

# Community Homes of Intensive Care and Education Limited







## Hazeldene

### 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	

#### Overall summary

The inspection took place on 28 November 2014 and 4 December 2014 and was unannounced.

Hazeldene is a care home without nursing for up to ten people with a learning disability. At the time of the first day of the inspection nine people were living at Hazeldene and on the second day eight people were living there as one person had moved to another service. This move had been carefully planned with the person and their family. The people living at Hazeldene had a range of support needs. Some people could not

communicate verbally, some needed support with personal care and engaging in activities whilst others needed support if they became distressed or anxious. Most of the people living at Hazeldene required support from staff when they were away from the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

# Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the manager was not registered with CQC. They had recently been appointed and were in the process of submitting their application to become a registered manager.

Hazeldene had not had a permanent manager in post since the previous manager deregistered in September 2014. A number of interim managers had managed the day to day running of the service. Some relatives and professionals told us they had not received information promptly during this time and felt they were not aware of what was happening in the service. A member of staff commented that sometimes change took a long time to implement as communication with senior management was not always regular.

People using the service, their relatives and local authority commissioners told us they were happy with the support and care provided at the service. Support was focussed on individuals and designed to meet the specific needs and preferences of people living in the service. There were systems in place to manage risks to people. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well. The provider had robust recruitment procedures in place to ensure only staff of suitable character were employed.

People who could not make specific decisions for themselves had their legal rights protected. A best interests meeting involving relatives and healthcare professionals had been held for one person and a decision made in accordance with the principles of the

Mental Capacity Act 2005. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

Staff were trained appropriately to meet people's needs. New staff received induction, training and support from experienced members of staff. Staff felt well supported by the manager and said they were listened to if they raised concerns.

People were involved in planning and reviewing their support. People were encouraged to be as independent as possible and they worked toward agreed goals to achieve this. There was a full programme of activities planned and tailored to the individual needs and preferences of people living at Hazeldene. People maintained links with the community through inviting their friends and relatives into the service, visiting local places of worship, garden centres, coffee shops and the day care centre. Entertainment and activities were also provided by community musicians who visited the service. The manager and staff were aware of the risk of social isolation and worked hard to involve people and avoid isolation.

People and their relatives told us that staff treated them with kindness and respect. The manager and provider monitored the quality of the service regularly. Feedback was encouraged from people, visitors and stakeholders which was discussed and used to improve and make changes to the service.

People's needs were reviewed regularly and up to date information was communicated to staff. Healthcare professionals spoke positively about the way the staff worked with them to meet the needs of people living at Hazeldene.

# 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. Staff involved people in assessing and managing risks to their welfare.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding requirements. The provider had robust emergency plans in place which staff understood and could put into practice.

Good



### Is the service effective?

The service was effective. People's individual needs and preferences were met. Staff received the training they needed to support people's needs and met regularly with their line manager for support and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. Staff monitored people's physical and psychological wellbeing and people had access to healthcare professionals. Staff sought advice and guidance from healthcare professionals but did not always record when guidance had been followed.

Good



### Is the service caring?

The service was caring. People were treated with respect and kindness. People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the service.

We received positive feedback from healthcare professionals about the support provided. However, some difficulties had been experienced in communicating information when there was no manager in post.

People were encouraged to maintain independence. Staff knew people well and responded to their individual needs promptly. People were supported to observe spiritual and cultural practices of their choice.

Good



### Is the service responsive?

The service was responsive. People's likes, dislikes and preferences were recorded accurately in their support plans and provided information for staff to support people in the way they wished.

A full programme of activities was provided for each individual and tailored to their particular needs. People were encouraged to set goals and work towards them. They were supported to discuss their progress regularly.

There was a system to manage complaints and people were given regular opportunities to raise concerns. People were supported to make transitions between services.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was no registered manager at the time of the inspection but a manager had been appointed and was in the process of becoming registered with the Care Quality Commission.

Staff said they found the manager open and approachable and had confidence that they would be listened to and action taken if appropriate. However, some felt senior management could take a long time to implement things and communication was not always good.

The manager and provider conducted regular checks to monitor the quality of the service. Where shortfalls were identified they were noted and action was taken promptly to rectify them.

Good



# Hazeldene

## 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 28 November 2014 and 4 December 2014 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the Provider

Information Return (PIR). This 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. We received feedback from the local authority commissioners as well as the GP surgery and a healthcare professional.

During the inspection we spoke with three people who use the service, five members of staff and the manager. We observed people in the lounge taking part in a group musical activity, observed a meal time and attended the shift handover between morning and afternoon staff. We reviewed three people's care plans, three staff recruitment files, staff duty rotas and a selection of policies and procedures relating to the management of the service. Following the inspection we received feedback from two relatives of people who use the service.

# Is the service safe?

## Our findings

People told us they felt safe at Hazeldene. However one person said they were anxious about another person who lived in the service. We spoke with the manager regarding this and were told these two people had a volatile relationship and while they enjoyed each other's company they have had disagreements. In order to manage this situation safely risk assessments had been carried out and guidelines developed to help staff to ensure the safety of the two people. During the inspection we saw staff manage a situation appropriately following the guidelines.

Risk assessments were carried out with the aim of keeping people safe while still promoting their independence. For example, one person liked to go out of the service unaccompanied but could put themselves at risk when out in the community. Staff had worked with this person to develop guidelines to ensure they had means of contacting staff if they should need to. Times were agreed for contact to be made with the service to help maintain the person's safety.

All new activities were risk assessed. The positive impact of an activity for a person was considered whilst measures were put in place to reduce risks associated with it. For example, swimming was identified as an activity with positive impact for a person who suffered with epilepsy. Detailed information about what action should be taken in the event of the person having a seizure was available to help staff support the person with the activity safely.

Some restrictions were in place to keep people safe. These were documented in people's individual files together with a rationale and reason for the restriction. Staff told us less restrictive options were always considered and used. For example, access to some kitchen and cooking equipment was restricted but we saw staff supported people to use these whenever they asked. Staff told us that some people recognised that they may be at risk if they went out of the service unaccompanied and would always seek the support of a staff member if they wished to go out. We saw this was recorded in people's support plans.

Staff had a good understanding of safeguarding. They were able to tell us about the signs that may indicate someone was being abused and the procedure to follow to report any concerns or issues. There were leaflets and guidance documents displayed throughout the service for staff to

refer to with regard to keeping people safe from abuse. Staff told us and records confirmed they had received up to date training in safeguarding adults. People who use the service were also encouraged to attend safeguarding training. This was aimed at helping people to understand and recognise when they may be a victim of abuse and who they could speak to about it. Information was available to people in word or picture form and displayed around the service so as to be easily accessible. Staff described how one person had been supported after receiving a threat via social media. This had involved training in keeping safe when using the internet and one to one sessions with a healthcare professional to discuss social relationships and how to manage them. People were also encouraged to discuss any concerns with regard to their safety each month at their keyworker meeting. A keyworker is a member of staff who takes particular responsibility for the care of an individual. Staff were familiar with the provider's whistleblowing policy. They showed us wallet sized cards which they were asked to carry with them. These cards gave them information about whistleblowing and contact numbers to use to report concerns.

People's medicines were stored and administered safely. The provider had a clear and detailed medicines policy and procedure. In addition we saw professional guidance on the safe management of medicines was available for staff to refer to. The provider's policy required two members of staff to be present when medicine was administered. During the inspection we saw this being put into practice. When creams and liquid medicines were opened a date was noted on the container. This allowed staff to recognise when medicines reached their expiry date and needed to be disposed of. Each person had been assessed to ensure the support they required with their medicines was individualised. Where a person had medicines which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed. Storage and administration of medicines was audited weekly by a senior member of staff and an annual audit was completed by a pharmacist. Any concerns found were addressed. Staff had received training in the safe management of medicines. Records confirmed staff who were involved in medicines management had also had their practical competency tested regularly.

The service was made up of two semi-detached houses. They were not physically inter-linked other than by a gate

## Is the service safe?

in the garden. The houses were both clean and fresh smelling. On the first day of the inspection we saw that there was water pouring through the kitchen ceiling in one of the houses. This had been caused by a tap being left turned on in the bathroom above. Staff had taken prompt action to keep people safe by asking them to leave the area and use the kitchen in the other house, lights had been turned off and the problem had been reported immediately to the maintenance team. The senior member of staff ensured all other staff members were aware of the danger. By the second day of the inspection this had been resolved and all remedial work had been completed in the kitchen to restore it to normal use. Staff told us they reported any repairs that were required and they were dealt with in a timely manner. The manager explained the decorating and refurbishment programme for Hazeldene was discussed annually and people were asked for their views on any alterations and decorating of the service. The manager told us a new kitchen was planned for one house whilst the other had had the kitchen replaced recently.

Staff were knowledgeable with regard to emergency procedures. One member of staff told us they had recently had to use the fire procedure and contingency plan when a fire broke out in an upstairs room in one of the houses. People were evacuated safely. The provider's contingency plans meant people were found alternative accommodation, medicines were supplied and staff who knew them well supported them through this emergency situation. This was particularly important as some of the people who lived in the service could become anxious and distressed when unfamiliar situations arose. Following this incident the house had been checked for safety and redecorated before people were allowed to return. Records showed the risk of fire had been reviewed and measures to reduce that risk had been put in place.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good

character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. They also contacted previous employers to check on their conduct in employment. Gaps in employment history were identified and an explanation recorded. Disciplinary procedures were followed appropriately and action taken recorded on personnel files.

The manager agreed staffing numbers with the area director according to the needs of the people living in the service and the individual support they required. The provider had guidance available for managers to use in maintaining minimum staffing levels at all times. Staffing shortfalls due to sickness or leave were covered by staff employed by the provider either as 'bank staff' or in other services run by the provider. The manager told us they did not use agency staff as it was important that people were supported by staff who were familiar with them and knew the provider's policies. During the inspection there were sufficient staff to meet the needs of the people who use the service and they were deployed in a way that ensured staff were available in both houses at all times. However, staff said there had recently been a decrease in the number of staff required on a shift due to two people moving to other services. They said they had found this difficult at times for example, when drivers were required to enable people to attend activities and appointments. We spoke with the manager regarding this and they told us that they were reviewing the staffing and the flexible use of day care officers to assist with easing the impact at busy times of the day. The manager described how they ensured they have staff with the necessary skills on duty to provide safe care to the people who use the service. For example there had to be staff of appropriate gender to provide personal care, staff trained in administration of medicines and staff able to drive.



# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences, they sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, simple signs, body language and gesture contributed to people's understanding. A healthcare professional commented on the knowledge staff have of the people who use the service and how they had been able to make positive suggestions about activities for one person for whom this had been historically very difficult.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Staff understood their responsibilities under the MCA and were able to tell us how relatives, healthcare professionals and care staff had been involved in making a best interests decision for one person. The records confirmed a mental capacity assessment had been carried out before the decision had been made and the best interests decision had been recorded in line with legislation. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager had submitted applications to the local authority for all the people living in the service.

Staff received an induction training programme when they began work at the service. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. They also attended a week long training course which incorporated the provider's core training subjects. One member of staff told us they felt they had received: "very good training" and said they continued to receive further training in areas specific to the people they worked with, for example, epilepsy. Records confirmed staff received training in a number of topics including: values, infection control, food hygiene and first aid. Training was refreshed for all staff regularly and further training was available to staff to help them progress and develop. Staff were encouraged to gain

recognised national qualifications and those who wished to move into positions of responsibility were supported by training programmes designed to develop managerial skills. Career progression was actively promoted by the provider and staff who had taken these opportunities said they were fully supported.

Staff spoke positively about the support they received. Individual meetings were held between staff and their line manager every two months. These meetings were used to discuss their progress, training and development opportunities and other matters relating to the provision of care for people living in the service. During these meetings staff received guidance in relation to their work and were able to discuss any concerns. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff members. Staff said there was an open door to the manager and they did not have to wait for an arranged meeting to be able to voice their opinions or seek advice and guidance.

Staff meetings were held regularly and provided opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place with regard to issues such as how to plan and manage the admission of new people to the service. Staff were also reminded of good practice, for example, responding promptly when people requested something. General topics were discussed and staff were encouraged to contribute to all areas of discussion.

We observed people eating their lunch. People were relaxed and ate their food where they chose. Staff assisted one person to cut up their food and encouraged the use of adapted cutlery. Menus were discussed with people who use the service on a weekly basis using words and pictures to help them make individual choices. Each day one person in turn selected the menu. People were told what the menu was for that day but could choose an alternative if they did not want that particular meal. For example, on the day of the inspection one person was helped to select a different, culturally appropriate meal and prepare it.

The food was freshly prepared, hot and well presented. Fresh fruit and vegetables were available. Drinks were available throughout the day and people were offered choice. People were supported to make healthy living choices regarding food and drink. For example, one person was helped to limit certain types of drink for health reasons. Staff had spent time working with the person to



## Is the service effective?

understand why this was important and to design a timetable of when they could have this type of drink. We spoke with this person who said they were happy with how they had been supported with this. We observed staff explaining what time it was and how long it would be until the person could have that type of drink again when they asked.

People's healthcare needs were met, and when necessary, staff contacted health and social care professionals for advice and support. Referrals had been made to specialist health care professionals for example, speech and language therapists (SALT) and physiotherapists. Where guidance had been given by health professionals this was detailed in people's individual files. For example, one person had daily physiotherapy exercises prescribed. Clear, detailed instructions were available for staff to follow. However, it was not always recorded when they were carried out. Therefore, the person may not receive their prescribed amount of exercise. The manager said they would address this immediately. People had also seen dentists and opticians for regular checks. Each person had a health action plan which identified their health needs and the support necessary to meet them. People also has a

document called 'Hospital Assessment' which contained essential information about them. The manager told us this was used to inform staff about the most important aspects of a person's support needs if they were admitted to hospital.

Some people who lived at Hazeldene could become distressed and anxious at times. Clear guidance on how to support people if this happened was available in positive behaviour support plans. On the day of the inspection we observed one person became upset and distressed. Staff followed the guidance and the person was supported to calm down and move on to another activity. A staff member then completed the appropriate documentation and communicated with other members of the staff team to ensure effective support continued throughout the day.

There were areas of the service adapted for activities and people could choose to spend time alone or with others. There was a garden with a summerhouse which we were told was used when the weather was fine and people were encouraged to help plan how they would like the garden. One relative told us the garden was a particular asset for their family member who liked to "feel free outside."

# Is the service caring?

## Our findings

One person told us they liked living at Hazeldene and said, “staff are kind.” They said they could talk to staff whenever they needed to and staff would listen. Other people looked happy and indicated this by smiling or giving a thumbs up sign. One person said, “they are my friends” referring to the staff. People moved around the service freely and were relaxed and calm. Impromptu jokes and conversations took place throughout the day and people were seen to interact spontaneously with staff. Staff spoke to people professionally and politely. They knocked on room doors before entering and asked before doing anything for people. One relative told us, “Staff are respectful, they preserve [name]’s dignity and encourage [name] to also respect their own dignity.”

Staff had detailed knowledge of the people living in the service. They told us what people liked to do, the type of thing that may upset someone and what would help to calm them down if they became anxious or distressed. These details matched those recorded in people’s individual care files and staff applied their knowledge in the way they provided support for people during the inspection. Staff engaged with people and encouraged their involvement. For example, a member of staff asked one person if they would like to go to the pantomime at the theatre. This led to a discussion about the pantomime and them sitting together to look at the details on the internet. The staff member encouraged the person to talk about times of the performance and how arrangements for the trip would be made. On the second day of the inspection the person told us they would be going to the pantomime with a group of other people from the service the following weekend. Staff also found ways to engage with people who could not speak. For example, short puzzle games and musical instruments were used to good effect.

People responded to staff in a positive way and we saw they were relaxed and comfortable when speaking and interacting with them. We saw a number of examples of people approaching staff and receiving patient, positive responses. Staff spoke about respecting people’s rights and choices. They told us they had a responsibility to assist people to increase their independence. We observed staff supporting people to make choices in everyday activities such as choosing what to eat, what to wear or how to

spend their time. We were told one person was having their room decorated. We spoke with this person who told us they had been supported to choose the colour of the paint and they told us with delight when it was due to be completed. Staff told us a new programme had been introduced called ‘Living the Life’. This was a programme aimed at building people’s confidence and independence. Staff described the programme and how through discussion with people, goals were set in five areas including relationships, busy and having fun and being well and happy. Each week people’s goals were worked on and discussed with their key worker. Scores were given to the goals so people could see their progress.

Information and advice on advocacy services was available. Following the inspection the manager told us one person used an advocacy service and had regular contact with their advocate. People said they were involved in decisions and planning about their own care. When people were unable to express their own views about their support relatives had been involved. One relative said they had been encouraged to support their family member in planning their care from before they moved into the service and they were always kept them informed of any changes, worries or concerns regarding them. Records showed how another relative had been involved in planning the transition for their family member from Hazeldene to another of the provider’s services. People and their relatives told us they were able to visit at any time and could spend time with their family member in private if they wished.

People’s rooms reflected their individuality and cultural diversity. People’s spiritual and cultural needs had been discussed with them or their families if they were unable to express their own wishes. One person was supported to observe their preferred spiritual practice and follow a cultural diet. Staff described how they provided this support by accompanying the person to their chosen place of worship when they wished to go and guiding them on appropriate foods. Staff spoke respectfully about supporting people with relationships. Records showed work had been carried out with one person to help them develop an understanding of social relationships and friendships. They had been supported to recognise how their relationships could have an impact on other people living in Hazeldene.

# Is the service responsive?

## Our findings

Each person had a support plan which was personalised and focussed on them as an individual. The manager told us the support plan was developed as staff got to know people, their preferences and needs. Where people were unable to express their own views family and professionals had been involved in helping to develop support plans. One relative told us, “We were involved and kept informed of the planning.” Support plans were reviewed on a monthly basis and people told us their key worker discussed the plans with them. Records of these discussions were detailed and helped people to reflect on what had gone well, learn from what had not gone so well and plan for the next month. Amendments were made to the support plan when changes occurred. For example, one person had been successfully supported to look for a work placement and another had agreed arrangements for friends to visit the service. When amendments were made staff were told about them, they read the updated support plan and signed to acknowledge they had understood the changes.

People’s support plans recorded what was important to them. There was information included on maintaining people’s health, their daily routines and how to support their emotional needs. It was clear if a person could do things independently or if they required support. People had discussed their goals and ambitions. How they wished to be supported was recorded to help staff support people in the way they preferred.

People living at Hazeldene were offered a range of social activities. Each person had an individual weekly activity planner. People were supported to engage in activities outside the service to ensure they were part of the local community. We saw activities included going to the day centre or college, horse riding, cooking, shopping and work placements. One relative we spoke with said, “They have a full programme of activities, [name] goes to college and we are very pleased with this.” One person told us they liked music. A number of musical activities had been organised and we observed one of these activities during the inspection. It was clear from people’s reactions and eager participation, this activity was enjoyed immensely. The manager and staff monitored the well-being of people living in the service and were aware of the risk of social isolation. They worked hard to include people and avoid

isolation. Staff told us the service was flexible and responsive to people’s needs, for instance if a person didn’t want to participate in an activity from their planned timetable, an alternative would be offered.

One person living at Hazeldene was a service user committee member for the provider group. This meant they represented other service users from across all the services in the provider group. They expressed people’s views at meetings and made suggestions to make improvements across the whole service. Another person was included in the provider’s directory, offering a car washing/cleaning service. This was a way of people offering their services to other people or services across the provider group.

People were encouraged to attend regular meetings to express their views about how the service was run. Topics included types of activity, planning a farewell party for one person moving to another service, possible purchases for the service and opportunities for raising concerns and complaints. The provider had a complaints policy which was displayed around the service in an easy to read format that included pictures. People were given opportunities to raise concerns or complaints during the one to one meetings they had with their key worker each month and at resident meetings. Staff told us they knew people well and could tell if a person was unhappy about something. If this happened they would ask people about it or watch for signs to indicate what the concern was. One relative said they were confident they would be listened to and things would be put right as soon as possible if they needed to complain. However, another said they were not confident they were listened to. They felt this was because there had been several changes in management over the last few months and things took a long time to be dealt with. One complaint had been raised since the previous inspection and the records confirmed an investigation took place and action had been taken.

On the first day of the inspection we were told one person was being supported with a move to another service run by the same provider. Staff had worked hard to plan this transition carefully with the person and their family. A timetable had been drawn up to allow the person and their family to spend time with new staff both in their current service and in the new service whilst still being supported by staff they knew well and trusted. Time spent in the new service had been gradually increased to help the person

## Is the service responsive?

make a smooth and settled transition. A celebration had been planned by the other people at Hazeldene to say

goodbye and during the inspection we observed farewell cards being made. By the second day of the inspection the transition had taken place and it was reported that the person had settled well in their new service.

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager in post. The previous registered manager had de-registered in September 2014. However, a manager had been appointed in November 2014 and was in post managing the day to day running of the service. They were in the process of completing the registration process with the Care Quality Commission (CQC) to become the registered manager.

A healthcare professional commented that they felt a regular manager was important for the service to run well and had experienced difficulties in receiving information promptly during the period the service had been without a registered manager. Relatives told us they had been informed that a new manager had been appointed and one said, "There has been so many managers recently, we haven't been kept up to date with information, I hope the new manager will make a difference." During the inspection the manager told us they planned to involve families more by keeping in touch by phone or email to discuss any concerns they may have or ideas they wished to share.

We observed how people approached the manager in a relaxed manner and they were responded to positively and with respect. Staff told us they were listened to by the manager and the provider, they said any concerns they raised were dealt with. One staff member said, "This service is brilliant, management listen and act, communication is good." However, another told us that although they felt supported and listened to, "It can take a long time to implement things and there is sometimes a lack of communication from senior management."

We found there was an honest and open culture in the service. Staff were aware of the values and aims of the service and spoke about them with conviction. For example one staff member said, "we always must do our best for the service users, it's all about them." We saw these values being put into practice during the inspection. Links to the community were maintained by inviting people's friends and relatives into the service, visiting local places of worship, garden centres, coffee shops and the day care centre. During the inspection we observed a visiting community musician providing entertainment and people spoke with enthusiasm about a disco that visited the service and had been organised on a regular basis.

People, their relatives and staff told us they were asked for their views on the service. Stakeholders such as healthcare professionals and commissioners were also asked for their views. Results had been collated and showed mainly positive responses had been received. Responses indicated communication was good, health care was provided very well and people felt comfortable and welcome when they were visiting the service. An action plan had been designed to address improvements suggested in the survey. This included trying out take-away foods such as Chinese and visiting farms to pick or purchase fruit and vegetables. We were told and records confirmed these suggestions had begun to be adopted into practice at the service.

A robust programme of audits was completed by the manager and provider. Monitoring of the premises, equipment, accidents and incidents enabled them to have a clear picture of the service at all times and to take appropriate action. A monthly report was submitted by the manager to head office from which issues were identified, for example trends in accidents and incidents. An action plan was put in place to address and monitor progress in dealing with these issues. In addition to the audits conducted by the manager a monthly compliance audit was carried out by a member of senior management. We observed a detailed action plan was drawn up from the findings of this audit which identified shortfalls. For example, a risk assessment for one person needed to be reviewed. We saw the manager had addressed this and updated the action plan to record when the review had been completed.

The provider had introduced an expert auditor role which was undertaken by people who use the service. An expert auditor would visit the services in the provider group and carry out an audit of the service from their view. Hazeldene had had an expert audit which had shown they met the expectations of the auditor. The provider had also made a commitment to driving up quality. An initial self-assessment had been conducted and they had considered ways in which the service could be improved for people who used their services. For example, the provider was looking at ways to increase opportunities for people to develop personal relationships that are meaningful and long-lasting. They had also considered support and development for staff by introducing development programmes and an academy to enhance their skills and knowledge.

## Is the service well-led?

The manager told us she received good support from the provider. She was encouraged to take further training courses and was being supported to undertake a management and leadership qualification now she was in a managerial post. She also told us a 'service buddy system' provided further support and involved managers and staff of other services in the provider group talking and

advising each other. The provider had developed awards to recognise the achievements of staff. People proudly showed us the latest news magazine with a photograph of a staff member who had previously worked at Hazeldene receiving an award. The manager said this helped to encourage staff to work towards the values and ethos of the service.