies to improve the care and lives of people who lived in care homes. The first pilot involved the registered manager and staff working with the care home liaison team, which included district nurses, physiotherapists, dieticians and tissue viability nurses. The purpose of this pilot was for all partner agencies to work together to prevent people from going into hospital in an unplanned way.

Another pilot included the registered manager and staff working with the local Clinical Commissioning Group. The aim was to monitor workforce activity to assess how much time staff spent on care duties. The senior director told us, "It is to review how homes are going to meet the future changing needs of the growing older population." This meant the provider was assessing and planning for the future in order to ensure the service could continue to meet people's needs.

The management and staff were able to fully describe the purpose of these pilots and all the work carried out to ensure excellence in quality assurance. They worked collaboratively with partner agencies in order to provide and complete different approaches to continuous service improvement. This was evidence of outstanding practice in service leadership to provide an effective and responsive service to people who lived at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.