

Hazelwell Lodge Limited

Hazelwell Lodge

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?

Outstanding 

Overall summary

This inspection was unannounced and took place on 13 October 2015.

Hazelwell Lodge is registered to provide care and support to up to 35 people. The home specialises in the care of people living with dementia. It is divided into two areas. One area is called The Bay and the other is named The Lillies. The Lillies is part of the Somerset County Council Specialist Residential Care (SRC) provision which means it is supported by a mental health link nurse from the local community health trust.

The last inspection of the home was carried out in August 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a registered manager and staff team who were passionate about their work and

Summary of findings

committed to providing a high standard of care. The registered manager and provider had a clear philosophy for the home and aimed to constantly up date and improve the service.

Staff were well trained and supported to meet people's specialist needs. Practice was continually monitored by the registered manager and senior staff. This led to a well-motivated staff team, who had the skills and knowledge to provide effective care and support to people. This resulted in a very happy and relaxed atmosphere for people.

Staff worked with other local organisations to make sure people had access to community facilities. There was a good programme of activities within the home to ensure people were socially stimulated and occupied. Staff encouraged people to take risks in line with ordinary life. This was to ensure they continued to be able to take part in activities and maintain their independence as far as possible.

People were able to make choices about their day to lives. Staff had a good knowledge of people and used this knowledge to assist people to make decisions if they lacked the mental capacity to make specific decisions for themselves.

People felt safe at the home and with the staff who supported them. People were very relaxed with staff. Staff were kind and caring and people felt comfortable and at home. One person told us "Mostly I don't know what I'm doing but they don't mind. I'm at home it doesn't matter."

People who were unable to fully express their views verbally were very relaxed. They interacted with each other and staff happily. They chatted, smiled and laughed.

People had their needs assessed and care was planned in accordance with people's needs and wishes. People, or their representatives, were involved in decisions about how their care was provided. Staff monitored people's mental and physical health and ensured they received treatment from healthcare professionals according to their individual needs.

People's nutritional needs were assessed and meals were provided in line with people's needs and preferences. Snacks were available in communal areas to enable people to help themselves if they wished. One person said "I eat when I'm hungry of course. There's always food." Another person said "All the food is good."

The staff responded to changes in people's needs and adjusted care accordingly. Care plans were up dated to make sure they reflected people's up to date needs. Staff also adjusted the support they provided on a daily basis to account for people's fluctuating abilities and moods.

The registered manager was very visible in the home and available to listen to people's concerns or suggestions. People, who were able to, said they would be comfortable to make a complaint. One person said "They make you feel comfortable. There's always someone to talk to." A visitor said "I would certainly complain if I needed to. I have every confidence anything would be sorted out."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of staff to maintain people's safety and meet their needs.

Risk assessments were carried out to ensure people were able to receive care and take part in activities with minimum risk to themselves and others.

People received their medicines from staff who were trained and competent to carry out this task.

Good



Is the service effective?

The service was effective.

People received care and support from well trained staff who understood their specialist needs.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes.

Staff knew how to appropriately support people when they did not have the mental capacity to make decisions for themselves.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind and caring.

People's privacy was respected.

There were ways for people to express their views about the care they received including the care they wished to have at the end of their lives.

Good



Is the service responsive?

The service was responsive.

There was a high emphasis placed on ensuring people had access to activities and social stimulation which enhanced their happiness and well-being.

The staff worked with other organisations to make sure people had access to community facilities and had a fulfilling lifestyle.

People felt comfortable to make complaints. All complaints were listened to and responded to.

Good



Is the service well-led?

The service was well led.

People benefitted from a registered manager and staff team were extremely committed to providing a consistently high quality service.

Outstanding



Summary of findings

Staff were well supported and motivated which led to a happy environment for people.

There were systems in place to monitor the quality of care and plan on-going improvements.

Hazelwell Lodge

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 13 October 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and action plans, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 12 people who lived at the home, two visitors and seven members of staff. We also spoke with one visiting healthcare professional. The registered manager and provider were available throughout the day.

Some people were unable to fully express their views to us verbally because of their dementia. We therefore spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us “I do feel very safe and secure.” Another person said “You don’t get bullied here so I feel safe and happy.” People were very relaxed with staff. People smiled and laughed and some people approached members of staff for a hug or held their hands.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff were available to people whenever they requested help or support. The duty rota clearly showed where staff were working each day to make sure staffing levels in each part of the home were consistent. Some people required one to one care for parts of the day and this support was provided on each shift. Staff told us they thought staffing levels were adequate to meet people’s needs. One member of staff said “We have enough staff to provide good support to people and spend time socialising.” One person told us “They help you whenever you need it.”

Staff encouraged people to take risks in line with ordinary life. This was to ensure they continued to be able to take part in activities and maintain their independence as far as possible. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. For example people had unrestricted access to the garden and there were risk assessments in place for this.

There were also risk assessments associated with people’s physical and mental health. One person had been assessed as being at high risk of choking. The measures in place to minimise this were to ensure all drinks were thickened and they received pureed food. During the inspection we saw staff supported the person in line with the risk assessment. Another person’s risk assessment outlined the signs that may indicate they required additional support to keep them safe and well. The person told us “They cope brilliantly with me and help me to manage my own illness.”

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to

make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people’s criminal record history and their suitability to work with vulnerable people. Recruitment records gave evidence that staff did not begin work at the home until all checks had been received by the registered manager.

Risks of abuse were also minimised because all staff knew how to recognise and report any signs of abuse. Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised with the registered manager, they had notified the relevant authorities and taken action to ensure people were safe.

People’s medicines were administered by staff who had received specific training and supervision to carry out the task. People were offered medicines and given time to accept or refuse. One person said “They are good with tablets and make sure you have taken them.”

At the time of the inspection no one received their medicines covertly, without their knowledge, but one person’s care plan gave information to show this method could be used if required. The care plan set out how the decision had been made in the person’s best interests.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and again when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home, such as mental health issues and diet and nutrition. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles.

The home cared for people living with dementia and worked in partnership with other agencies to ensure people's needs were met. Part of the home was registered with Somerset County Council to provide specialist residential care and was supported by a link nurse from the community health trust. This helped to ensure people's mental health needs were constantly monitored and staff had access to up to date advice and support.

People received care from staff who had a good understanding of their specialist needs. The registered manager provided on-going training in how to care for people living with dementia and other mental health needs. Staff also completed specialist training which included; Sensory loss in people with dementia, handling distressed behaviour and activities for people with dementia. The registered manager was a 'Dementia Champion' and many of the staff had signed up to be dementia friends. Staff were seen to be extremely competent in their roles which created a very relaxed and happy atmosphere. A visitor told us they found the staff to be very knowledgeable. One person said "They [staff] are very good."

The home supported apprentices to start a career in health and social care. We met two members of staff who were working as apprentices and another member of staff who had previously completed their apprenticeship at the home. All said they felt extremely well supported and felt the combination of college learning and practical experience gave them the skills they needed to effectively care for people. The home had won the 2014 Somerset Apprentice Award for 'medium employer of the year.'

People were cared for by staff who felt well supported in their roles which created a happy atmosphere. Staff received regular formal supervision and annual appraisals which helped to monitor their work and identify shortfalls. Staff said access to training and support was excellent. One member of staff said "We have lots of support and training. The thing I like is that you can put the training into practice here. Also we learn off each other and there's a good skill mix so you are constantly learning." Another member of staff told us a lot of the training at the home was very practical. This gave staff an opportunity to appreciate what it may be like to be an older person who lived at the home and experienced health difficulties. The staff member said "It really makes you think and you remember it when you're helping people with things like dressing."

The staff arranged for people to see health care professionals according to their individual needs. A visiting health care professional told us the staff were pro-active in seeking advice and always acted in accordance with any recommendations made. We attended a staff handover meeting between staff working in the morning and those working in the afternoon. Discussions between staff showed how they monitored people's individual health and sought advice and treatment from healthcare professionals. Care records showed people were accessing healthcare professionals such as community nurses, speech and language therapists, chiropodists and GPs.

Various adaptations had been made to the building to support people living with dementia to maintain their independence and move around freely. People had unrestricted access to all communal areas of the house, their personal rooms and a large safe garden area. The house and garden provided a safe and stimulating environment for people. There was signage to assist people to orientate themselves and find their way around. There were pictures and items of interest throughout the building to provide stimulation and talking points. People's personal rooms were identified by pictures which were meaningful to them to assist them to easily recognise their own room. There was a summer house and potting shed in the garden where people could spend time alone or with staff as appropriate. There were also pet rabbits, seating and vegetable and flower beds. Many people commented how much they enjoyed the garden. One person said "I like to do the garden. I always have." Another person told us "I'm not much of a gardener but I like to sit out and feel the fresh air."

Is the service effective?

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans recorded people's known likes and dislikes and this information was shared with kitchen staff. The cook spoke to people each day to offer them a choice of meal. There was also fresh fruit and snacks in communal areas for people to help themselves to. One person said "I eat when I'm hungry of course. There's always food." Another person said "All the food is good."

Where issues with someone's nutritional or fluid intake were identified appropriate measures such as encouraging and recording intake were put in place. Completed charts enabled people's well-being to be closely monitored. The staff had sought advice from healthcare professionals such as GPs and speech and language therapists to make sure people received food and drink in line with their needs. People were weighed regularly which also enabled their well-being to be monitored. The care plans we looked at showed people were maintaining a reasonably stable weight which demonstrated they were receiving an adequate diet.

At lunch time people were able to choose where they ate their meal. The majority of people chose to eat in one of the two dining rooms. However some people chose to eat in the lounges or their rooms. People received the support and encouragement they needed to eat. Staff gently prompted people and offered to assist with cutting food. One person was having difficulty eating their meal and a member of staff told us their ability to feed themselves varied from day to day. The staff member offered to help the person and they happily agreed to this and ate a good meal.

Throughout the inspection visit staff asked people if they were happy to be assisted and respected their responses. One person was sat in the lounge in their pyjamas. On several occasions a member of staff asked the person if they would like help to get dressed but the person declined and staff respected their decision.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans gave information about people's mental capacity to make specific decisions and how decisions had been made in their best interests. For example one person had bedrails to minimise the risks of them falling out of bed. There was documentation in place giving information about how the decision had been made in the person's best interests.

Staff told us they made day to day decisions in people's best interests using their knowledge of the person. One member of staff said "Knowledge about people is so important. Although we try to give people choices about everything sometimes we have to do what we think they would have wanted and what is the least restrictive. Where there are big decisions to be made we always involve other people." This demonstrated staff were working in accordance with the principles of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was up to date with this legislation and had made applications for people to be assessed to determine if they required this level of protection. All staff we spoke with were aware of applications made and the implications for people's care and support.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said “The staff are lovely.” Another person told us “They [staff] are sweet. I enjoy life here. Everything and everybody is nice.” A visitor said staff were always friendly. They told us “They take time to explain things to us and the residents.”

People felt comfortable and at home. One person told us “Mostly I don’t know what I’m doing but they don’t mind. I’m at home it doesn’t matter.” Another person said “It’s lovely, it’s where I live. It’s my home.” People who were unable to fully express their views verbally were very relaxed. They interacted with each other and staff happily. They chatted, smiled and laughed.

Throughout the day we saw staff spoke to people in a friendly and caring way. There was a lot of laughter and good humoured banter which resulted in people laughing and joking with staff. Staff used touch when they communicated with people and offered gentle reassurance when needed. One person said “I like it when they hold my hand. It makes me feel lovely.”

There was a stable staff team which enabled people to build relationships. Staff spoke about people in a knowledgeable and affectionate way. They were able to make conversations with people about their family and friends and things that were important to them. One member of staff said “It’s a bit like a very big family.” One person told us they had recently been admitted to hospital and staff had visited them every day. They said “I know they didn’t have to but it was so nice. That’s how kind they all are.”

To help break down barriers between staff and people there was a no uniform policy which staff said made it feel more like a home. One member of staff said “I think it makes us more like friends and we don’t look like we’re in charge.” One person said “The girls all dress differently. I like to see what they’re wearing each day. It makes me smile.”

The registered manager told us night staff wore pyjamas and dressing gowns to help people to orientate them to the time of day. They said they felt it assisted people to relax and sleep at night because they saw everyone was dressed in night clothes.

People’s privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Each person had a single room where they were able to see personal or professional visitors in private. One person said “I love my room. It’s all mine.”

People were able to personalise their rooms which gave them an individual homely feel and gave staff and visitors prompts about the person and their lifestyle. This all helped to stimulate conversations for people who were unable to initiate conversations. One member of staff was talking with a person about their family using the photos in their room to remind the person who they were talking about.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care. The home’s website states; “Personalised care planning empowers people, promotes independence and helps people to be more involved in decisions about their care.” Each person had their care needs reviewed on a regular basis which enabled them, or their representatives, to make comments on the care they received and voice their opinions. Staff told us they tried to involve everyone in reviews of care to make sure people were happy with the service they received. One member of staff said “Some people aren’t able to fully participate but everyone can show you if they are happy or sad with how things are.” One person told us “They sit down with you and ask you what you need and what you like. You can say anything you want.”

Care plans contained information about how and where people would like to be cared for at the end of their life. The staff respected people’s wishes as far as possible. Staff had received training in providing end of life care and the home was working toward the Gold Standards Framework award. This is a national quality award which aims to ensure people receive high quality care and support at the end of their lives. A healthcare professional praised the staff and the palliative care they provided to people saying it was a “Very good standard.”

People being looked after at the end of their lives had a dedicated member of staff allocated to them to make sure they received the care they required. People being cared for

Is the service caring?

in bed were warm and comfortable. Appropriate equipment was in place to maintain their comfort and reduce their risk of pressure sores. Staff also assisted people to change position regularly to further alleviate the

risk of pressure damage to their skin. An activity worker told us they spent time with people on an individual basis. They said they carried out gentle activities such as hand massages and reading.

Is the service responsive?

Our findings

A high emphasis was placed on ensuring people were occupied and had access to social and everyday activities. Some people enjoyed undertaking small tasks around the home such as helping with laying tables and gardening. Other people took part in group activities. The activity worker told us they had organised activities, such as outside entertainers and outings, and also ad hoc activities that took account of people's wishes on a daily basis.

Activities were changed according to the people at the home. This made sure they took account of people's hobbies and interests. We were told there used to be a lot of gardening activities but the home now had fewer people who enjoyed this so this had decreased. An activity worker said there were a lot of people who liked music so they now had regular musical entertainers. On the afternoon of the inspection a musician played at the home and almost everyone attended this. People were dancing and singing along and generally having a happy time.

Two mornings a week the home had what they called 'protected time.' This was when all members of staff from all areas of the home socialised with people and supported them in activities. On the morning of the inspection there was a period of protected time. Ancillary and care staff spent time with people doing various activities. Some people played ball games, some played skittles, two people were helped to do jigsaw puzzles, a small number of people did some craft work and others chatted. One member of staff brought in one of the home's pet rabbits and a number of people spent time cuddling and stroking her. During this time everyone was animated and there was a happy buzz in the home. One person said "We laugh a lot. Chat a lot and it's all very pleasant."

People were supported to access local facilities and remain part of the community. There were photographs around the home of trips out and people taking part in local events. One person said "It's brilliant we are always coming and going."

To help to make sure people were able to access the community and be accepted and supported when out, the registered manager was the co-ordinator of the Ilminster Dementia Action Alliance. This was a group of professionals, voluntary agencies and businesses who were working together to make the community dementia

friendly. The home held regular coffee mornings in the town square to raise awareness and also to provide funds for on-going activities. One person said "I like serving coffee and talking to people." An activity worker told us there were a number of 'Dementia Friendly' cafes and pubs which people used regularly for drinks and meals out.

People received care that was responsive to their needs and personalised to their wishes and preferences. The registered manager told us they had a holistic approach to people's care which involved personalising care to them as an individual. Staff spoken with shared this view and talked about "Respecting people for who they are" and "Really getting to know them so everything is about them."

People were able to choose their own routines and staff respected these. People chose what time they got up, when they went to bed and how they spent their day. A member of staff said "We want people to feel at home and there are no rules at home are there?" One person told us "You can do what you want." People moved around the home freely. One person, who had got up for breakfast, went back to bed. They were smiling and laughing when we met them and sitting in bed with a cup of tea.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Each person had a care plan that was personalised to their needs and wishes. Care plans were extremely detailed and contained information about the person and their history as well as their current needs. We observed one person through the day and noted the description of them and their personality in their care plan matched the person.

Care plans gave clear guidelines for staff about how to meet people's physical and mental health needs. One care plan gave details about how a person's longstanding physical health condition should be monitored. The instructions were clear and records showed they had been followed by staff to ensure the person's condition was monitored. Another care plan, outlining a person's mental health, said staff needed to have a "Firm but caring approach." When we asked this person about how staff helped them they told us "Everyone is firm but always kind. It's in my care plan."

Is the service responsive?

The staff responded to changes in people's needs and adjusted care accordingly. Care plans were up dated to make sure they reflected people's up to date needs. One person's health had deteriorated significantly and the staff had involved other professionals to make sure they continued to provide appropriate care. The person required physical assistance with all areas of their life and this was being provided. A healthcare professional told us they felt staff had a "Really good attitude" and they had no concerns about the care being provided.

Staff also adjusted the support they provided on a daily basis to account for people's fluctuating abilities and moods. Staff told us about one person who had not had a good night's sleep. Staff said "They're not so happy today so we're making sure they have some quiet time." During the day staff spent time quietly talking to the person and making sure they were comfortable.

The registered manager was very visible in the home and available to listen to people's concerns or suggestions. They had a good knowledge of each person and spent time chatting to people and visitors.

People, who were able to, said they would be comfortable to make a complaint. One person said "They make you feel comfortable. There's always someone to talk to." Another person said "Everyone is so helpful and kind. You could tell them anything." A visitor said "I would certainly complain if I needed to. I have every confidence anything would be sorted out."

Staff said if they had any issues they would be able to speak with the registered manager or provider. One member of staff said "If I couldn't go to the manager for any reason I could go to [registered provider's name.]

Where complaints had been made they had been fully investigated and action had been taken to address shortfalls if required. A recent satisfaction survey showed that 82% of people thought the management were always available to discuss problems with. 12% said they were usually available and other people commented they had not needed to discuss any issues.



Is the service well-led?

Our findings

People benefitted from a registered manager and care staff team who were extremely well motivated and were passionate about their work. They strove to provide a high quality to service to people and had been recognised for their work. The staff team had won local awards for the service they offered. In 2012 they won the Care Focus (Somerset) award for 'Dignity in Care' and 'Outstanding manager.' In 2013 they won 'Outstanding care home' and in 2014 they won the 'Quality in dementia care' award. This all demonstrated a consistently high standard of care for people who used the service. One member of staff said "We want to be the best because we want people to have the best life." The registered manager told us winning the awards had encouraged staff and given them confidence in their working methods. This led to an extremely well-motivated staff group which enhanced the well-being of people and promoted a happy home environment.

The registered manager was appropriately qualified and experienced to manage the home. They had worked with people living with dementia for almost 20 years and were active in the local community raising awareness, including being the co-ordinator of the local Dementia Action Alliance. They attended local and national training and conferences to ensure they were managing the home in line with up to date good practice in the field of dementia care. The registered manager told us they based much of their practice on 'The Butterfly Approach.' This is a relaxed way of working which promotes freedom and individuality to ensure people feel valued and receive the best possible outcomes. Throughout the inspection we saw people were treated as individuals and given freedom to make choices about all aspects of their daily lives. People were free to spend time wherever they chose and take part in activities for however long they chose to. The implementation of the no uniform policy within the home was also based on this way of working.

In 2014 the registered manager was a runner up for best dementia care manager in the National Dementia Care Awards. These awards recognise outstanding service in the care of people with dementia. The registered manager was nominated for the award by their employer and the nomination was supported by testimonials from other

professionals. One testimonial stated it was a joy to visit the home as everyone was treated with dignity and respect. They said the registered manager led by example to create a happy and positive attitude for people, staff and visitors.

The registered manager said their philosophy was to create a home from home which was relaxed. They said they felt it was important to build connections with people and not to impose unnecessary restrictions. Several comments from people showed they felt at home at Hazelwell Lodge and were very happy with their care. The registered manager monitored staff practice on a daily basis to make sure the home was running in line with their ethos. One person said "I get amazing care." A visitor told us "The best thing is they [relative] are settled here. They never ask to leave and seem extremely happy."

To ensure they kept up to date with local initiatives and were able to share their good practice the registered manager was a member of the learning exchange network. This is a discussion forum for care service managers to share good practice across Somerset. Through this network the registered manager had been able to offer advice and support to other services regarding concerns they may have had with caring for people living with dementia. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset.

The registered manager shared their knowledge with staff by offering on-going training and through team meetings and individual supervisions. There was a staffing structure which provided clear lines of accountability and responsibility. It meant there was clear leadership in all areas of the home and people always had access to senior staff. Staff were clear about their roles and said they were always able to ask for support. One member of staff said "The manager and deputy are good at showing you how to do things. They work with you and give you confidence."

Minutes of team meetings showed a variety of issues relating to people's individual care and the running of the home were discussed. Senior staff had recently asked for more regular meetings and in response to this they were now meeting monthly with the manager. Minutes of senior staff meetings showed the registered manager also ensured senior staff were monitoring other staff to make sure a consistent level of care was provided in line with the home's ethos. For example the minutes of one meeting showed the registered manager had observed one member



Is the service well-led?

of staff leading a person to sit down when they had been happily walking around the home. This was not in line with the home's ethos which encouraged people to occupy themselves however they chose. The registered manager asked senior staff to be vigilant in ensuring all staff were sharing and working towards the same values.

To further share their knowledge and information about the home the registered manager held monthly carers meetings for family and friends. Records of meetings showed these were an opportunity to share information such as; caring for people living with dementia, care planning, behaviour often displayed by people living with dementia, The Mental Capacity Act and best interests decisions and the Deprivation of Liberty Safeguards. This all helped to raise awareness and understanding and to support the carers of people.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. There was a regular medication audit and issues were addressed with specific staff where shortfalls were identified.

A recent satisfaction survey sent to people and their relatives had been analysed by the provider. They told us some people did not appear as satisfied with the catering as they would expect and they were planning a meeting to see how this could be improved.

There was a quarterly audit of people's health and information was shared in writing with the overseeing GP. This ensured the staff were able to work with GP practices to monitor people's health and make sure they received effective treatment.

All accidents and incidents which occurred in the home were recorded and analysed. Where people had a number of falls action was taken to minimise risks. These actions included referrals to occupational therapists to make sure people had suitable equipment in place.

As part of the continued up dating and improving of the service the provider was planning an extension to the home. They had researched best environments for people living with dementia and had visited other buildings. This was to ensure the extension was built in line with recommendations for enabling environments for people living with dementia.

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