Oakdene Sleaford Limited

Oakdene Care Home

Inspection report

4 Eastgate
Sleaford
Lincolnshire
NG34 7DJ

Tel: 01529415253
Website: www.oakdenecarehome.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 28 December 2017. The inspection was unannounced. Oakdene Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Oakdene Care Home is registered to provide accommodation, nursing and personal care for 35 older people. There were 31people living in the service at the time of our inspection visit.

The service was operated by a company who was the registered provider. The company was run by a sole director. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 14 April 2016 the service was rated, 'Requires Improvement'. Although there were no breaches of the regulations we found that improvements were needed to ensure that people reliably benefited from receiving safe and responsive care. This was because there were not always enough care staff on duty, people did not always receive meals that met their expectations and care was not consistently provided in a person-centred way. In addition, there were shortfalls in the arrangements that had been made to ensure that the service was well led. In particular, quality checks had not always been completed in the right way and this had resulted in the persistence of the concerns we had noted.

At the present inspection the service was, 'Good'. We found the individual concerns we had previously raised had been addressed. Suitable quality checks were being completed and had ensured that there were enough care staff on duty. In addition, people told us that they enjoyed their meals and we saw that they received person-centred care.

Our other findings were as follows. There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included occasions when people became distressed and needed support in order to keep themselves and others around them safe. In addition, medicines were managed safely. Background checks had been completed before new nurses and care staff had been appointed. Furthermore, there were robust arrangements to prevent and control of infection and lessons had been learned when things had gone wrong.

Nurses and care staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken

to ensure that people received coordinated and person-centred care when they used or moved between different services. Also, people had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from most of the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

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

Although in practice people received personalised care that was responsive to their needs information was not always presented to them in an accessible manner. In addition, people had been offered opportunities to pursue their hobbies and interests. The registered manager recognised the importance of promoting equality and diversity. This included but was not limited to supporting people if they chose gay, lesbian, bisexual and transgender lifestyles. People's concerns and complaints were listened and responded to in order to improve the quality of care. Furthermore, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Nurses and care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. In addition, people, their relatives and members of staff had been consulted about making improvements in the service. Furthermore, the registered persons had made a number of arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. Also, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

People were supported to avoid preventable accidents while their independence was promoted. In addition, when people became distressed nurses and care staff supported them so that everyone remained safe.

Medicines were managed safely.

Sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new nurses and care staff were appointed.

There were suitable arrangements to prevent and control of infection.

Learn lessons were learned when things had gone wrong.

Is the service effective?

Good

The service was effective.

Care was delivered in line with current best practice guidance.

People enjoyed their meals and they were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services and they had received on-going healthcare support.

Most of the accommodation was adapted, designed and decorated to meet people's needs and expectations.

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

Is the service caring?

Good

The service was caring.

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

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

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

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

Although people were not always given information in an accessible manner, in practice they received personalised care that was responsive to their needs.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

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

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

Good

The service was well led.

There was a registered manager who promoted an open culture in the service.

Suitable steps had been taken to enable the service to meet regulatory requirements. This included the promotion of good team work and enabling members of staff to speak out if they had any concerns.

People who lived in the service, their relatives and members of staff had been consulted about the development of the service.

Suitable arrangements had been made to enable the service to learn, innovate and ensure its sustainability. This included the completion of robust quality checks.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Oakdene Care Home

Detailed findings

Background to this inspection

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

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

We visited the service on 28 December 2017 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 11 people who lived in the service and with four relatives. We also spoke with two members of care staff, a nurse, the activities manager and the deputy manager. In addition, we met with the registered manager and the director of the company who was the registered provider. We also observed care that was provided in communal areas and looked at the care records for six people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

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

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I've no problem with the place as the staff are kind to me and I like them." Another person said, "The staff are very good, friendly and helpful. I feel very safe." A person who lived with dementia and who had special communication needs smiled when we used sign assisted language to ask them about their experience of living in the service. Relatives were confident that their family members were safe. One of them told us, "I think that the service is top class. Yes, some of the accommodation looks a bit tatty but that doesn't detract from the quality of the care that the residents receive."

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

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

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled and most radiators were guarded to reduce the risk of scalds and burns. We also noted that there was a passenger lift that gave step-free access throughout the accommodation to reduce the risk of falls.

Furthermore, there was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was a person who sometimes wanted to help care staff laying tables in the dining room. We found that care staff were gently assisting the person when doing this so that they stayed safe.

Nurses and care staff were able to promote positive outcomes for people if they became distressed. We noted that when this occurred nurses and care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was sitting in one of the lounges and who was upset. This was because they could not recall where they had left a magazine they had been reading earlier on in the day. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently suggesting to the person that they had probably left the magazine in their bedroom. Shortly after this we saw the person who by then had returned

to their bedroom and who was relaxed because they had found the magazine.

We found that suitable arrangements were in place to safely order, store, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. Nurses who administered medicines had received training. In addition, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

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

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere and that equipment such as hoists were in good condition and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that nurses and care staff recognised the importance of preventing cross infection. They were wearing clean uniforms and used antibacterial soap to regularly wash their hands. Speaking about this subject a person remarked, "The staff come round every day and vacuum and wash everywhere, it's very clean".

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Good

Is the service effective?

Our findings

People were confident that the nurses and care staff knew what they were doing and had their best interests at heart. One of them said, "All of the staff here are fine and they help me a lot." Relatives were also assured about this matter. One of them said, "Both the nurses and the other staff know what they're doing. I particularly like the fact that there's always a qualified nurse on duty just in case they're needed."

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

Members of staff told us and records confirmed that new nurses and care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. Furthermore, we found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The meals are quite good actually. We always have a choice and there's more than enough to eat." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The tables were attractively laid with individual place settings and people were offered a choice of dishes that were well presented. People dined in a leisurely way and when necessary they received individual assistance from care staff.

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

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included nurses and care staff preparing written information to pass on to hospital staff that was likely to be useful to them when providing medical treatment. Another example of this was care staff offering to accompany people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

We found that most of people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. There was sufficient communal space in the dining room and in the lounges. In addition, the accommodation was well decorated and comfortably furnished. Furthermore, the garden was accessible and well maintained so that it was an attractive space for people to enjoy. However, relatively little had been done to support people to find their way around the accommodation by using accessible signs. These are often useful to show people the location of their bedroom and other important rooms. The registered persons told us that they recognised the need to address this shortfall and we saw that work was underway to put it right.

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager, nurses and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about people having rails fitted to the side of their bed. These are sometimes necessary so that a person can rest safely in bed without accidentally slipping and falling onto the floor.

In addition, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The nurses and carers are very nice, they really are, they work their socks off. I'd class this place as first class, they go out of their way to help you." Another person who lived with dementia and who had special communication needs smiled and patted the hand of a passing member of care staff when we asked them about the care they received. In addition, relatives impressed upon us their positive assessment of the service. One of them remarked, "The staff make it what it is. They give it a relaxed and homely feel and that's why we chose this service in the first place. We wanted to be confident that our mother would always receive kind care that met her needs as a whole person. We didn't want her just to be a nursing case which she isn't at Oakdene."

We saw that people were treated with kindness and that they were given emotional support when needed. A person remarked about this saying," I think staff know me very well. If I'm feeling a bit down they'll notice and say, 'are you alright'. They take time to get to know us." We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in a quiet lounge where they both remarked about the winter landscape and looked forward to the arrival of spring. Another example was a member of care staff gently reassuring a person that one of their relatives who lived some way from the service would probably telephone them in the near future.

Nurses and care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that nurses and care staff gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

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

People's privacy, dignity and independence were respected and promoted. We noted that nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. In addition, most people had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. A person remarked, "If they are washing me they'll make sure the door is closed and they'll cover me up with a towel, they respect your decency".

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

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

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One of them told us, "The staff are always around and I need them as I can't do much for myself any more. But they're not in my face and they leave me to do what I can because that's how I like it." Relatives were also positive about the amount of help their family members received. One of them commented, "My family member has always been a tidy person all of their life. I know that's how they want to be and how much they appreciate being helped to maintain their personal hygiene and to wear clean and matching clothes."

We found that people received personalised care that was responsive to their needs. Records showed that nurses and care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.

However, we noted that care plans and other documents had not always been written in a user-friendly way so that information was presented to people in an accessible manner. Older people who have sensory adaptive needs and people who lived with dementia often benefit from having information given to them through multi-media tools that use graphics and colours so that it is easier to understand. This oversight had reduced people's ability to be fully involved in the process of recording and reviewing the care they received. We raised our concerns with the registered persons who assured us that steps would promptly be taken to give people more accessible information about key parts of the care they received.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. One of them said, "They do games and quizzes so there's always something. Four different people come in to entertain us. There's enough I'm never bored." During the course of our inspection visit there was a lively atmosphere in the main lounge. In the morning a number of people were supported to enjoy a game of carpet bowls. In the afternoon another group were supported to play soft darts. In addition, we saw people receiving the individual assistance they needed to read magazines and to enjoy solving puzzles. Furthermore, records showed that a number of entertainers regularly called to the service to play music and to help people undertake gentle exercises.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This often involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to put their name on the electoral roll and being supported to cast their vote if they wished to do so. Another example was people being helped to take part in raising funds for national charitable events.

We noted that nurses and care staff understood the importance of promoting equality and diversity. This

included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who used English as their second language, including being able to make use of translator services. Furthermore, the registered manager recognised the importance of appropriately supporting people if they chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when the registered persons had received a complaint the matter had been thoroughly investigated and resolved to the satisfaction of the complainant.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted that nurses and care staff had supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "The place seems to run okay from day to day." Relatives were also complimentary about the management of the service. One of them remarked, "I think that Oakdene is very well run. The manager is hands-on and the owner is often around and he's very approachable too."

There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the registered persons had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Records showed that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. We also noted that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Furthermore, nurses and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that people who lived in the service, their relatives and members of staff had been engaged and involved in making improvements. Speaking about this a person remarked, "If there's a comment I want to make about something the staff always listen to me and they're not uppity at all." Records showed that people and their relatives had been invited to meet with the registered manager on a number of occasions. This had been done so that people had the opportunity to suggest how the service could be improved. We also noted that the registered persons invited people who lived in the service and their relatives to complete an annual questionnaire to comment on their experience of using the service.

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

We also found that there were a number of arrangements in place to support effective team working. These included there always being at least one nurse on duty who was in charge of each shift. In addition, arrangements had been made for the registered manager or the deputy manager to be on call during out of office hours to give advice and assistance to nurses and care staff should it be needed. Furthermore, nurses and care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

Furthermore, records showed that the registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the service being part of an agreed system operated by commissioners and the NHS to 'fast-track' patients who no longer needed to be in hospital but who were not ready to go home. This helped to ensure that people received care in the best setting while releasing places in hospital for people who needed more intensive treatment.