Chartbeech Ltd

Hay House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hay House Nursing Home is nursing and residential home for 35 people, the majority of people living with dementia or a cognitive impairment. The service is a large, older style building with a secure garden and well maintained grounds in a rural setting.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

We carried out an unannounced inspection of Hay House Nursing Home on 19 February 2018. At the time of the inspection 32 people were living at Hay House Nursing Home.

There was a registered manager employed at the home who were clearly passionate about providing a high quality, individualised service. They had worked at the service for many years. 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 and associated Regulations about how the service is run.

The provider, Chartbeech Ltd had recently been bought by new owners who owned another service in the South East.

At this inspection we found the service was meeting all regulatory requirements and we did not identify any concerns with the care provided to people living at the home. Most people were not able to comment directly on their experiences due to living with dementia. One relative said, "They're amazing! Mum is seen as an individual and since she has been here we have seen her [personality] coming through again. They care deeply. She had the best care here." Another relative told us, "They are brilliant. It's such a nice home, relaxed. They know [person's name]'s habits, people do their own thing."

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were able to choose what they wanted to do and also enjoyed spending time with the staff who were visible and attentive. There was a lot of staff interaction and engagement with people. They looked comfortable and happy to spend time in the lounges, their rooms or the conservatory and diner.

People were encouraged and supported to maintain their independence. There was a sense of purpose as people engaged with staff, watched what was going on, played games and pottered around the home or watched television. The majority of people were living with dementia and were independently mobile or required some assistance from one care worker. Staff engaged with them in ways which reflected people's individual needs and understanding, ensuring people mobilised safely from a discreet distance or were engaged with sensory activities.

People were provided with good opportunities for activities, engagement and trips out. These were well thought out in an individual way. People could choose to take part if they wished and when some people preferred to stay in their rooms, staff checked them regularly spending one to one time with them.

People and relatives said the home was a safe place for them to live. One relative said, "It's such a relief. I can have a break and not worry about coming in." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well with provider involvement and the service worked with the local authority safeguarding team.

Relatives said they would speak with staff if they had any concerns and issues would be addressed and people seemed happy to go over to staff and indicate if they needed any assistance. Staff were vigilant about protecting each person from possible negative interactions with other people living at the home, recognising frustrations and misunderstandings between people due to them living with dementia. They used chatting and distraction techniques as they knew people well, showing patience and understanding. Behaviours were monitored if necessary to keep people safe and appropriate referrals made to external health professionals.

People and relatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. There had been few complaints. One relative had mentioned some windows needed cleaning and this was done immediately.

People were well cared for and relatives were involved in planning and reviewing their care as most people were not able to be involved due to living with dementia. Care plans showed that people were enabled to make smaller day to day choices such as what drink they would like or what clothes to choose. Where people had short term memory loss or anxiety staff were patient in repeating choices each time and explaining what was going on and listening to people's repeated stories.

There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. One person had been referred to the older persons mental health team and there was a GP round every week. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Medicines were well managed and stored in line with national guidance.

Staff had good knowledge of people, including their needs and preferences. Care plans were individualised and comprehensive ensuring staff had up to date information in order to meet people's individual needs effectively. Handover and communication between staff shifts was good so there was consistent care. The service rarely used agency staff but were able to fill vacancies if they could not cover shifts within the staff team.

Staff were well trained and there were good opportunities for on-going training and obtaining additional qualifications. The staff team was very stable and many care staff had worked at the home for some years. A newer care worker told us, "I love it here. The manager is very nice too."

People's privacy was respected. Staff ensured people kept in touch with family and friends, inviting friends and family to outings and events regularly. Four relatives told us they were always made welcome, updated on their loved ones care and were able to visit at any time.

The registered manager and showed great enthusiasm in wanting to provide the best level of care possible and valued their staff team. For example, they arranged their shift so they were available at early evening when people living with dementia could become more anxious. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people in individualised ways. We spoke to the registered manager about the accessible information standard. This ensures people's communication needs are identified and met. Care plans provided good information and the registered manager already included the standard in their assessments, hospital passports and information sharing within the wider staff team.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. For example, some people liked to live with strict routines to help them remain well and staff knew and respected those. Information included people's previous history, including any cultural, religious and spiritual needs.

Meal times were a positive experience, with people being supported to eat a meal of their choice where they chose to eat it. Staff engaged in conversation with people and encouraged them throughout the meal, noting who liked to sit with whom. Nutritional assessments were in place and special dietary needs were catered for as well as specialist crockery and cutlery and finger foods to aid independence for people living with dementia.

There were effective quality assurance processes in place to monitor care and plan on-going improvements overseen by regular provider visits. There were systems in place to share information and seek people's views about the running of the home, including relatives and stakeholders. All responses were positive from the recent quality assurance questionnaire. People's views were acted upon where possible and practical, and included those living with dementia. Their views were valued and they were able to have meaningful input into the running of the home, such as activities they would like to do, which mattered to them.

A monthly newsletter and notice board kept people up to date and organised events such as BBQs and fetes encouraged families and children to attend. This showed that people and their families mattered to the staff, who also shared their lives, families and pets.

Further information is in the detailed findings below.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well led.	**Good**

Hay House Nursing 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 checked 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 19 February 2018. This was an unannounced inspection and was carried out by one adult social care inspector. This was the first inspection of the service since the provider, Chartbeech Ltd, had been purchased by new owners.

At the time of this inspection there were 32 people living at the home. During the day we spent time with all 32 people who lived at the home and spoke with four relatives. We also spoke with the registered manager, administrator, one of the new directors, six care staff and a registered general nurse and a domestic.
We looked at a sample of records relating to the running of the home, such as audits, quality assurance, medication records and care files relating to the care of three individuals.

Good

Is the service safe?

Our findings

The service remained safe. People and relatives told us they felt the home was safe and they were well supported by staff. One person was able to tell us as they were enjoying an adult colouring book, "I very much like living here. The carers are very nice;, they bring me lemonade." A relative said, "It's such a relief. I can have a break and not worry about coming in." The provider and registered manager had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected. Any safeguarding concerns had been managed well, with provider involvement, and the service worked with the local authority safeguarding team. Relatives said they would speak with staff if they had any concerns. Issues would be addressed and people seemed happy to approach staff and indicate if they needed any assistance.

Staff were vigilant about protecting each person from possible negative interactions with other people living at the home; recognising and intervening quickly if any frustrations and misunderstandings arose between people due to them living with dementia. This was especially important as some people were independently mobile. Staff used chatting and distraction techniques as they knew people well, showing patience and understanding. Most people were not able to respond directly about their experiences due to living with dementia but appeared happy and comfortable with staff and each other.

People were wearing appropriate clothes for the weather. The balance between people's safety and their freedom of choice was well managed. Staff were visible around the home and quickly noticed if anyone was trying to mobilise on their own without waiting for help if they needed assistance. Where people were at risk of recurrent urine infections which could affect their safety such as mobility, dementia and cognition, staff were vigilant in sending urine samples off for testing and ensuring the person had appropriate treatment to keep them safe. Records showed regular monitoring.

Risk assessments and actions for staff to take were included for risk of pressure area skin damage, falls and nutrition. For example, training for staff had been organised about moisture lesions to enable care to be more carer-led. Where people required pressure relieving equipment to maintain their skin integrity, staff ensured cushions, for example, were moved with the person when they moved. One person was nursed in bed due to their condition and they were checked for re-positioning regularly. Staff were encouraging the person to enjoy a 'nice bubble bath' which made the person smile. Care plans detailed whether people could use their call bells effectively and monitored people accordingly.

Staff were attentive to people's needs, knowing them well and interpreting body language. For example, one person became anxious and staff discreetly distracted them and knew about the topic the person was concerned about.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. During our inspection there was the registered manager, administrator, two registered nurses and six care

workers supported by a cook and kitchen porter, two domestics and a maintenance man. There was also an activity co-ordinator. Staffing numbers were determined by using a dependency tool, which looked at people's level of need in areas such as mobility, nutrition and maintaining continence, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. We saw that people received care and support in a timely manner.

People were protected from the risk of harm or abuse because safe recruitment procedures had been followed. We looked at the recruitment records of three staff who had been recruited since the last inspection. These showed that risks of abuse to people due to unsuitable staff were minimised because the provider carefully checked prospective new staff to make sure they were suitable to work at the home. These checks included seeking references from previous employers, photo identification and carrying out Disclosure and Barring Service (DBS) checks. These checks made sure the applicant had not been barred from working with vulnerable people, and they did not have a criminal record that indicated they were untrustworthy.

The home was very clean and tidy. There were no offensive odours throughout the home and rooms were fresh. Staff used personal protection equipment (PPE) when delivering care and changed aprons and gloves between rooms or when dealing with food. Staff had had training in infection control.

The registered nurses were trained in medicine management. Medicine administration records detailed when the medicines were administered or refused. Medicines entering the home from the local dispensing pharmacy were recorded accurately when received. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing their medicine record. Medicines were thoroughly audited by the registered manager. Medicines were stored safely and records kept in line with relevant legislation.

The provider had systems in place to manage emergency situations such as fire. For example, each person had a personal emergency evacuation plan (PEEPS) to enable emergency services to know how to manage people. Accidents and incidents were recorded to show they were well managed and appropriate actions taken. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service remained effective.

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people who lived in the home were not able to choose what care or treatment they received due to living with dementia. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been carried out to determine each person's individual ability to make decisions about their lives. For example, where people displayed views that could be seen as prejudiced the registered manager and staff worked together to ensure this was managed well with the person's wellbeing as the focus.

Where restrictions were in place appropriate applications had been made to the local authority to deprive the person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Where people were restricted, for example by the use of bed rails, best interest decisions had been made in consultation with other people involved in their care, and the decisions had been recorded. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were aware of the implications for people's care and had also included discussions about flu vaccinations, for example. The registered manager kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted. For example, they ensured they communicated with the people who held power of attorney or family members that the person was happy to see.

Throughout the day staff demonstrated they were familiar with people's likes and dislikes and provided support according to individuals wishes. It was important to some people that they were able to move freely, sit in their favourite places or have items with them that made them feel secure. This ensured people's choice was taken into account. Staff said they tried to promote people's independence as much as possible, ensuring people had easy access to mobility aids, drinks, available staff and easily accessible bathrooms and room doors painted so people could find them.

There was a very stable staff team at the home who had a good knowledge of people's needs. Most staff had been employed at the home for a number of years. Staff and the registered manager were able to tell us how they cared for each individual to ensure they received effective care and support. For example, they knew about people's past lives and could initiate conversations that were positive for people. One relative said, "[Person's name] was a sociable person. They can't talk now but the staff come and dance with him. Friends and relatives have all been in and they all say how relaxed it is without fail." Staff also knew when people

may display signs of agitation caused by certain triggers such as noise or the time of day. They ensured they were visible to distract people so minimising the likelihood of distress. One person used doll therapy (research based practice used to promote security especially for people living with dementia) and staff ensured they called the 'baby' by the name preferred by the person.

Relatives spoke positively of the staff who worked in the home. Comments about staff to us or in the recent quality survey sent out by the home included, "They're brilliant. Hay House went the extra mile. [Person's name] hasn't talked about going home and is settled and not agitated as he gets reassurance from staff": "I like everything as it is here" and, "I like the kind, caring carers".

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Most of the staff were qualified in the national vocational qualification (NVQ). Mandatory training included safeguarding, comprehensive manual handling, fire, infection control, health and safety and food hygiene. New staff completed a 12 week 'Skills for Care' induction (a recognised national training standard). This included working with more experienced staff for a period until each new staff member felt confident to work independently. Staff said they liked working at the home and could say if there was an area of training they were interested in. This included any staff role and topics related to relevant people living at the home such as blood taking, managing behaviour which could be challenging and promoting continence. External courses completed included nutrition and diet, dementia training (a long extended course involving writing dementia diaries) and end of life care. Policies and procedures were accessible to staff. Staff received regular formal, supportive one to one supervision sessions to ensure they had protected time to discuss their role, competency and training or other needs with a manager.

People had access to health care professionals to meet their specific needs. Records showed people attended appointments as necessary with GPs, who were at the home weekly, dentists, chiropodists, district nurses and speech and language therapists. Records detailed staff made sure people were assessed and saw the relevant professional if they were unwell. The registered manager also ensured staff used a research based method for assessing pain for people living with dementia in particular and some people had a better quality of life using a regular medicated pain patch.

Each person had their nutritional and hydration needs assessed and met. The home monitored people's weight in line with their nutritional assessment. Care plans included nationally recognised nutritional assessment tools to ensure staff knew who was at high risk and what action to take.

Everyone we spoke with was happy with the food and drinks provided in the home. The cook and staff knew what people liked to eat including their favourite foods and dislikes. One person had an alternative meal and particular food items had been sourced for people with special diets or items they enjoyed, such as noodles, spices and low potassium items. People were offered their choice of drinks. Relatives were encouraged to visit over mealtime if they would like to assist and share the experience. Tables were set nicely with place mats and condiments. There was friendly banter between people and they were offered seconds.. This helped to make mealtimes pleasant, sociable events which also encouraged good nutritional intake. Regular snacks were provided throughout the day, including homemade cakes.

People had the equipment and environment they required to meet their needs such as hospital beds, hoists and assisted baths. The new directors were currently investing in improved lighting throughout, auditing the décor and maintenance needs in the older style building. All areas were secure and accessible safely including a secure garden and very spacious communal areas.

Good

Is the service caring?

Our findings

People remained supported by kind and caring staff.

Staff had good knowledge of each person and spoke about people in a compassionate, caring way. They were attentive, passing time with people and relatives. Relatives told us how they always felt welcomed and all staff were able to give them an update on their loved one. They said, "The staff are caring towards both mum and me!" and, "The kindness and understanding is extended to all residents and visitors. The staff are great, there is a lot of respect for all and care and support are to the highest standards I've seen." The provider, registered manager and staff team as a whole cared about people in their care as well as their wider family. We heard how staff supported anxious families whilst protecting people's rights to make decisions or be treated as adults. This was done in a caring and positive way. A notice on the wall about dementia said, "I can still- smell flowers, communicate, make decisions, wash my face, sing and move my body" and staff were seen to follow these simple ideas throughout our inspection.

Relatives had had a social meeting at the home and the registered manager had completed a fun quiz with them whilst sharing information about dementia. This had resulted in relatives sharing their emails for updates, a new mural and inclusion of new staff introduced in the newsletter. Relatives received regular updates about their loved ones and were able to be as involved as they wished. There was a regular newsletter showing dates for the diary, any changes and events and reminding people to complete the quality questionnaires.

People and families were asked 'What did they like about Hay House' and responses included, "My mate", "My room, my own privacy", "The meals" and, "I wouldn't change anything, I'm happy." One person had said they would like a bath every day. The registered manager had arranged staff shifts so that the person had a bath at the time they liked with consistent staff. Relatives had said in the questionnaire, "Friendly approachable staff and manager", "Excellent care for my mother and lovely accommodation", "Cheerful, welcoming and approachable staff", "being prepared to take my husband out in the minibus" and, "Family atmosphere, homely and lovely."

Staff encouraged and supported people to maintain their independence in a caring way. Care staff ensured they prompted people to dress themselves and assisted with ensuring people dressed in the correct order. Rooms were very personalised. Relatives said they could decorate them as people wished. The registered manager told us how they had supported one person by ensuring their room was how they wished it to be; adjusting the angle of a television and ensuring the person could see staff pass by. This had not only resulted in reduced negative behaviours but reduced dependence on medicines.

The environment across the home was made as homely as possible. Chairs had pretty patterns so people could see the seat easily. There were cheerful murals around the home to help people remain independent by knowing where they were. Photographs showed relatives enjoying days out with people. The laundry was well managed with people's clothes well cared for and folded neatly, showing that staff cared about people. People enjoyed the presence of the Hay House cat.

Most people were not able to tell us about their choices directly due to their dementia. Care plans contained people's preferences which gave staff a basis to work with. Staff said they could update care plans as they learnt more about people. They knew what people liked to do, their preferred routines and topics for starting conversations. Tea and biscuits and snacks were offered throughout the day including to relatives. We saw staff interacting with people in a caring and professional way. Staff also enjoyed their work and told us, "It's so lovely here. I come quite a long way to work" and "I have been here a long time. We are all valued." There was a good rapport between people; they chatted happily between themselves and with staff. When staff assisted people they explained what they were doing first and reassured people. One person indicated they did not want to go to the dining room for lunch so staff smiled and said, 'OK, [person's name] we will come back later'.

Staff ensured people were assisted to the bathrooms discreetly to maintain their continence. Staff supported people who were in pain or anxious in a sensitive and discreet way. This included thinking about whether there may be a physical reason why someone was not behaving in their usual way such as an infection.

Good

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their personal care needs because staff had good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes if they were able and people's relatives also contributed.

Staff at the home responded to people's changing needs. For example, staff recognised when people were not eating so well, were not themselves or had a sore place on their skin. Staff referred people to appropriate health professionals in a timely way. For example, in relation to chiropody, eye care and to the district nurses or GP. Staff used clear body maps to monitor people's skin and to show why and where topical creams were required. There were regular reviews of people's health. The home provided good leisure and social activities that were appropriate for people living with dementia. As well as the activity co-ordinator, the staff team spent time with people and there were plenty of sensory items for people to pick up independently. One person was enjoying a 'jewellery rummage box' touching necklaces and bracelets and seemed very content, pottering off then returning again. There were 'nature rummage boxes' and a vintage corner with reminiscence items, including a vintage pram and music playing. We saw people moving around looking at the area or using items throughout the inspection.

When we arrived some people were enjoying a late breakfast, chatting with staff, napping or pottering around the home. Due to people choosing to spend most of the day in the communal areas, they were able to interact with visible and attentive staff and watch what was going on so there was a low risk of isolation.

There was an activity programme with morning and afternoon activities. For example, games, art class, chair exercises, reminiscence, films and lots of music. There had been a visit from the local donkey sanctuary, hairdresser and staff also included people in helping out with household chores. People's care plans showed how they liked to be addressed and then went on to detail people's past experiences. Activities were linked to people's past experiences and hobbies. One person had enjoyed watching a fox in the grounds which was linked to their past experience. One person regularly went out to the local pub. Records were excellent detailing what people had been doing. A dramatherapist came regularly and engaged people, recording how people responded to meeting animals such as chinchillas and guinea pigs. People were supported and reassured if any songs brought back memories and staff made sure people responded positively to any activities if they could not verbalise their views. Staff knew when people regularly had visitors and whether people needed to be assisted to get ready to go out.

Most people were unable to be directly involved in their care planning but relatives were involved if they wished. The four relatives we met said they had been very involved in the care and care planning. People and their representatives said they would not hesitate in speaking with staff if they had any concerns. People and their representatives knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. Issues were taken seriously and responded to in line with the

provider's policy.

There was good end of life care. Staff were involving families in adding end of life information within the care plans as an on-going process. Appropriate health care professionals and family representatives had been involved in end of life discussions. For example, whether people were for resuscitation, what their wishes might be and information about power of attorney and arrangements. One person's relative had commented that the staff were amazing. They said they had seen their mum's personality coming through as they knew her since her admission to the home. They had been made so welcome and stayed at the home for three nights during end of life care. The staff had made them bacon sandwiches and toast. They said they had been "blown away" by the care at the end which had made their loss bearable adding, "They had the best care here."

Good

Is the service well-led?

Our findings

The service continued to be well led and there had been a good transition to the new directors/owners of Chartbeech Ltd. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had worked at the home for some years and felt well supported by the provider. They were able to contact the director at any time, who came to support them during our inspection. They were able to make decisions about purchasing items for the benefit of people in their care. For example, mobility equipment and activity provisions.

The new providers intended to continue to visit the home regularly, informally and conducting quality assurance visits in line with CQC key lines of enquiry. People and relatives spoken with during the inspection described the management of the home as open and approachable. People were comfortable and relaxed with the management team, saying 'The manager is amazing', who clearly knew them and their family well. Relatives said they were happy to talk to management and all the staff at any time and could not fault the care. There were lots of thank you cards and staff attended people's funerals invited by families.

The managers and staff showed enthusiasm in wanting to provide the best level of care possible and this showed in the individualised way they cared for people and their families. For example, recognising and addressing family anxieties and finding ways to alleviate this with more regular communication by email, for example. People and relatives had lots of communication about the home such as user friendly service user guide and home's statement of purpose, newsletters and notice boards. There were systems in place to share information and seek people's views about the running of the home. A recent quality assurance survey had been completed. Comments were all very positive.

The registered manager had an open door policy and they were available to relatives, people using the service and health professionals. A photo board showed visitors and people who staff were and the new director was being included. They were organising a welcome meeting for families to introduce themselves. . The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area such as Kitemark.

Staff received regular supervision support, completed employee quality surveys and were regularly listened to and consulted. They all said they enjoyed working at Hay House.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care including medication audits, care plans audits and falls. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.