Care Quality Commission

Turning Point

Hancox Close

Inspection report

7-8 Hancox Close
Weston under Wetherley
Leamington Spa
Warwickshire
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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

Overall summary

We conducted an unannounced inspection of Hancox Close on 20 October 2015. The service provides care and support for up to six people with learning disabilities. There were six people using the service when we visited.

The service had 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. On the day of our visit the registered manager was on annual leave. A registered manager from another service who had worked as team leader in the home until recently, came to the home to support our visit.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Staff were able to talk confidently about the various forms of abuse

Summary of findings

and understood their responsibility to report any concerns. The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there.

Risk management plans informed staff how identified risks should be managed to keep people safe. There was information for staff to follow to manage behaviours that could cause anxiety or upset to minimise their impact on people and others. People received their medicines as prescribed from staff who had been trained in managing medicines safely.

Staff were extremely positive about the training and support they received. They told us it enabled them to meet the changing needs of people in the home effectively.

We found the service worked to the Mental Capacity Act 2005 key principles. These state that a person's capacity should always be assumed, and assessments of capacity must be undertaken when it is believed that a person cannot make decisions about their care and support. Where people had been assessed as not having capacity, healthcare professionals and those closest to them had been involved in making decisions in their best interests.

People had enough to eat and drink. People were supported to make food choices and offered alternatives if they did not like the food offered. Staff followed guidelines to ensure people's meals were prepared and served to manage any nutritional risks.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and made positive comments to people that gave them a sense of self-worth. Staff respected people's privacy and worked with people to ensure their dignity was maintained.

People were supported to participate in meaningful activities at home, in the local community and to have holidays. The environment was warm and friendly and items had been introduced to support people living with dementia.

The management and staff were committed to providing high quality care that met people's individual needs. Staff spoke very highly of the registered manager and told us they valued the support from the wider staff team.

Systems were in place to monitor the quality of the service provided and drive continuous improvement.

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.

There were sufficient numbers of suitable staff to keep people safe. Staff understood how to protect people from avoidable harm and abuse. Management plans informed staff how to minimise risks and behaviours that could cause anxiety or upset. Medicines were managed safely and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received training that was adapted to meet people's changing needs. Staff received supervisions and had observations that supported their practice within the home. The service acted in line with legislation in assessing people's capacity to make decisions about their care and support. People were supported to maintain good health and a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were kind and treated people with compassion. Staff frequently made positive, affirming comments to people, giving them confidence and a sense of self-worth. People's privacy and dignity was respected and promoted. Staff were considerate and caring of each other as well as the people who lived in the home.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs. There were systems in place so staff could share information about changes in people's health and wellbeing with each other. People were supported to participate in activities that interested them inside and outside the home.

Good

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

The registered manager and staff shared a commitment to provide high quality care. Staff felt valued and listened to and spoke highly of the support from the management team. There was a positive culture in the home that was person centred and gave staff confidence in their roles. There were systems to support the service to deliver good quality care.

Good

Hancox Close

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 took place on 20 October 2015 and was unannounced. The inspection was undertaken by two inspectors.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

People had limited verbal communication so we spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with two relatives.

We spoke with six staff and a registered manager from another home in the provider group.

We reviewed two people's care plans and three people's daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

The atmosphere at Hancox Close was relaxed and interactions between staff and the people who lived there were warm and friendly. Relatives told us they were confident their family members were well looked after and safe. One relative told us that staff were "very welcoming" and went on to say, "[Person] is very safe. They wouldn't be there if I didn't trust them." Another said, "I feel [person] is in a very safe, secure place. I think it is the way staff speak to people."

On the day of our inspection visit there were five staff working in the home. Two staff members had gone out with one person and there were three staff supporting the five people who were at home. All the staff we spoke with told us they felt there were enough staff to meet people's needs. One staff member told us, "It can be a struggle, but all our staff are good at their jobs so there is no cutting corners." Another said, "I have no worries about staffing levels because the manager will come and help." A relative said, "Sometimes I think they do struggle, I've never thought it has caused a problem as such." Another said, "Sometimes they appear a little stretched. There always seem to be four or five on." During our visit we observed that staff were not rushed and had time to talk with people as they completed their tasks around the home.

The home did not use agency staff to cover any shifts. A member of staff explained, "We only use our own staff base, because of our clients' needs the manager feels our staff can care for them better." This meant people received care from staff they knew and who understood their needs.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. Staff were able to talk confidently about the various forms of abuse and understood their responsibility to report any concerns. Staff told us they would not hesitate to take action if they felt someone was at risk of harm. One staff member said, "They have the right to live safely in their own home. Where we are their only means of support, we need to be vigilant for them." We asked one staff member what they would do if they witnessed another member of staff physically abusing a person. They responded, "I would ensure the safety of the service user without making a massive scene. I would inform them that I would report it to [registered manager]. Quietly and confidentially I would discuss it with [registered manager]. She would have to investigate it, but she is also obliged to report her findings to me and the person who was being abused. She would have to report it to the safeguarding team, possibly the police and possibly yourselves."

There was information about the local safeguarding procedures and easy read information for people about keeping safe and reporting concerns displayed in the home.

Staff told us they had a responsibility to report and record any marks or bruises on people. One explained, "I came on duty once and a person had a red mark. I rang [registered manager] straightaway. We found all the forms had been filled in, but the staff forgot to hand it over. So everything was okay but I was responsible so I had to report it."

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. A newly recruited staff member told us, "I had to give references and have a DBS (Disclosure and Barring Service) check before I could be given a start date." The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were risk assessments to identify any potential risks to people for different environments and occasions. Risk management plans informed staff how those risks should be managed to keep people safe. One member of staff told us, "Everyone has risk assessments where tissue viability is concerned." A relative whose family member was at risk of skin breakdown confirmed, "They won't let [person] sit too long in their wheelchair."

During our visit we observed a member of staff pushing someone in their wheelchair without the foot plates in place. We checked this person's care plan and saw a risk assessment informing staff how to manage this safely as the person often refused to use the footplates. The risk assessment was clear that if the wheelchair was used outside the home, then footplates must be used. One visiting healthcare professional had commented on the safe use of the hoist in the home saying, "Gentle use of the hoist – smooth."

Some people could put themselves or others at risk of harm or anxiety if they became agitated or upset. There was information for staff to follow to manage those behaviours to minimise the impact. Staff told us they felt

Good

Is the service safe?

confident to manage situations because, "In each person's care plan there is a clear plan for managing behaviours and the signs." During the day we saw one person was upset. Staff followed the guidelines in their care plan to provide reassurance and distraction.

Administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. Medicines were checked twice a day to make sure they were managed safely and people received their prescribe medicines.

We noted that some creams did not have the date of opening recorded on them. This is important so people are not given medicines that have exceeded their expiry date which may affect their effectiveness.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards.

Good

Is the service effective?

Our findings

Relatives told us they had no concerns about the care their family members received. One relative told us, "They all seem competent", and another said, "One or two of them (people) are more challenging and the way they talk to them calms them down."

New staff received induction and training that met people's needs when they started work at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. One new member of staff told us, "I did a whole week of induction training." They told us this covered safeguarding, mental health and moving and handling. They went on to say, "I am only shadowing and can't work on my own until I have completed it and been signed off. This will be at least three months."

Staff told us they received the training they needed to meet the needs of people who lived in the home effectively. One staff member told us, "Training is very good. It is quite comprehensive. We have very comprehensive safeguarding and Mental Capacity Act training. We have face to face learning and e-learning." Records showed that training included positive behaviour management, epilepsy and dementia as these were all relevant to the health and welfare needs of people in the home. One staff member told us, "Extra training has been agreed, I'm doing epilepsy. They encourage you to do training because it makes you a better carer." Another said, "We are encouraged to do training, especially if someone deteriorates and we need to learn about that condition." A third said, "We do specific training based on the needs of people who live here. As they change we need to learn."

Staff told us the registered manager carried out observations to check staff competency and to ensure they were putting their learning into their everyday practice. One member of staff explained, "We have a lot of observational supervisions and we are not aware until afterwards."

Staff were encouraged to gain further qualifications in health and social care through distance learning. One staff member told us they were going to do a qualification in mental health as some people living in the home had mental health problems. They explained, "I would love to understand more about that."

Our observations found the staff team had a good understanding of the needs of the people they were supporting and they communicated effectively and openly with them and with one another.

Staff told us they received supervision which provided them with support in carrying out their role and responsibilities. One staff member told us, "I find it quite useful. It airs out if there have been any issues. It identifies any training needs. It allows you to express your views." One staff member had been working in the home for a couple of months and said, "I have already had supervision. We talked about everything, how I was getting on, any problems, what I need to do and even any extra support I may need. It was really good."

Staff also received annual appraisals where they were given objectives for their own personal development. One staff member said, "I've had that and we set goals. Mine was to build my confidence. I've come a long way in two years."

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the registered manager had complied with the requirements of the MCA and DoLS. Where required, mental capacity assessments had been undertaken for specific decisions that needed to be made. Staff understood the importance of supporting people to make as many decisions of their own as they were able to. One staff member explained, "People have as much choice around their own care as possible." Another said, "We must assume everyone has capacity. Only after a full assessment can we say someone does not have capacity." For complex decisions that involved a lot of information to consider, healthcare professionals and those closest to people were consulted to ensure any decisions made were in the person's best interests. We were told of one person who required a medical investigation and a meeting was held with the person's family and doctors. "It was deemed to be in their best interest to have the investigation with mild

Good

Is the service effective?

sedation." During our visit we became aware of a person who was resistant with personal care, but was at high risk of skin breakdown. Their records showed the learning disability nurse, psychiatrist and others involved in their care had been involved in deciding how staff should manage this in the person's best interests.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified. The outcome of the applications was being awaited at the time of our visit.

People had access to food and drink throughout the day and were able to choose what they wanted to eat. We were told, "Although we have a four week rolling menu. We will adapt the menu for their needs." We asked how people who could not communicate verbally were involved in menu choices. It was explained, "We can use pictures and flash cards. A lot is knowledge as well from what they have liked in the past. We have one lady who doesn't like fish so I'm not going to put fish on their plate." On the day of our visit one person decided they did not want shepherd's pie at lunchtime. They said they wanted sausages, mashed potato and peas. We saw they enjoyed this at lunch time and cleared their plate. Another person was taking a long time to eat their meal despite much prompting. Staff took the meal away and reheated it so it was still tasty and appetising. When they still did not eat much, they were offered a choice of sandwiches. One staff member told us, "I have seen staff prepare five different meals as [person] could not decide."

Some people had problems swallowing or chewing food. They had been referred to the speech and language team (SALT) for support. One staff member explained, "We have SALT guidelines in the kitchen saying exactly how they need to be seated, what equipment they need and how they need their food to be prepared." At lunch time we saw people were given meals that had been prepared in accordance with their guidelines. Some people used specially adapted equipment so they could continue to eat independently. "We have people who use lipped plates, polycarbonate spoons and people who have spouted cups." Where people needed support to eat, staff sat with them and supported them appropriately. Prior to lunch we had been told of one person, "[Person] likes you to load the spoon, but then she likes to put the spoon to her own mouth and feed herself." At lunch time we saw staff supported this person in the way they preferred.

The home had recently received an award from the local council in recognition of their commitment to the promotion of health eating in a safe environment.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. We found records of visits had not always been recorded. One person's records showed the district nurse was due to visit to complete some tests. There was no record of that visit in the person's file. We were told this was a recording issue and the visit had taken place.

Good

Is the service caring?

Our findings

Both relatives we spoke with were extremely positive about the caring attitude of the staff. One relative told us, "It is just like being at home. Everybody cares for each other. I can't praise them enough. All the staff worry about them. If they want something, they (staff) try and get it. What [person] needs, she gets." Another relative said, "I have no worries about [person] at all. I think her care is perfect. They are really lovely people who work there."

Visiting healthcare professionals to the home had been asked to complete a questionnaire about the quality of care in the home. The majority of those who completed the form also wrote comments, mainly about the caring attitude of the staff. These included: "Staff are always considerate of service user's needs and spend time talking with them" and "Staff are very patient and have a calming influence."

When we arrived at the home, we found staff were very warm and welcoming. One staff member greeted us and told us, "I feel as soon as you walk through the front door it is not a cold place – it is a warm place. We are here for the guys, that is our main priority. We have time for them, we are not rushing to go home."

We asked staff if they thought the service provided at Hancox Close was caring. They all told us they did with one staff member saying, "I think the service is caring because everyone really is given choices and each person is individual." Another member of staff said, "I would say it is kind of like a big family. We try to make sure that everyone knows they are important." They went on to say, "We have been out this morning to help [person] pick a new sofa and then we went for lunch. Just like you would with your own family."

Throughout our visit we saw friendly, relaxed interactions between people and staff. Staff greeted people when they came on shift and made a point of saying goodbye to people as they left, explaining when they would next be in the home. Staff frequently made positive, affirming comments to people, giving them confidence and a sense of self- worth. For example, "You look very nice [person]", "You smell nice", "You look beautiful" and "Is your top new? It is a lovely colour. It suits you." One person had sight problems. Staff were sensitive when approaching this person and made sure they knew who was talking to them. For example, one staff member gave the person their medicines. They went up and gently touched the person's arm and said, "Hello darling, it is [name]. I am sorry to disturb you."

At all times staff involved people in making decisions about the care and assistance that was provided. Staff asked people questions and acted in accordance with their responses. Such as, "Can I adjust your chair so you are sat up a bit better?" and "Would you like to brush your hair?"

One person was not well and was very agitated and reluctant to allow staff to provide the care and support they needed. Staff took their time to encourage and persuade the person to allow them to assist with their personal care. They demonstrated patience and good humour with the person at all times. A member of staff came out with two different tops and asked the person to choose which they wanted to wear to try and persuade them to get changed.

People were encouraged to do things for themselves and where possible to be involved in domestic tasks around the home. We were told one person liked to help in the kitchen peeling the vegetables, although on the day of our visit they were busy writing a list for a shopping trip planned for later in the day.

People were given ownership of their bedrooms and this provided them with their own private space. People had been supported to choose how their rooms were decorated and furnished. Each bedroom was very different and reflected the person's individual needs and preferences.

We observed that staff respected people's privacy and dignity at all times. For example, by knocking and checking with people before entering their rooms. One staff member explained, "Our staff are very good at including people. We are not doing things to them, but with them. If you roll someone (in bed), give them warning, don't just do it. The best way to promote dignity is to include them in what you are doing and make them feel part of it." We were told that one person when taking a bath, "Likes you to stand by the bathroom, but not in the bathroom."

People were supported to maintain relationships with those who were important to them. Relatives were welcomed into the home and staff took people to visit family or friends who were unable to visit. One relative told us that when they had a bereavement in the family, they appreciated the care one staff member took to explain to their family member.

Good

Is the service caring?

Throughout our visit we saw that staff were considerate and caring of each other as well as the people who lived there. One staff member told us, “The staff team are caring to each other as staff members. They are kind to each other which makes a kind and loving environment to be in.”

Another staff member said, “It’s not just people who live here that are important, it’s the staff as well. One big family.” One staff member explained, “I feel secure and cared for.”

Good

Is the service responsive?

Our findings

Relatives considered their family member's social needs were met. On the day of our visit one person went shopping with care staff to buy a new sofa. In the afternoon another person was supported to go shopping for new clothes. They took a great deal of pleasure in showing staff all the new clothes they had bought. We were told of other trips to swimming, hydrotherapy, the hairdressers and the theatre.

We asked staff if they were responsive in supporting people to go out and follow their interests. One staff member responded, "Yes to a certain extent. However, with our location I feel the guys are at a certain disadvantage. However, we always welcome visitors and invite people into the home." Staff felt that involvement with the local community was important and we were told of charity coffee mornings that had been held in the home and how staff supported people to attend events in the local village hall. One staff member explained, "Community presence is important because these guys are part of the community. They might be slightly different to you and I, but they are people."

Each person was supported to go on holiday. One person had recently chosen to go on a cruise around Norway. We were shown photographs of the person choosing their holiday in the travel agents and of the holiday itself. Previous holidays had included a cruise to the Canaries and a holiday in London. It was clear that holidays were an important part of this person's life and staff ensured they were supported to continue to enjoy holidays of their choice. Another person had enjoyed a holiday in this country in a "hot tub lodge". Another person lacked confidence to go on holiday, but staff were working to build up their confidence so they could enjoy day trips and short breaks.

Each person had a handheld computer which they could use to record photographs of their activities and outings. We were shown how staff had downloaded different applications for people. For example, one person liked to draw but was finding it difficult to hold a pen. Staff had downloaded a drawing 'app' which enabled the person to use their finger to draw.

Parts of the home had been adapted to provide sensory stimulation for people. A corner of one of the lounges had been made into a sensory area with lights decorating the walls in the shape of flowers, balloons and stars and an illuminated fish tank that changed colour. The sofa was positioned so people using the lounge could see the sensory lights or the views which overlooked the garden and the countryside beyond.

Some people had a diagnosis of dementia and the home had introduced items to stimulate interest. A reminiscence shop with a large canvas backdrop of pictures of well-known brands from the 50s and a counter with toys, jars of sweets and written memorabilia was in the corner of the lounge. We were told that one person particularly benefited from the shop as, "It was a way for [person] to really engage." Other items included a new television in an old surround which had prompted one person to say, "It still works!" A large cinema screen was used for "cinema evenings" or in the day if people wanted to watch a film.

One person particularly enjoyed being outside, but often the weather did not allow them to sit in the garden. A wooden summer house had been built which enabled them to enjoy the feeling of being outside even when the sun was not shining.

Each person had a care plan which gave staff clear guidelines and information to ensure they understood how to care and support people in the way they preferred. The care plans were written from the person's perspective and were clear about choices, preferences and promoting independence. Care records also contained specific information about medical conditions and their impact on people. For example, "Aging and its consequences for people with Downs Syndrome". Staff had a good knowledge of what was written in the care plans and we saw them following guidelines during the day. For example, a cuddly toy was very important to one person. We saw staff engaging with the toy and using it as a tool to communicate with the person.

Relatives told us they felt involved in planning their family member's care. They told us they attended annual reviews. One said, "We have a review every year and we sit and have a discussion about their care. They do involve us in any decisions they make."

Information was communicated between staff through handover, daily diaries and a staff message book. Staff completed a diary of what every person had done throughout the say. The entries showed how people had

Good

Is the service responsive?

been, their mood, engagement and nutritional intake. Entries recorded in the diary cross referenced with information in the handover book and the message book. One staff member came on the afternoon shift and we saw they read the handover book and diaries. They explained, "I need to read these as I have been off for a few days and need to catch up." This meant that information was shared so changes in people's health and wellbeing could be managed appropriately.

People had information about how to make a complaint in an easy read format in their care plans. Relatives told us they had no complaints but would talk to the manager if they had concerns. One said, "If I had any concerns my initial reaction would be to see [registered manager]." Another said, "First of all I would go to [registered manager]. If she thought I needed to go somewhere else she would give me the phone numbers to call."

We asked staff how they would support people if they had concerns. A typical response was, "I would listen to the complaint and record it. I would pass it to [registered manager] straightaway. All complaints are real and we take them seriously. Sometimes you have to talk this through with people and then you find what the problem is. Sometimes you can sort it out but you still tell [registered manager]." There had been no complaints in the last 12 months.

Good

Is the service well-led?

Our findings

The management team and the staff were committed to providing high quality care that met people's individual needs. This was appreciated by the relatives we spoke with. When we asked if they thought the home was well-managed, one relative responded, "I've never seen any reason to think it isn't well managed." They went on to say, "I can only say I am so pleased [person] is there and that is the highest praise I can give them." Another relative said, "I can't find anything wrong with it."

Staff were positive about the registered manager and the management team. Comments included: "You could not ask for a more supportive management team. [Registered manager] has the guys at the very centre of everything that happens in the home. She likes us to treat them as family. I never once get the idea [registered manager] would allow profit to take over the guys needs." Another said, "My manager is fair but firm. [Registered manager] is very hands on and will work on the floor. She believes that policies and procedures are there to be used." Another described the registered manager as "lovely" and said, "She will come out on the floor. If you say something, she actions it straightway. [Registered manager] is so supportive." Another said, "I love my manager. The door is always open; she is always there if you need to talk."

Staff had regular meetings and felt confident to make suggestions. One staff member said, "[Registered manager] is very supportive of bringing new ideas on board." Another said, "We have monthly meetings. We are always asked our views. The door is always open." Staff told us they shared information regularly. "We are quite lucky with the staff team. We quite often have open discussion and discuss any issues in the home and any ideas."

Staff all spoke positively about the staff team with one staff member saying, "Some staff have been here an awfully long time. It is good to have a mix of staff who know people really well and new staff who have new ideas. I think that is why the dynamics of the team work so well." Another said, "I am dyslexic and the team really support me. I am given more time to do my work." One staff member told us, "Staff are very supportive. I feel like I've landed on my feet. Coming here you are not judged, they just want you to develop your skills so you can provide good care."

The PIR stated; "Staff are supported to question practice. Whistleblowers are supported following the provider's policy." Staff told us they would feel confident to raise concerns about poor practice. One said, "We learnt about whistleblowing and how to report this. If I thought something was not being done for service users, then I would report it." Another said, "We are protected by whistleblowing. I would whistleblow. It is protection so it is important."

People, relatives, staff and visiting healthcare professionals were asked their opinions about the service through questionnaires and satisfaction surveys. All the responses were positive about the quality of care provided and the ethos of the home. One family member had written, "As always the care [person] receives is excellent." Comments by staff members included: "It is refreshing to be given confidence and support by both my manager and deputy manager."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular checks of medicines management and care plans. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. For example, the audit in March 2015 had identified that capacity assessments needed to be decision specific. At our inspection we found that assessments had been reviewed and were now decision specific. These checks ensured the service continuously improved.

We asked staff why they enjoyed working at Hancox Close. One responded, "The atmosphere. I've worked in a couple of care homes and when I came here, I couldn't count my blessings. They (people) are characters, each and every one in their own way and I adore each and every one of them in their own way." Another said, "It is lovely working here. Everyone is treated properly and is treated with dignity."