

A.N.I. Health Care Services Limited

Hazelford Residential Home

Inspection report

The Hazelford Care Home
Boat Lane, Bleasby
Nottingham
Nottinghamshire
NG14 7FT

Tel: 01636830207

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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

This inspection took place on 31 August 2016 and was unannounced.

Hazelford Residential Home is owned and managed by A N I Health Care Services Limited. It is situated in the village of Bleasby in Nottinghamshire and offers accommodation for up to 36 older men or women. At the time of inspection 24 people were using the service.

The service had a registered manager. 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.

People who used the service and staff at Hazelford Residential Home knew who to report any concerns to if they felt they or others had been the victim of abuse. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely.

People were supported by staff who had received the training they needed to support people effectively. People had consented to the care that they received. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People spoke positively about the food they received. They were able to have choice in what they ate at each meal and received support to eat if required. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

Staff were always on hand to respond to people's needs and a range of activities were available to those that wished to join in. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, which meant that their views informed decisions to

improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. The registered manager had clear processes in place to check on the quality of the service and to ensure that any improvements identified were made and sustained

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were identified and assessed. Measures were put in place to reduce these risks.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's medicines were stored, managed and handled safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People spoke highly of the food and were able to choose what they wanted to eat at each meal.

People were able to see their GP and supported to access other healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were provided with the information they needed that enabled them to contribute to decisions about their support. Where needed, independent advocates supported people with making important decisions.

People's dignity was maintained and staff responded quickly when people showed signs of distress or discomfort.

There were no restrictions on people's friends and family visiting them.

People could have privacy when needed.

Is the service responsive?

Good ●

The service was responsive.

People experienced support from staff which responded to their changing needs and were able to participate in a range of activities which they enjoyed.

A complaints procedure was in place. People felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, friendly atmosphere at the home.

People were supported by a registered manager and staff who had a clear understanding of their role.

There was a process in place to check on the quality of the service and also to check that any improvements made were sustained.

Hazelford Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 31 August 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who were using the service, two relatives and three visitors. We also spoke with seven members of the staff team, the registered manager and observed the way staff cared for people in the communal areas of the building.

We looked at all or part of the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Hazelford Residential Home. We spoke with one person who told us, "I feel very safe – no worries." This was confirmed positively by another person who added, "I don't feel unsafe living here - ever." People also told us how staff listened to their concerns and acted to ensure that they were safe. Relatives also told us that they felt people living at Hazelford Residential Home were safe. One relative reflected on the reassurance this gave them saying, "[My family member] is a lot safer here than they were at home."

Staff explained to us how they ensured people were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. One staff member we spoke with told us, "People are safe here. We have good staff who follow the procedures." Staff could describe the different types of abuse which may occur and told us they would act to protect people if they suspected any abuse had occurred. Another staff member said that they would always record and report anything untoward, which included any bruises or marks they found on a person's body.

Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place.

People received their care and support in a way that had been assessed for them to receive this safely. When we spoke with people they described how they received their care and support in the way that had been assessed for them to receive this safely. People also confirmed that staff provided the support people needed to maintain their independence and remain safe. For example, one person said, "We get freedom. We just have to let them know if we're going into the garden." Another person told us how they had been provided with a handle by their bed to assist them and help to prevent them from falling. Relatives were also confident that their family members were protected and their freedom was respected. They told us, "[My family member] can go where they want inside but they know they have to be supervised on steps."

One of the staff we spoke with told us they had never seen anything that might make anyone unsafe at Hazelford Residential Home and described things that they did, like follow the risk assessments to ensure that risks were managed. Another staff member told us how the staff always watched those they were supporting and monitored their soundings to ensure that they were safe and there were no trip hazards present, for example.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. We also heard from staff about the importance of making sure equipment that was being used was safe saying, "We check things as we use them and the maintenance man checks the building." Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

We observed good examples of staff supporting people to remain safe. For example, one person was being encouraged to go from the lounge to the dining room, using a walking frame. The staff moved the frame in front of them and encouraged them to stand. The person was encouraged to walk forwards in their own time, with the staff member beside them. When they were unsteady, the staff gave encouragement and friendly support to help them remain stable.

The staff team had a clear understanding of the risk assessments that were in people's care records. The care records that we looked at showed that risks to people had been reduced because any risk identified had been assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, which we saw staff following these plans during our inspection. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People told us that they felt there were usually enough staff to keep them safe. One person reflected on the staffing levels and told us, "I think it's about right." Relatives were also confident that there were sufficient staff. One relative told us, "I think there seems to be enough from what I see." Another relative agreed, saying, "They seem to be ok on numbers – they never leave them alone in the lounge."

The staff we spoke with told us there were enough staff available. Staff we spoke with told us, "We have enough staff to make sure people are safe and meet their needs." We heard from staff that there was also time for them to engage in brief conversations with those they were supporting and the care that they provided was not rushed. The registered manager told us that they planned the duty rota around the activities and appointments which people had so there were always staff available. People's needs were regularly reviewed to ensure that there continued to be sufficient staff.

We looked at the recruitment files for three members of staff. These files had the appropriate records in place including references, details of previous employment and proof of identity documents. The provider had taken steps to protect people as far as possible from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People's medicines were not always given on time, although we found that they were stored and handled safely. Two people told us how they should have their medicine within a particular timeframe, but said that it was not always given at the right time. However, other people we spoke with told us they got their medicines as prescribed. One person told us, "They [staff] stay with me while I take my tablets." Other people described how the staff provided the support with their tablets that they had asked for. For example one person told us how they liked to have their tablets placed in their hand for them to take, and another liked them to be left for them to take independently. Relatives confirmed that they were confident that medicines were given correctly with one relative reflecting on the way that medicines were managed by staff saying, "They do it well here and keep it all secure."

We observed staff administer medicines in a safe way. They told us how the medicines trolley was placed so that the member of staff administering medicines could focus on that task solely to minimise the risk of errors. Staff were patient when required and ensured people had the time they needed to take all of their medicines. Staff correctly recorded the medicines they had administered to each person on their medication administration records. We looked at the Medicines Administration Records (MAR). These records were used to record when people took or declined their medication and showed that the arrangements for administering medicines were working reliably. The medicines records included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. Where appropriate, staff told us that they would ask people if they wanted their tablets for any pain and we saw them doing this as they administered medicines. MAR's were used by staff to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. Medicines were stored securely and kept at an appropriate temperature. There were appropriate arrangements in place for the storage of any controlled medicines.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The staff are quite good." Another person reflected on the competence of the staff and said, "Some [staff] seem almost trained like nurses to inspect my wound." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities. A relative we spoke with told us, "They all seem above the basic standard." Another relative commented, "Most of the staff I know have been there a long while. The new ones have shadowed (watched the more experienced staff) and seem ok."

Staff told us that they received the training they needed to be able to support people well. While staff told us that they enjoyed the training that they completed, one staff member also told us, "Training is not just about going on courses, but also learning from other staff who have more experience than you." Other staff told us how they had been provided with training in areas where new practice had been introduced, for example the Mental health act and Deprivation of Liberty Safeguards so that they could keep up to date and support people well.

The registered manager told us how they used opportunities offered from community professionals to run short workshops for staff around their specialism to increase staff skills specifically around the individual needs of those living at Hazelford Residential Home. Details of forthcoming such events were advertised on a noticeboard. We looked at records which confirmed that the staff team had received training needed to equip them with the skills to support people effectively and that this training was updated when needed. The registered manager termed these records "Staff Safety to Practice." We saw that certificates for completion of training were contained within staff members files. The registered manager also shared with us some county-wide resources and initiatives that they had begun using at Hazelford Residential Home to build the skills of the staff.

The staff we spoke with told us they felt well supported by the registered manager. Although formal supervision was infrequent, they felt that they could speak to the registered manager at any time and they would always make time to listen, act and provide support. The Registered Manager told us they had plans to improve the frequency of supervision and the records we saw confirmed this with dates set on a planner for individual staff to receive supervision and also an appraisal to review their work and plan any future development needs to expand their competence and skills. The registered manager also told us that they felt well supported by their line manager.

During our inspection, we saw staff ask for a person's consent each time before providing care and support for them. One person told us, "They [staff] always come and ask me first before helping me." The people we spoke with confirmed they had also agreed to the content of their care plans which guide the staff in how their care is to be provided. One person said, "I can choose my bedtimes, sort my clothes for the day and what I want to do – no arguments." Another person explained, "They discussed everything when I came in," and went on to describe how this had informed their care plans. We spoke with a relative who told us how they had been involved in providing information when their family member had moved into Hazelford Residential Home and had agreed the content of the care plans. The care planning records confirmed what

people had told us and we saw that people had signed their consent to receiving care when they first began living at Hazelford Residential Home.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for authorisations under DoLS when needed. Staff told us that Best Interest Assessors had just began working with people at Hazelford Residential Home to ensure that they were not unlawfully restricted. They explained to us that it was important to understand why a restriction had to be in place and not just what the restriction was. Records showed that staff had received training in MCA and DoLS, so that they understood the requirements of these arrangements. There was also a policy and procedure relating to the MCA and DoLS available for staff to refer to.

People were supported to eat and drink enough to keep them healthy. One person told us, "It's good food here – nice portions and we get asked our choices." Another person explained to us how their dietary requirements were accommodated saying, "It's very good food on the whole. I can't eat onions so [the chef] will do me some dishes with none in. [Chef] also does good jacket potatoes with ham!" Relatives we spoke with were also of the view that their family members had enough to eat and drink, with one relative saying, "There's no problems with the food – [my family member] always eats up well." We heard how relatives were able to eat with the family members if there were visiting when food was served and they told us that the food was always good.

People were supported to make their menu choice for lunch when their mid-morning coffee was served. This meant that people had the food they wanted for lunch which was freshly prepared. Staff told us that people were supported to make choices taking account of their known preferences as well as any cultural or dietary requirements they may have. Pictures of food were available to aid people's decision making.

At lunchtime a good sized portion of food was presented in an appetising way. People were able to choose who they sat with, or could eat in their room if they preferred. Tables were laid neatly and suitable crockery and cutlery were available to people where this was needed. Staff were present in the dining room throughout the meal, supporting people as required. Where people chose to eat together, each table was served at the same time to encourage the sense of community. As people finished their main course, they were able to make choices as to their desert. A choice of drinks were offered during the meal and throughout the day Records were kept to ensure that each person had enough to eat and drink.

We saw jugs of water provided in bedrooms on request. Soft drinks were served at meal times and a tea trolley made several rounds during the day to those in communal areas and in their bedrooms alike. People were also offered a refill once they had drunk their drink if they wished.

While several people told us that they had experienced delays in being able to see a dentist, overall, people had access to the healthcare professionals they needed at the right time. One person told us, "They're [staff]

very good at getting the doctor in." Another person told us, I've had my eyes and hearing checked. My feet were done today by the man (a visiting chiropodist)." A third person said, "The district nurse has been in to check my wounds are healing." Relatives confirmed that they were kept abreast of any changes to their family member's health and consultations that had been made.

Staff told us how they monitored people's healthcare needs using the care records to monitor and check on people's presentation. They assured us that there would be no hesitation in calling the relevant healthcare professional if there was a concern. Relatives and staff told us how staff would accompany people should they need to go to hospital so that they could provide reassurance and make sure that people got the best possible care from hospital staff. Staff also told us how handovers were used to ensure that information relating to people's health were passed on quickly to other staff so that any changes to people's conditions were monitored. Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would call for an ambulance if it was necessary

We saw several healthcare professionals visit the home during our inspection. We spoke with one of these who had no concerns about the home and told us that they enjoyed visiting, always finding good care was being delivered by the staff. The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist community services for people, for example the "Falls Team" who provide advice and support around maintaining independent mobility to people who have been prone to falling. Staff were aware of the guidance that had been provided which was noted within people's care records and adopted in their practice.

Is the service caring?

Our findings

People told us that staff were kind, caring and they had formed positive relationships with them. One person said, "They put us at our ease." Another person spoke about the staff saying, "I see different ones with the shifts but they're all approachable." A third person explained, "We have a laugh between us. Generally they're kind, just the odd one who isn't so good." Relatives were similarly emphatic that there were positive and caring relationships between staff and those living at Hazelford Residential Home House. One relative told us, "You never hear them raise a voice. Nothing is too much trouble." Another relative agreed, saying, "They have the patience of saints!"

A staff member told us, "The residents here are lovely and we all get on so well." This was echoed by another staff member who said, "We all get on and look after each other, whether you are a resident here or staff." Staff told us how important it was to make conversation and talk with people rather than just seeing to their care needs. We heard how Hazelford Residential Home used to be a hotel and some of those that lived there used to stay at the hotel or had celebrated special events there, like a birthday party or wedding reception. Staff told us that people would enjoy reminiscing about this with them. We were also told by staff about the need to build trust with people as part of establishing a good two way relationship. For example a relative described how they had been invited to share lunch with their family member on Father's Day, and a separate dining area had been set up especially for them. They told us how much they had all enjoyed this occasion.

Some people liked to sit in the same place each day and where this was the case, they had the things that they wanted close to hand by their chair. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. People told us that they were able to attend local places of worship when they wanted to and local religious ministers visited the care home.

During our inspection, people were made aware of who the inspector was and why they were there by the staff who checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered.

People were supported to make day to day choices such as where they wanted to spend their time during the day or whether they wanted to join in with activities. One person told us, "I'm allowed to do what I want to do. They've [staff] noted my exercise in the garden – 10 laps a day." Another person said, "I wanted to be independent from day one. I go where I want in and out." Other people we spoke with told us that they had their independence to move around the home promoted. For example, we saw that doors to the secure garden area were left open so that people could go into the garden if they wished. We also saw someone ask to move into the conservatory to take morning coffee, and staff assisted them to move.

Staff we spoke with expressed their view that people's choices may change from day to day. They told us how important it was to keep asking people to choose, citing the example of giving people the choice of where to sit as people may want to sit in different places at different times rather than in the one place. We

observed an example of people being allowed to make choices and decisions together. For example, we saw someone ask for the television channel to be changed over. A staff member asked the two other residents who were watching the television if they would mind a different programme, before changing to the popular channel requested. They then asked the three people if they would like the TV any louder and if subtitles would help their viewing.

We observed there was a happy and relaxed atmosphere in the home. We saw staff give reassurance to people and there was also friendly and good humoured exchange between staff and people. Staff told us that it was important to involve people as much as possible so that they could retain their dignity and independence. A staff member told us how they involved people when providing them with personal care, not just encouraging them to wash independently, but actively enabling them to participate in the activity by asking them which products they wanted to use and selecting for themselves the containers and bottles. People were able to inform staff if they wanted to go out to the local shop to make small purchases such as a newspaper or some sweets. Every effort was made to accommodate these requests which enabled people to maintain a degree of independence.

We spoke to the registered manager about the use of advocacy services for people. They told us people were provided with information about how to access an advocacy service as information was in the service user guide that was given to them when they began using the service. However no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person we spoke with told us about staff coming to their room, saying, "They knock and wait for me to call out before coming in." Another person reflected, "They're very good at closing the curtains when it's private things." A third person told us how they always received their support in a quick and discreet way if they needed personal care when using one of the communal areas which prevented their embarrassment.

Staff explained to us how they saw a link between people's dignity and their independence, telling us how they encouraged people to do as much as they could for themselves as this was more dignified than receiving support. We also saw how staff protected people's dignity while they were working with them, for example by closing doors and ensuring that people were covered when receiving personal care, or encouraging them to use a napkin to prevent food falling on their clothes.

Personal details for people were kept in their files which were stored securely in the office so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. People told us that their families were able to visit them any time they wanted and relatives told us that there was no restriction on them visiting. There was access to several smaller, quiet areas should people not wish to sit in the main lounge.

Is the service responsive?

Our findings

People felt they received the care and support they required and that it was responsive to their needs. One person told us about the activities that went on at Hazelford Residential Home and said, "There are activities but I don't join in – I like to read in my room," and we saw how there was a daily paper purchased for them to read. Another person spoke enthusiastically about the activities on offer saying, "I like the music entertainers who come in. We've had a minibus outing for a coffee at the tea shop and I've made a few friends here."

Relatives told us how a new staff member with responsibility for activities had resulted in more opportunities for people being on offer. They explained, "There are things all the time they can try and join in if they want to. The new lady sat with [my family member] and asked what they liked to do," and went on to describe the activities that had been introduced for their family member. Another relative told us how they would like for their family member to be able to get out of the home more often. However, they were emphatic that staff had taken the time to get to know their family member and ensured that they were able to listen to the music they liked, do the crossword in the paper each day and talk about, horses which they enjoyed.

A program of regular group activities was arranged and facilitated by an activities co-ordinator. These were supplemented by 'special events' to coincide with events outside of the home; for example a party to celebrate the Queens Birthday and activities to mark the Olympics. On the days of the week this person was not at work there were activities planned from external facilitators. On the day of our inspection, the local Woman's Institute were visiting and ran a 'mobile shop' around the home from which people could purchase items of toiletries or sweets. People appeared to enjoy the conversation with the stall holder and being able to make their choices. We heard that on other days visitors came in from the community to sit and talk with people if they wished. When staff were not providing personal care, we saw that staff encouraged people to play short table top games, or engage in conversation. Arrangements were also in place for people to make religious observance in the home if they wished and several local ministers of religion visited to home to cater for differing beliefs.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home.

Information about people's care needs was provided to staff in care plans as well as being written in communication books. It was evident that staff had an understanding of people's care needs and how they had changed over time. People's care plans were reviewed and updated when required. We spoke with one person could recall being involved in reviewing the support they received the week before and said, "They [staff] talked me through my care plan last week and asked me lots of questions." Another person told us that they preferred their family to speak with the staff about their care. Where this was the case, there was less reliance on formal review meetings. The registered manager and relatives we spoke with told us how opportune discussion with people and their families were used to ensure that peoples care plans remained

updated and current. Family members we spoke to said that this worked well. A third person we spoke with reflected, "They ([staff] are personally interested in us." Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

People felt able to raise concerns and complaints and told us they knew how to do so. We heard that people felt able to speak to the registered manager and matters were resolved without having to make a formal complaint. One person said, "I'd go to the office if I had to complain." Another person told us I'd talk to the manager first if I needed to." A third person agreed adding, "Certainly [the registered manager] listens and acts." Relatives we spoke with told us they would feel comfortable making a complaint and knew how to do so. One relative we spoke to told us "There's only been the odd things raised, that have been sorted within 2-3 days – We've had no cause to complain at all."

When we spoke with staff about how they might handle a complaint they told us, "It is important that people and their family feel that they can talk to us," and went on to say that the registered manager could be relied upon to take action if anyone was unhappy about anything. Another staff member said, "There are complaints forms in the office which can be filled out, but we would always do everything we could to resolve a problem first." People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. We reviewed the records of the complaints received since our last inspection. This showed that the complaints had been investigated and resolved within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. Each month a summary of complaints was prepared by the registered manager for the provider to review to ensure that action was being taken where people were not happy.

Is the service well-led?

Our findings

People benefitted from the positive and open culture in the home. Throughout our inspection, the atmosphere in the home was calm and relaxed. People were interacting confidently with one another and with staff. A person who lives at Hazelford Residential Home told us, "It is a nice place." Another said, "It is very friendly here." We spoke with a relative who said, "There is a good atmosphere in the home." Another reflected, "This is a relaxed pace." One of the staff we spoke with told us, "It's a much better place than others I've worked in over the years. It's homely – that's what's special."

Staff spoke highly of the registered manager and told us, "The manager's door is always open," they said that if there was a concern they could go and chat with them and knew that things will be sorted out amicably. Another staff member said, "The manager is really good – we can talk to them about anything and they listen. I like them." We heard from staff that they felt well supported by the registered manager and also by the provider, who regularly visited Hazelford Residential Home and made time to speak with them. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake.

During our visit we also saw family members calling into the office to speak to the registered manager. Each time the registered manager spoke warmly and knowledgably about their family member's current presentation, giving reassurance and noting down anything salient to pass onto staff.

We saw people felt comfortable and confident to speak with the staff that were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The people we spoke with and their relatives were emphatic that there was good management and leadership at Hazelford Residential Home. Someone living at the home told us, "[The registered manager] has been excellent. She's done more than required and been jolly good all along." Another person said, "[The registered manager] walks around and we see them interacting. I can talk to them easily." Other people were satisfied that they could always leave a message at the office if they had anything they wanted to talk about and the registered manager would come and find them. Relatives agreed, saying, "[The registered manager's] door is always open. They will make a point of saying hello and talk about where we've been for the day when we have been out with [my family member]" Another reflected on the registered manager and said simply, "They are great!"

The Registered manager told us how they worked hard to build a family feeling and ethos at Hazelford Residential Home and would occasionally help out with support to understand any pressures on the staff, to ensure that staff were working well and people were comfortable. The position of the office within the service meant that the leadership was visible and accessible to those working in the service. The registered

manager ensured that the office was tidy and well-ordered with everything easily to hand for staff so that they could refer to it quickly if they needed to. There was a clear staffing structure in place and the registered manager checked on any tasks that were delegated to others to be sure that they had been completed.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since June 2015. They had a good understanding of their responsibilities. The registered manager was supported by the owner who made regular visits to monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

People could be assured that the service was of a high quality. People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. There was a system of audits in place and these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure that the service complied with legislative requirements and promoted best practice.

Relatives could not recall being asked to complete any form of survey, but they were clear that they were able to speak up. One relative said, "Yes, we're definitely listened to – they take note too." Another told us, "When we've wanted to ask something, they always make notes and act on it. People also were encouraged to give feedback on the quality of the service provided and a "Friends of Hazelford Residential Home" group met regularly to update people's family and friends and seek their views. We heard how these forums had been particularly helpful to ensure that a stimulating range of activities was made available.

Clear communication structures were in place within the service. There were regular team meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.