Helen McArdle Care Limited

Hartford Court

Inspection report

Cumbrian Road
Cramlington
Northumberland
NE23 1DA
Tel: 01670 591940
Website: www.helenmcardlecare.co.uk

Date of inspection visit: 29 and 30 April 2015
Date of publication: 16/07/2015

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

Overall summary

Hartford Court provides personal accommodation and personal care and support for up to 68 older persons, some of whom are living with dementia. At the time of our inspection there were 64 people living at the home.

This inspection took place on the 29 and 30 April 2015 and was unannounced. We last inspected this service in August 2013 and found no breaches of legal requirements.

A registered manager was 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.

Systems were in place to protect people from abuse and all of the staff we spoke with recognised their own personal responsibility to report any instances of abuse that they may have witnessed or suspected. None of the staff we spoke with raised any safeguarding concerns.

Most of the risks that people were exposed to in their daily lives had been assessed. We found one case where

Summary of findings

the risks a person faced had not been fully assessed but we fed this back to the nominated individual and registered manager who rectified this. Environmental risks within the home had been assessed and measures put in place to protect the health and wellbeing of people, staff and visitors. Health and safety checks such as those related to fire and equipment were carried out regularly.

The ordering, storage, administration, disposal, recording and overall management of medicines was safe. Staffing levels were sufficient to meet people's needs and staff had been vetted through the provider's recruitment procedures to ensure they were both of suitable character, and mentally and physically fit, to work with vulnerable adults. Records showed that staff were trained in key areas such as moving and handling and the safe handling of medicines. In addition, staff had received training in areas specific to the needs of the people they supported, such as training in Parkinson's disease awareness. Staff told us they felt supported by the registered manager and the wider organisation and they received regular supervision and appraisal.

The Mental Capacity Act 2005 (MCA) was appropriately applied and the best interests decision making process had been followed where necessary. Some records related to people's capacity and any best interests decisions that may have been made, did not fully reflect who was involved in the decision making process and how the decision was reached. In addition, where people's families held lasting power of attorney related to health and welfare decisions, copies of these documents were not obtained by the provider so they could satisfy themselves that they were acting within the law. Documents related to care decisions made about actions for staff to take should a person stop breathing needed to be reviewed and the nominated individual told us that this would be addressed.

People told us, and records confirmed that their general healthcare needs were met. General practitioners were called where there were concerns about people's health and welfare as were other healthcare professionals such as occupational therapists. People told us the food they were served was of a high standard and that they could ask for anything they liked and it was accommodated. People's nutritional needs were met and specialist advice was sought when needed.

Our observations confirmed people experienced care and treatment that protected and promoted their privacy and dignity. Staff displayed caring and compassionate attitudes towards people, and people spoke highly of the staff team. Staff were aware of people's individual needs. People told us that they were supported to engage in activities within the home if they so wished, and the provider arranged excursions for them at various intervals.

Staff were very knowledgeable about people's needs and care records overall were well maintained. Some records needed further detail so that information about people's conditions and needs could be clearer. Staff provided person-centred care and on the upper floor the service was piloting a project linked to the Dementia Care Matters organisation, designed to enhance outcomes for people with cognitive impairments. The environment of this unit aided people with dementia care needs, by orientating them and there were tactile objects to occupy them.

The provider gathered feedback about the service from people, their relatives and staff via meetings and surveys. There was a complaints policy and procedure in place and records showed that complaints were handled appropriately and documentation retained.

Quality assurance systems were in place and these were used to monitor care delivery and the overall operation of the service. For example, audits related to medicines management and health and safety within the building were carried out regularly. Checks on the building and equipment used in care delivery were undertaken in line with recommended time frames.

Staff told us they felt supported by the registered manager who acted on any concerns that they raised. The provider had a staff reward scheme in place where staff could enjoy discounts with large organisations and a bi-annual recognition awards ceremony was held, where staff could be nominated by colleagues, people and visitors for their attitude and good practice.

The provider had a clear vision for the service they delivered to people, and we saw they achieved this at Hartford Court.

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.

Good

People told us they felt safe and we observed practice that supported this. Staff were trained in safeguarding vulnerable adults and aware of their personal responsibility to report matters of a safeguarding nature.

Risks that people were exposed to in their daily lives were assessed and reviewed as were environmental risks within the home.

Staffing levels were sufficient to meet people's needs and medicines were managed safely. Recruitment procedures and processes ensured staff were appropriately vetted before they started work.

Is the service effective?
The service was effective.

Good

People received care from staff that were appropriately skilled and supported to carry out their roles. Supervisions and appraisals took place regularly and an induction programme was in place.

People's general healthcare needs were met and where input was required from specialist healthcare professionals this was arranged.

Nutritional needs were met and people's weights and food and fluid intake were monitored if required to ensure they remained healthy. Referrals to dieticians were made where necessary.

Is the service caring?
The service was caring.

Good

Staff displayed caring and thoughtful attitudes, and engaged with people in a polite and respectful manner.

We witnessed some good examples of care that promoted people's right to independence and choice. People's dignity was maintained.

People said they felt involved in their care and this was echoed by their relatives.

Is the service responsive?
The service was responsive.

Good

People received care that was person-centred and appropriate to their needs.

Care records were individualised and regularly reviewed and amended accordingly. Care monitoring tools such as positional change charts were used to monitor the care that people received and to respond when people's needs changed.

Complaints were handled appropriately and feedback was obtained from people, relatives and staff on a regular basis through meetings within the home and annual surveys.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff told us the manager was approachable, open and acted on issues that needed to be addressed.

The provider offered staff schemes and recognition of achievement awards.

Quality assurance systems were effective and included a range of audits and checks to ensure the service operated safely and appropriately. Actions were taken where matters needed to be addressed as a result of audit findings.

Hartford Court

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.

This inspection took place on two separate dates, 29 and 30 April 2015 and it was unannounced.

The inspection team consisted of an inspector, a specialist advisor with dementia care as a specialism and an expert by experience with experience of older person's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, highlighting what the service does well, and identifying where and how improvements are to be made. We reviewed the information returned to us by the provider in the PIR, alongside information that we held internally within the Commission (CQC) about the home. This included reviewing statutory notifications and safeguarding information that the provider had sent us historically across the last 12 months. In addition, we contacted the commissioners of the service, the local authority safeguarding team and Healthwatch (Northumberland) in order to obtain their views about the service. We used the information that they provided us with to inform the planning of our inspection.

During the visit we spoke with 13 people living at Hartford Court, three people's relatives, one visiting healthcare professional, 13 members of the care staff team, the deputy manager, the registered manager and the nominated individual. We walked around each floor of the home, all communal areas such as lounges and dining rooms, the kitchen and we viewed people's bedrooms. We observed the care and support people received within the communal areas. We analysed a range of records related to people's individual care and also records related to the management of the service and matters of a health and safety nature. For example, we studied nine people's care records, 12 staff recruitment records, training and induction records, people's medicines administration records and records related to quality assurance audits and utility supplies certifications.

We carried out detailed observations of care to help us understand the experience of people who were unable to communicate their views and feelings to us verbally.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person commented, "I have never felt unsafe. It's good". Another person told us, "It feels safe here". All of the relatives we spoke with said they believed their relation was safe living at Hartford Court and they had never seen anything that would give them cause for concern.

We observed staff whilst they delivered care and supported people. They adopted moving and handling procedures that were both appropriate and safe and we had no concerns about people's safety or how they were treated by staff.

The provider had safeguarding and whistleblowing policies and procedures in place to protect vulnerable adults and staff were aware of their own personal responsibility to report matters of a safeguarding nature. Staff were able to name a variety of different types of abuse and told us about the actions they would take should they need to report matters of concern. The information that they provided us with corresponded with the provider's procedures. The local authority safeguarding team confirmed that the registered manager reported matters of a safeguarding nature to them and records within the home and the Care Quality Commission databases confirmed this.

Records of accidents and incidents that occurred within the home were managed appropriately to ensure that people remained safe. Preventative measures that could be introduced were put in place to reduce the chance of repeat events. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed. This looked at the nature of falls, accidents and incidents, the people involved, actions taken in response to the event and any follow up actions. People had been referred to external healthcare professionals for input into their care as a result of this analysis, for example, referrals had been made to the falls team and challenging behaviour team within the Northumberland locality.

In most cases, risks which people were exposed to in their daily lives had been assessed and written instructions were in place for staff to follow in people's care records about how to manage and reduce these risks. For one person we found that some of the risks they faced in respect of their mental health had not been appropriately considered or documented. We shared our findings with the registered manager and nominated individual and they ensured that these risks were removed during our visit. Relevant care plans and risk assessments were also drafted and they told us that staff would be informed of the changes that had been made.

There was evidence of care reviews taking place involving outside professionals such as general practitioners (GP's), local NHS trust care managers and other health and social care professionals such as social workers and district nurses. This showed that a range of professionals looked into people's care, the risks associated with it, and they determined if care provision was safe.

Staff files demonstrated that the provider's recruitment and vetting procedures of new staff were appropriate and protected the safety of people who lived at the home. Application forms were completed including previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Records showed staff had completed a health questionnaire prior to starting work. This meant the registered provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Staff told us staffing levels were sufficient to meet people's needs and our observations confirmed this. People were not left waiting for assistance and call bells were answered within a short space of time. Staffing levels on the upper floor had recently been increased and staff said they welcomed this. They said it had given them the flexibility to spend more interactive time with the people accommodated on this floor, which was very important as almost all of these people suffered from some form of cognitive impairment. The registered manager told us any shortfalls in staffing, for example due to sickness or annual leave, were covered internally by other members of the staff team, or if this was not possible, agency staff were sourced to cover vacant shifts.

The management of medicines was appropriate and people received the medicines they needed, safely, and on time. Medicines administration records (MARs) were well maintained and reflected that the recording of the administration of medicines was in line with best practice

Good

Is the service safe?

guidelines. A current photograph of each person was attached to the MAR to ensure there were no mistakes of identity when administering medicines. Protocols were in place for the administration of 'as required' and homely medicines and where these had been administered the medicine and quantity given had been duly recorded on the reverse side of the MAR. All medicines were within their expiry date and stored in line with manufacturers guidelines. Systems were in place to account for and dispose safely of medicines that were no longer required. Medication audits were in place to guard against errors related to how medicines were handled.

Risk assessments detailing the assistance people would require should they need to vacate the building in an emergency such as a fire had been drafted. Environmental risks around the building had been assessed and these were reviewed on a regular basis. Regular fire and health and safety checks were carried out and documented. Equipment was serviced and maintained regularly in line with recommendations. Checks were carried out on, for example, electrical equipment, the electrical installation within the building and utility supplies, to ensure they remained safe. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as checking water temperatures and decontaminating showerheads on a regular basis. This showed the provider sought to ensure the health and safety of people, staff and visitors.

Good

Is the service effective?

Our findings

People told us they were very happy with the care they received. One person said, "If someone wants to get taken care of, come to a place like this; you can't fault it". Another person told us, "They want to know if you are not well and they would get a doctor". One relative commented, "Mum loves the food". A visiting healthcare professional said, "The staff we have just seen have shown they know the person very well".

Our observations confirmed that staff met people's needs effectively. For example, where people needed assistance with moving and handling this was given in a manner which reflected current safe practice guidelines. People's nutritional needs were met. Where they needed adapted equipment such as specialised drinking cups or cutlery, this had been provided and it enabled them to consume the food and fluids they needed, as independently as possible. Staff supported those people who were not able to feed themselves. Where necessary, food and fluid charts were used to monitor that people ate and drank in sufficient amounts. In addition, people were weighed monthly, or more regularly if required, to ensure that any significant fluctuations in their weight were identified and referred to external healthcare professionals for advice and input.

People commented that the food was tasty and plentiful. One person told us, "The food's very nice". The provider had a detailed, rotating three week menu in operation that was in place across all locations at which they provided care. This showed there was a wide variety of choice and people told us that if they did not like what was on offer that day, they could request an alternative and this would be prepared for them without question. People's personal likes and dislikes were referenced within their care plans and any specialised dietary requirements, for example, if a person was diabetic or had swallowing difficulties. The chef told us that he was kept fully informed by care staff of people's specific dietary requirements and when their needs changed, so that he could ensure they received foods which were personalised for them.

We spent time with the Head of Catering for the provider's company who visited the home during our inspection. He informed us about a new gelling agent that he had introduced into the pureed food served across the organisation. This allowed the food to be presented and moulded in colour and shapes that resembled their original form. We sampled some of this food which was attractive and appetising. Feedback from people, their relatives and dieticians from within the local healthcare community was very positive. They referred to the food as "excellent", "very tasty" and said it "looks much more like real food pieces". One dietician commented, "This is a revolutionary approach to soft diets". The Head of Catering told us there were plans to embed this new style of pureed food across all of the provider's homes, as soon as practicable. In addition, the Head of Catering had sourced a product which added air to liquids which were then used to salivate people's mouths and stimulate their taste buds, when in receipt of end of life care. This showed the provider sought to improve people's nutritional and end of life care experiences through investing in new products and initiatives.

People's general healthcare needs were met and we found evidence that people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and psychiatrists whenever necessary. One visiting GP shared their views of the care they saw delivered at the home. They told us, "The care is good. It always is when I come. I have no concerns".

Information in people's care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the Mental Capacity Act 2005 (MCA). Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority safeguarding team in accordance with good practice. DoLS are part of the Mental Capacity Act 2005. They are a legal process which is followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. Decisions about these applications are made in people's best interests by the relevant local authority supervising body.

There was evidence the registered manager followed the principals of 'best interests' decision-making in practice, although improvements were needed to the records retained about these decisions as they did not always fully explain who had been involved in the decision making process, and what discussions had taken place. In addition,

Good

Is the service effective?

'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were not always filled in correctly and the provider had not obtained copies of health and welfare based lasting power of attorneys to confirm a third party's right to make a care based decision. The registered manager and nominated individual told us that they would investigate these matters and update people's care records accordingly.

Staff were very knowledgeable about people's needs and how to support them in a manner that gave them personalised, effective care, with a positive outcome, based upon their individual needs. Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. The provider established a training academy in January 2015 and we received positive feedback from staff about this facility and the training they had received.

Records showed the registered manager monitored training requirements via a matrix grid and arrangements were made for training to be refreshed as and when needed. Staff had completed training in a number of key areas as well as some specialised training relevant to their roles such as Parkinson's disease and dementia care awareness courses. On the upper floor we observed staff used distraction techniques to support people with dementia and cognitive impairment, and this demonstrated that they applied the training they had received. Induction programmes were in place and completed by new members of staff at the point they commenced employment with the service. These were well structured and staff told us they had found the induction programme to be helpful and supportive.

Staff confirmed that supervisions and appraisals took place on a regular basis and they found these one to one sessions with their manager useful and supportive. They said the registered manager was very approachable and acted on concerns that they raised promptly. Records showed that supervisions and appraisals were used as a two-way feedback tool through which the registered manager and individual staff could discuss work related issues, training needs and personal matters if necessary.

Good

Is the service caring?

Our findings

People told us they felt well cared for and they enjoyed a good relationship with staff. One person said, "They (staff) are nice when they help me". Another person told us, "To me, you can't fault the staff. If you want something done they do it". Other comments included, "Staff are marvellous" and "Nothing is a bother to them (staff); they can't do enough for you". Relatives told us staff treated their family member with kindness, care, dignity and respect.

We observed how staff engaged with people and their manner. People responded well to the polite, positive and pleasant interactions that they experienced with staff. Staff thanked people when they contributed to their care, for example when they moved their legs for them whilst staff assisted with moving and handling, and people thanked staff. They had enough time to care and support people and they were not rushed. People were listened to and they told us they felt involved in their care, as did their relatives. Visitors were welcomed at the home at any time and both people and their relatives said this was appreciated.

There was a calm atmosphere in the home and staff were evidently caring. For example, one person was upset because she had an ear infection and was unable to use her hearing aid. Staff were quick to approach the person and offer comfort, which they appeared to appreciate. Another person was anxious during the lunch period and staff offered her sensitive support. The upper floor was referred to as the GRACE unit, which primarily accommodated people with dementia or cognitive care needs. We observed that people were supported in this unit in a gentle and unrushed manner and they responded positively to this.

Staff spoke to people in a kind and respectful way. People were asked what they wanted to do, whether they would like to join in activities, and staff listened. For example, one staff member said, "You are welcome to join in if you wish?" Staff talked to people at their level, or sat down next to them, before asking them for their views or making alternative suggestions. For example staff asked people if they would like a hot drink or snack, or whether they would like to watch television. Some examples we heard were; "Would you like a drink of tea or juice?"; "Are you alright?"; "Are you going to have a comfy seat?"; "Do you want a lovely cuppa?" and "Have you finished with that?"

The deputy manager told us that the home was piloting the 'Life Song' project and that the pilot was ending and they were awaiting feedback. Life Song is a programme which adopts a holistic approach to health and wellbeing, offering complementary therapies as part of integrated health care, for older people in care home settings. It offers support and comfort for older people through music, dance and gentle touch. One lady on the ground floor was enjoying a gentle massage across her shoulder area, on the second day that we visited. She said she thoroughly enjoyed this activity. Staff told us they had been trained as part of this pilot, to deliver these caring and comforting experiences to people.

People's independence was promoted. For example, people were encouraged to be as independent as possible when mobilising around the home and eating, whilst at the same time, staff observed and ensured support was offered if necessary. One person was immediately prompted by staff to use their walking frame when they had forgotten to do so.

Staff respected people's privacy. People told us, and we saw that staff knocked on their doors before entering their rooms and care interventions were appropriately discreet when they needed to be. One person said, "No-one just barges in, they always knock or ask first before coming in".

We asked the deputy manager if any person living at the home accessed advocacy services. She told us that only relatives advocated on people's behalf at present but that if an advocate needed to be arranged there was a policy in place for staff to follow. The deputy manager told us the service had good links with people's care managers and would contact them to arrange an advocate if necessary.

Good

Is the service responsive?

Our findings

People told us they felt their needs were met and they were happy with the care they received. One person said, "It's good here". Another person told us, "I get the best care". One person's relative commented, "I couldn't be happier with the care provided".

We looked at people's care records and found that they were individualised and contained information about how each person's care and support should be delivered. Pre-admission assessments had taken place before people started to receive care and regular reviews of their dependency levels and risks associated with their daily lives took place. Care plans and risk assessments were amended following these reviews where people's needs had changed. We found some gaps in records, for example where people did not have a care plan in place around their medication needs. We discussed this with the registered manager and nominated individual who said that this would be addressed immediately.

Care monitoring tools such as food and fluid monitoring charts and charts for monitoring people's

weights were in place. A communication book was used to pass information between the staff team and respond to any issues that may have been identified. In addition, the service used daily handover summary sheets to share information about individuals or highlight any issues. We saw that these were not always completed and therefore we questioned their effectiveness. The registered manager and nominated individual took our findings on board and said they would re-evaluate their use.

People's care was person-centred. They experienced positive outcomes and overall their care needs were met. People had been supported to obtain specialised personalised chairs and beds, and other necessary adaptations if they needed them. Records showed staff were responsive to people's needs and they had involved GP's and specialists in people's care when needed, to promote their health and wellbeing.

On the upper floor where most people experienced some form of dementia or cognitive impairment, the service had contracted with the organisation Dementia Care Matters, to follow a one year culture change programme known as the 'Butterfly Project'. The project aims to achieve real outcomes for people living with dementia in care homes.

The deputy manager told us that the service had embraced the 'Butterfly Project' and had implemented 'rummage belts' to enhance people's touch and stimulation. These rummage belts were worn by staff and contained bells, textured balls, pieces of cloth, foam and lights. People could engage with these items and they could be used as props to distract people if necessary.

Around the upper floor there were objects and signage to orientate people such as memory boxes outside their rooms where they could place their own personal items or memorabilia. Communal areas and toilets were appropriately signed and there were items readily available to stimulate people's interest such as old style telephones and cameras.

Activities were available throughout the home for people to partake in if they wished to do so. Singing and dancing, ball games, gentle armchair exercises and film sessions all took place in the home, on the days of our visit. People told us they enjoyed activities, but some said they preferred not to join in and this was their choice.

People and their relatives told us they were fully aware of the complaints procedure within the home but each of them said they had not had a reason to raise a formal complaint to date. Where people or their relatives had raised low level concerns or issues with management, such as laundry going missing, they said that these had been addressed immediately. The complaints policy was displayed in the foyer of the home and a log of any complaints received was maintained in the office. We saw that historic complaints had been handled appropriately. All relevant parties were informed and the paperwork related to the complaint and investigation had been retained.

The provider had systems in place to gather the views of people, their relatives and staff. For example, 'residents and relatives' meetings were held within the home and also a variety of staff meetings. In addition, annual surveys and questionnaires were sent out to people and staff. We studied the results of some internal annual surveys the provider had conducted and identified that people were happy with the care they received. Comments included, "The care I receive is very good" and "The care has always been very good". The home had also been part of an independent care home survey in 2014 which asked people a variety of questions about their experience of living at

Good

Is the service responsive?

Hartford Court. One of the results in this survey stated that 93% of people were happy with their care and support. This showed the provider had channels through which they could gather feedback from people, their relatives and staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had been formally registered with the Care Quality Commission as the manager of Hartford Court since October 2014. We found no concerns about the registration requirements of the service and we were satisfied that the registered manager reported incidents to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

We received positive feedback about the manager from staff but people were not always clear about who the manager was. One person said, "I don't know who the manager is". Staff told us that the manager was very accessible, approachable and they enjoyed an open culture within the home. They said the staff team and the manager worked well together and supported each other. One member of staff told us, "X (registered manager) is really approachable and she gets things done if you need her to". One healthcare professional told us they enjoyed a good working relationship with the manager and the staff at Hartford Court.

The registered manager had assurance systems in place to ensure that staff delivered care appropriately. Monitoring tools such as food and fluid intake charts and positional change charts were used by staff to monitor people's care. A communication book was used where any appointments were recorded, or any issues or actions that needed to be addressed. Staff handover meetings took place when shifts changed to ensure that incoming staff were kept up to date about the running of the service and people's care. These tools enabled the registered manager to monitor care delivery and then identify any concerns should they arise.

A range of different audits and checks were carried out to monitor care delivery and other elements of the service. Staff supervisions and appraisals were carried out regularly, and competency assessments on the administration of medicines, to ensure that staff followed best practice guidelines. Audits including medication audits, infection control audits, tissue viability audits, care plan audits and analysis of accidents and incidents that had occurred were completed regularly. Health and safety audits/checks around the building were also carried out. There was evidence that where issues were identified, improvements had been implemented to ensure these were addressed.

The provider had analysed results from internal feedback questionnaires they had sent to people and staff, and then collated a report. This contained a summary of changes that had been introduced in response to some of the feedback received if necessary. This showed the provider used the information they obtained from feedback to drive forward changes within the service and to improve people's and staff's satisfaction levels wherever possible.

The operations manager carried out a monthly audit which included obtaining feedback from people and staff, reviewing training records, complaints, staffing levels, recruitment, safeguarding matters, environmental issues and audits, amongst other things. Where the manager had matters to address or improvements to make as a result of these audits, action plans were drafted to be completed as soon as possible. For example, feedback was given that positional charts were not always completed and the manager was tasked with addressing this with staff.

Staff meetings at a variety of different levels took place regularly and showed that staff were kept informed about important matters and changes to the service. The provider also used these meetings to pass messages amongst the staff team and the registered manager assured staff they could approach her in private about anything if necessary.

The provider had a staff reward scheme in place where staff could register and enjoy discounts from a number of large partner organisations. The deputy manager also told us that staff felt valued through the staff recognition programme where they could be nominated for their practice on a bi-annual basis. She told us that nominations were made by a range of people, fellow staff and external healthcare professionals and an awards ceremony was held to recognise individual staff member's contributions to the service.

The provider's statement of purpose for Hartford Court, described their vision as follows: 'To provide people with a happy home where they can relax in the knowledge that all the care they require, will be provided. Their friends and relatives are welcome and they are safe with a team of people who are devoted and committed to give their best at all times. To preserve the residents rights as individuals and to support the achievement of their rights'. The findings of this inspection were that at Hartford Court, this vision was met.