

Mr R and Mrs CPE Gadsden

Hazelmere Nursing Home

Inspection report

9 Warwick Road
Bexhill On Sea
TN39 4HG

Tel: 01424 214988

Website: hazelmerenh@hotmail.com

Date of inspection visit: 23 & 26 January 2015

Date of publication: 20/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 23 & 26 January 2015.

Hazelmere Nursing Home is a care home with nursing located in Bexhill On Sea. It is registered to support a maximum of 23 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. We were told that some people were also now living with a mild dementia type illness. There were 16 people living at Hazelmere Nursing Home during our inspection.

At the last inspection in June 2014, we identified concerns in relation to care records and audits, which

were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. An action plan was received from the provider and at this inspection we found that the required improvements had been made by the provider.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

People spoke positively of the service and commented they felt safe. Our own observations and the records we looked at reflected the comments people had made.

Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from an appropriately trained care staff member.

Staff received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the legal requirements of the Act and the implications for their practice.

Care plans contained information on people's likes, dislikes and individual choice. Information was readily available on people's life history and there was evidence that people and families were involved in the development and review of their care plans. Activities were available but were not always participated in by individual choice.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutritional and hydration needs. The communal dining experience was available but not taken up by people, however during our inspection they told us they ate their meals where they wanted to.

Staff felt supported by management, said they were well trained and understood what was expected of them. There was sufficient day to day management cover to supervise care staff and care delivery. The current management staffing structure at the service provided consistent leadership and direction for staff. The registered manager carried out regular audits and monitored activity to assess the quality of the service and make improvements. For example, in the area of training and supervision of staff.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated they had built a good rapport with people.

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. Areas of concern had been identified and changes made so that quality of care was not compromised.

Feedback was regularly sought from people, relatives and staff. Staff meetings were being held on a regular basis which enabled staff to be involved in decisions relating to the home. Resident meetings were not formally held but people were encouraged to share their views on a daily basis. Incidents and accidents were recorded and acted upon which had then prevented a reoccurrence.

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?

Hazelmere Nursing Home was safe. Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Good



Is the service effective?

Hazelmere Nursing Home was effective. Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good



Is the service caring?

Hazelmere Nursing Home was caring. Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Good



Is the service responsive?

Hazelmere Nursing Home was responsive. People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

Good



Summary of findings

Staff received supervision regularly. Feedback from staff and the training lead confirmed that formal systems of staff development, including an annual appraisal was in place.

The opportunity for social activity and recreational outings was available should people wish to participate.

Is the service well-led?

Hazelmere Nursing Home was well-led. The registered manager was also the provider and took an active role within the running of the home and had good knowledge of the staff and the people who lived there.

There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

Good



Hazelmere 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.

The inspection took place on the 23 and 26 January 2015. This visit was unannounced and the inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the

Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with nine people who lived at the service, six relatives, the registered manager, seven care staff, and the cook. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge/dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Hazelmere Nursing Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People told us they felt safe and were confident the providers did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, “I would not have placed my husband anywhere else, I know my husband is safe and cared for here.” One person told us, “Staff ensure the bell is nearby at all times, my balance is not good but staff are always available to help me.”

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People’s risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as diabetes. Where risks were identified there were detailed measures in place to reduce the risks where possible. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments was transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. The latest review had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and foods fortified. This was monitored closely by the nurses and care staff.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. People told us there was always sufficient staff on duty to meet their needs. One person told us, “I have not ever had to wait for assistance, they come immediately.” Another said, “Can’t remember ever having to wait, they make sure I am totally safe before leaving me.”

The rota showed where alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately.

People told us their medicines were administered safely. Comments included “I don’t have to worry about anything, I get my tablets at the right time and that is important for my Parkinson’s disease.” Another said, “I can rely on the staff to give me my tablets on time and that is so important.”

Medicines were supplied by a local pharmacy in weekly blister packs. We observed the lunch time medicines being administered. The nurse administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort.

We checked that medicines were ordered appropriately and staff confirmed this was done on a 28 day cycle. Medicines which were out of date or no longer needed were disposed of appropriately. We looked at a sample of medicine administration records and found that they were completed correctly, with no gaps identified.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the recent mental capacity policy that was recently updated to reflect the changes to the mental health act.

Is the service safe?

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were all included within a schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and first floor, which enabled people to access all areas of the home. The lift was clean and serviced regularly.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out disclosure and barring service (DBS) checks. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. Nurses employed by the provider of Hazelmere Nursing Home had evidence of registration with the nursing midwifery council (NMC) which was up to date.

Is the service effective?

Our findings

People we spoke with told us, “Excellent here, they worry I’m not eating, but I eat when I feel hungry, but it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.”

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people’s changing needs. One visiting relative told us, “Dad has had an infection that was picked up quickly. He’s had a medication assessment and an annual review done too.” Staff recognised that people’s health needs could change rapidly especially for people living with a **deteriorating** illness, such as Parkinson’s disease. One staff member told us, “We monitor for signs, changes in their mobility and facial expressions which may indicate their health is **deteriorating**.”

The provider created a post for a senior nurse who organised all staff training and worked with staff regularly to underpin the training sessions. These sessions contributed towards staff supervisions by giving staff and the senior nurse an opportunity to share and reflect on their practise. Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. They also received additional training specific to peoples’ needs, for example care of catheters, dementia care and end of life care provided by a local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an NVQ 2. We all complete mandatory training.” We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful and demonstrating early

signs of dementia. Staff ensured clocks were correct and people were reminded of the day and date in order to reorientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the training lead confirmed that formal systems of staff development, including an annual appraisal was in place. The training lead told us, “It’s important to develop all staff as it keeps them up to date and motivated.” Staff told us that they feel supported and enjoyed the training they received. Comments included “really interesting and the RN works with us on the floor to make sure we do things correctly.”

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the nurse say, “Here are your tablets, are you ready to take them?” and “Can I help you to the bathroom.”

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. The service was meeting the requirements of DoLS. DoLS applications had been made with the Local Authority, and the registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty. We were told that senior staff had been on a training day and will be cascading training to other staff.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like, always give me my preferred drink.” The cook told us,

Is the service effective?

“People have a nutritional assessment when they arrive. We can cater for vegan, diabetic and any other special diets. We also have people who need a pureed or soft diet. Staff are good about telling me who needs special diets.”

People’s weight was regularly monitored and documented in their care plan. Staff said some people didn’t wish to be weighed and this was respected, “We notice how their clothes fit, that indicates weight loss or weight gain sometimes.” The registered manager said, “The cook and staff talk daily about people’s requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP.” The staff we spoke with understood people’s dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. People either ate in their room or from a small table in the lounge. People told us they preferred to eat alone or in the lounge. Two people who ate in their room said, “We prefer it, it’s what we want, we go down occasionally but it’s nicer to eat here.” Another person said, “I like sitting in my chair to eat, it’s what I did at home.” Staff told us, “Over time people have stopped eating at the table, and when we try to encourage them, people refuse. We have some new residents so this may change when they have settled in.” On the second day of our inspection, two people came down to have lunch in the dining area but no one else chose to join them.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, “The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble.” Another person said, “My goodness, everyone is so kind and helpful, I never feel rushed or a nuisance, they have the patience of a saint.”

We saw that people’s differences were respected. We were able to look at all areas of the home, including people’s own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people’s interests, some of which they had created at craft sessions. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, “I am happy in my room, I have all my things around me, my photos and paintings. If I wanted to go down to sit in the lounge, I could but I don’t want to, staff respect that.” Another told us, “We get the choice, but it’s always our own decision, great respect is shown to us in all ways.”

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, “Most of the staff have a great sense of humour, and I think they are very sweet and caring.”

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. A relative told us, “They ask us for suggestions and keep us well informed, I feel supported.” Another relative said, “My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through.” The registered manager told us, “We support people to do what they want, we are very caring in their attitude.” We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, “A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can’t manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while.” We saw staff encourage people to walk and in eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people’s privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and why they used a privacy screen in the double bedrooms. Staff expressed new ideas of how to further ensure the protection of people’s privacy and dignity. This showed staff understood how to respect people’s privacy and dignity. We saw staff ensure that people’s modesty was protected when moving them in an electrical hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak with them throughout the whole procedure. The moving procedure observed in the communal area was done in a professional, respectful and sympathetic way.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People’s care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, “People’s likes and dislikes are recorded, we get to know people well because we spend time with them.” All the people we spoke with confirmed that they had been involved with developing their or their relative’s care plans.

Is the service caring?

Care records were stored securely in the office area. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors." A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Is the service responsive?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, “The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble.” Another person said, “My goodness, everyone is so kind and helpful, I never feel rushed or a nuisance, they have the patience of a saint.”

We saw that people’s differences were respected. We were able to look at all areas of the home, including people’s own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people’s interests, some of which they had created at craft sessions. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, “I am happy in my room, I have all my things around me, my photos and paintings. If I wanted to go down to sit in the lounge, I could but I don’t want to, staff respect that.” Another told us, “We get the choice, but it’s always our own decision, great respect is shown to us in all ways.”

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, “Most of the staff have a great sense of humour, and I think they are very sweet and caring.”

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. A relative told us, “They ask us for suggestions and keep us well informed, I feel supported.” Another relative said, “My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through.” The registered manager told us, “We support people to do what they want, we are very caring in their attitude.” We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, “A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can’t manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while.” We saw staff encourage people to walk and in eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people’s privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and why they used a privacy screen in the double bedrooms. Staff expressed new ideas of how to further ensure the protection of people’s privacy and dignity. This showed staff understood how to respect people’s privacy and dignity. We saw staff ensure that people’s modesty was protected when moving them in an electrical hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak with them throughout the whole procedure. The moving procedure observed in the communal area was done in a professional, respectful and sympathetic way.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People’s care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, “People’s likes and dislikes are recorded, we get to know people well because we spend time with them.” All the people we spoke with confirmed that they had been involved with developing their or their relative’s care plans.

Is the service responsive?

Care records were stored securely in the office area. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting."

Is the service well-led?

Our findings

There was a registered manager in post. Everyone knew the Matron (registered manager) and referred to her when describing their experiences of life at Hazemere Nursing Home. One person said “Matron always pops in to see me, very knowledgeable and honest.” A relative said, “Matron is very professional, runs the home well.”

At the last inspection in June 2014, we identified concerns in relation to care records and audits, which were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. An action plan was received from the provider and at this inspection we found that the required improvements had been made by the provider.

The registered manager was also the provider and therefore took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; “Always available and very approachable,” and “So understanding and ever such a lot of help.” A relative said; “The management have time for you, they will stop and talk and most importantly listen.” A staff member commented; “The management are supportive, they work with us, they’re not just stuck in their office, but they can be very strict, which is good.”

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and meals. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, “There are opportunities to make suggestions. But I’m quite happy so I leave things alone.”

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; “I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things.”

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were improved following review.

The manager worked with staff to provide a good service. We were told, “She leads by example and works alongside us.” Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; “Love it here, everybody gets on and we work as a team,” and “I was made welcome when I first came here to work, it’s a small home and we can do our job well because of that.”

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in such areas as end of life and management courses.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. For example, medicine administration shortfalls at night were identified. This was actioned and staff had received further training and practical assessment to improve competency.