Hazel House Nursing Home Limited

Hazel House Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place over two days on 28 and 31 October 2014. The first day was unannounced. The second day was announced.

The last inspection of this service took place on 06 March 2013 when no breaches of regulations were found.

Hazel House is set in its own grounds and is located on the outskirts of Leyland town centre. The home has two floors with a passenger lift. The home provides personal care for up to 43 people. At the time of our inspection 37 people lived at Hazel House Care Home. The home is required as a condition of its registration to have a registered manager in place. 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. At the time of our inspection the registered manager had left when the home changed its registration from a care home with nursing to a care home without nursing providing personal care only and the new manager was in the process of applying to the Care Quality Commission (CQC) to register.

All the people we spoke with told us they or their relative felt safe and well cared for at Hazel House Care Home. We

Summary of findings

were told relationships between staff and people who lived there were positive. Procedures were in place to deal with the protection of adults and 'whistleblowing'. Staff had received training about abuse and were able to tell us how they would respond to and report abuse.

We observed that there were sufficient numbers of staff on duty to keep people safe. The home had robust recruitment processes in place and all staff received induction training which gave them the required skills to perform their role.

Policies and procedures were in place for medication. We looked at medication records, storage and checks. We were satisfied that people received their medication in a safe manner.

People we spoke with all felt that staff had sufficient knowledge to provide effective care. Training records we looked at confirmed that staff had received regular training. Staff told us they received regular formal and informal supervision which included observations of their practice.

We saw peoples' health was monitored on an on-going basis and we found that changes to peoples care needs were communicated to staff and documented in care plans when needed. People we spoke and their relatives told us they had been involved in arranging their or their relative's care.

We found that the manager and staff at Hazel House had all received training in the Mental Capacity Act 2005 (MCA) and Deprivation of liberty Safeguards (DoLS). We saw evidence that this learning had been put into practice.

We saw from care plans we looked at that people were monitored closely and had their weight regularly recorded. Where concerns were noted, appropriate referrals were made to health and social care professionals.

People were asked about the food they received. Questionnaires were sent out on a regular basis and those we looked at were all positive. However, we found on the first day of our inspection not all people were happy with the food. We ate lunch with the residents in the dining room and were able to confirm what we were told.

The interactions we saw between staff and people who lived at Hazel House were very good. The care plans we looked at included information about people's preferences, such as how they preferred to be spoken with as well as their personal history.

The home had recently changed from being registered as a nursing home to a care home without nursing. The home and staff had responded well to this change and staff we spoke with enjoyed the new challenges from this transition.

We looked at the care plans for three people who lived at Hazel House. We found them to be personalised and had been regularly reviewed.

There were no restrictions on visiting and we saw people coming and going throughout our time at Hazel House. People were supported in promoting their independence and community involvement and liked to go out to the local shops with help from staff.

People we spoke knew how to make a complaint and had no complaints regarding the attitude or behaviour of carers.

The manager and her assistant were interested and committed to supporting people who lived at the home and staff to make a success of the transition from being a nursing home to a residential care home. A visiting health and social care professional confirmed with us that the management was good and staff were responsive and acted on advice they gave.

The home had systems and checks in place to monitor the quality of the care and service provided. We were shown a range of surveys, and questionnaires which were sent out to people each year and covered a variety of areas of the service provision.

We saw from care plans and other records we looked at that the home worked well with other agencies and partner homes. The home was open to scrutiny and had undergone accreditation with a number of external organisations.

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?

Good

The home was safe. All the people we spoke with told us they or their relative felt safe. Staff had received training about the abuse of adults and were able to share their knowledge with us.

We observed and records confirmed that there were sufficient numbers of staff on duty to keep people safe.

Policies and procedures were in place for medication. We looked at medication records, storage, training and competency checks. We were satisfied that people received their medication in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. People we spoke with all felt that staff had sufficient knowledge to provide effective care. Records we looked at confirmed that staff had received regular training. Staff confirmed this to us.

The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of liberty Safeguards (DoLS). We saw evidence that this learning had been put into practice.

People's nutrition and hydration were monitored closely. Referrals were made to other professionals when required. People's comments when previously asked about food had been positive but on the day of our inspection people were not happy with the quality of the food provided.

Is the service caring?

Good

The service was caring. The interactions we observed between staff and people who lived at Hazel House were very good. People told us that staff were kind and caring.

People we spoke with and their relatives told us they had been involved in the care planning process.

People we spoke with and their relatives told us people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. We looked at the care plans for three people who lived at Hazel House. We found them to be personalised and had been regularly reviewed. There were no restrictions on visiting and we saw people coming and going throughout the inspection.

The home had recently changed from being registered as a nursing home to a care home without nursing. The home and staff had responded well to this change. Visiting professionals confirmed that staff worked well with them.

Summary of findings

People we spoke with new how to make a complaint and told us they felt comfortable speaking to the staff and management about concerns.

Is the service well-led?

Good

The service was well-led. The management and staff were interested and committed to supporting people who lived at the home and staff to make a success of the transition from being a nursing home to providing personal care only.

The home had systems and checks in place to monitor the quality of the care and service provided. We were shown a range of surveys, and questionnaires used to do this.

We saw from care plans and other records we looked at that the home worked well with other agencies and partner homes. The home was open to scrutiny and had undergone external accreditation.

Hazel House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 28 and 31 October 2014. The first day was unannounced. The second day was announced.

The inspection team consisted on one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert that accompanied us on this inspection had experience of caring for relatives and of care provided by care homes.

Prior to the inspection we looked at what intelligence we held on the service. This included our notification records. Services are required by registration regulations to notify CQC when some types of incidents occur. This includes for example serious injury to people who live in a care home, allegations of abuse and incidents which may affect the delivery of care provided.

We also received information from the commissioning department and safeguarding teams at the local authority as well as health and social care professionals in order to gain a balanced overview of what people experienced accessing the service.

We looked at information provided to us by the provider in the form of a Provider Information Report (PIR). The PIR gives the provider an opportunity to tell us how they answered our five questions: Is the service Safe, Effective, Caring, Responsive and Well-led? The provider is also able to tell us about any intended improvements planned for their service.

During the inspection we spoke with people who lived at the home, their relatives and carers. We spoke with staff who worked at Hazel House, the manager and administration staff.

We looked at three people's care plans and pathway tracked a number of people who lived at the home. Pathway tracking is a way of checking how people were being cared for at each stage of their treatment and care. It helps us to see if what was in their plan matched the care they received. Throughout our time at Hazel House Care Home we observed the care people received.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and well cared for at Hazel House Care Home. We were told: "I am here until my broken ankle heals and I cannot complain about the care I am receiving. In my present condition I feel much safer here than at home". "They are very good here and there is a good atmosphere". And: "I'm not sure how long I have been here but everyone is very nice and I have nothing to complain about".

Relatives we spoke with, some of whom had family living with dementia at the home told us relationships between staff and residents were positive. One relative who was sitting with his mother told us: "My mother is in here for her own good and she is safer. At home she was getting confused about her medication and was suffering as a result. I have tried the Home she would prefer but they are not admitting anyone at present". At this point his mother responded: "I admit that I am already feeling a lot better, I am walking steadily and my hands are not shaking".

We saw policies and procedures were in place to deal with the protection of adults and 'whistleblowing'. We saw from training records that all staff had undergone training in the protection of adults from abuse. Staff confirmed this and those we spoke with were all able to tell us how they would recognise signs of abuse, how they would deal with it and to whom they would report.

We were informed by the manager that risk assessments were carried out annually on infection control, water systems to protect against Legionella and the construction of the building, such as staircases and lifts to keep people safe. A fire risk assessment was carried out six monthly by the manager and annually by a director of the company. We saw records and documentation which confirmed these checks took place along with documents and safety certificates from Lancashire fire and rescue service.

People who lived at Hazel House had a pre admission assessment followed up by a range of full risk assessments on admission. These covered such areas as the person's mobility, use of medication and other risks to their health and wellbeing. Staff we spoke with were able to tell us how they reported and recorded care records any incidents which did occur. We were shown the home's incident recording processes and records which showed where and when an incident had occurred, how it had been dealt with and what measures had been put in place to avoid any recurrence to keep people safe. These records were subject to regular audit to identify trends and if required instigate change in practice.

At the time of our inspection we were told that in the morning five care staff were on duty along with the manager, two office managers, two domestic staff and one cook. One of the care staff was designated 'Person in charge' (PIC). A practice brought in following the change from providing nursing services to residential care services. The PIC was in charge on the floor during the shift and dealt with medication. During the afternoon four care staff were on duty alongside the manager and office staff and cook. The night staff consisted of three care staff. There was a designated PIC on each shift.

These numbers confirmed our findings with what we found on the day. We observed that there were sufficient numbers of staff on duty to keep people safe. The manager told us that since changing from nursing to residential care only, the care staff had enjoyed the challenge of holding more responsibility. Staff we spoke with confirmed this. We were told that no agency or bank staff were used to cover shortfalls. Gaps in staffing levels due to sickness and other unplanned emergencies were dealt with by utilising existing staff and if required, staff from a sister home not too far away. One staff member told us: "We don't use agency. People will put in the extra time if it's needed".

We asked the manager about recruitment of staff and what checks were in place. The manager informed us that no person was able to start work until all relevant checks had been completed. Staff we spoke with confirmed this and told us about the documents they had to produce as part of their recruitment process. We looked at the records of two staff members. Records supported what we had been told. Checks along with application and interview records were clearly recorded and included written references, identification check, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Staff told us they went through an induction period and had induction training. One member of staff said: "I had an induction booklet, went through it with a senior. It had everything you needed to know". We asked to see the training matrix and log. We could see that induction

Good

Is the service safe?

training for all staff had been completed. This included essential skills such as moving and handling, health and safety and fire training. We found the recruitment process to be robust.

We spoke to the PIC's on duty during our inspection, PICs dealt with medication, a process which had previously been in the responsibility of nursing staff. In order to take up this new role senior members of staff had received training in medication. Their practice and competency was observed and tested by the manager. One person told us: "It's been ok. It's been a big challenge since we changed. I enjoy it more". Another said "We do more now. Before the nurses did it all. It's nice to work your way up".

We looked at medication records, storage and checks to satisfy ourselves that people received their medication in a safe manner. Medicine administration record (MAR) sheets we looked at all had photographs of the person on the front sheet along with records of allergies, such as penicillin. Where 'as required' medication known as PRN had been prescribed we saw clear instructions as to how and under what circumstances the medication should be administered. MAR sheets were all recorded correctly and we saw no gaps in records we looked at.

Medicines that required specific cold storage were stored in refrigerators and the temperatures were monitored properly. The medication trolley was stored appropriately inside a locked room. We found that medicines were being stored securely. Which meant systems were in place which to ensure people were protected from the risks associated with medicines.

Requires Improvement

Is the service effective?

Our findings

People we spoke with all felt that staff had sufficient knowledge to provide effective care. A relative told us: "They know [my relative] very well and all seem very competent".

The provider did inform us in the pre inspection information (PIR) that due to recent changes (the home had changed from providing nursing services to residential care services) new staff had been appointed who have not yet completed training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards to protect the human rights of those people who may lack the mental capacity to make some decisions for themselves. We were informed in the PIR the annual training plan would need to allocate the training to these staff during their probation or shortly thereafter. However staff we spoke with all told us they had received regular training. One member of staff told us: "I've done mental capacity training. It was face to face training not e-learning". Whilst another said: "I'm up to date with all my training". The manager showed us the training matrix which confirmed that training for staff had been completed in a variety of subjects including medication, protection of adults and also some specialist training in areas such as dementia.

Staff received regular informal supervision which included observations of their practice. All the staff we spoke with told us they received regular one to one supervisions well as annual appraisals and could discuss anything that concerned them, even if they did not have a supervision session scheduled.

We saw people's health was monitored on an on-going basis and we found that changes to treatment were communicated to staff and documented in care plans when needed. Regular hand overs took place between shifts. One staff member told us: "It works very well. We have a good relationship here and good handovers".

People we spoke with told us they had been involved in arranging their care. Care plans had been discussed with them and they had agreed to them. One person said: "Oh yes. I was asked about it". Whilst another said: "They sat down with me and had a long chat".

Relatives we spoke with, some of whom had family living with dementia at the home, told us they felt they were properly involved in decisions. Care plans we looked at showed clear evidence that the person concerned or their relative had been involved in discussions about their care. One relative told us: "I'm involved in the care. I feel very confident in them. I'd say if I wasn't".

We found that the manager and many staff at Hazel House had received training in the MCA and DoLS. We found staff we spoke with all had a good understanding of the legislation and codes of practice associated with it.

As an example, we were aware prior to this inspection that one person had been admitted to Hazel House from another care home. This person, whilst waiting at the previous care home for a placement to become available, had been assessed as lacking the capacity to make certain decisions around their care, wellbeing and safety. As a result some restrictions had been placed on them to ensure they received the care and support they required. An 'Urgent' DoLS authorisation had been issued and a 'Standard 'DoLS authorisation requested. Prior to assessment by the local authority DoLS team this person had been found a placement at and had moved to Hazel House.

We saw that the person's capacity had been reassessed on admission to Hazel House and during the admission assessment of needs it had been decided that restrictions needed to remain in place to keep the person safe form harm. An 'Urgent' DoLS authorisation had been issued and a request made to the local authority for a 'Standard' DoLS authorisation. We examined the paperwork and the applications and found them to be of good quality.

The manager informed us that it was likely to take some time for the local authority to assess this person's restrictions due to demands. As a result of this some measures had been put in place to make this person feel more secure and at home. A special pampering day had been arranged which the person had enjoyed. The manager informed us that the person was now feeling more settled and if this continued they hoped the DoLS authorisation would no longer be needed. This showed that the home understood the principles of the act and were looking at the least restrictive options.

We looked at people's care around diet and nutrition. We saw from care plans we looked at that people were

Requires Improvement

Is the service effective?

monitored closely and had their weight regularly recorded. Where weight loss or other problems such as swallowing were highlighted action had been taken to make sure referrals to qualified professionals had been made.

During the inspection we spoke with visiting professionals from the Speech and Language Therapy (SALT) team. One person had been visiting the home for around four years. We were told: "I have one patient who is at high risk. Staff do follow the care plan and advice given". A relative confirmed this and told us their relative received good on-going help and support regarding this concern.

We saw that people were asked about the food they received. Questionnaires were sent out on a regular basis. These were around two areas. The quality of the food and the dining experience. The most recent of these had been completed in September 2014. We looked at the results and all the comments we saw were positive. One person also told us: "I am enjoying this ham sandwich and I enjoyed lunch today. The staff look after me well so, all in all; I am quite happy".

However we found on the first day of our inspection not all people were happy with the food. People told us breakfast had been tea and toast.

People's comments included: "I was in hospital with an illness and needed somewhere to convalesce as my wife is in a care home so I chose this place as it is near to where I live. I am a lot better now and should be leaving shortly, the sooner the better, as I did not choose wisely. The food is not good enough and I would have done better had I booked myself into a Premier Inn".

"I booked myself in here as I am well over 90 and was struggling at home. I have no problem with the staff or the care provided but I am very unimpressed with the food. It is not good enough and breakfast this morning was burnt toast and cold tea".

"I am not happy in here and would rather be somewhere else such as [named home this person had previously stayed at]. The food is not good enough". And: "The food is awful and I reckon I've lost two stone so far".

We ate lunch with the residents in the dining room and were not impressed. Lunch was strips of chicken in gravy with five sprouts, a small amount of overcooked cauliflower and mashed potato which was almost liquid. Around 4.30pm residents were served with either a ham sandwich or cheese on toast. The sandwich was quite good; the cheese on toast was not. It had dried and was going cold.

We spoke with the manager about this on the second day of our inspection. The manager was surprised but accepted our concerns. We were told that the cook on duty was not the regular one and had stepped in to help having come from another home in the group. In relation to the cheese on toast we were informed that the cook had panicked because we were on site and had not wanted to be late delivering meals so had prepared it all in advance and tried to keep it warm.

We did see throughout our inspection that when people required assistance to eat the help was given in a kind caring and unhurried manner.

Good

Is the service caring?

Our findings

The interactions we saw between staff and people who lived at Hazel House were very good and although a number of those people were only at Hazel House for the short term, carers we spoke with knew everyone well. One member of staff who was a keyworker for three people told us: "I talk to people about what they want, such as their clothes. I also get to know the family which helps me get to know the person better".

We observed one member of staff who was supporting a person in a wheelchair to the lounge. Both were engaged in conversation and laughing and joking with each other. We saw other members of staff spending time, kneeling down and talking to people rather than just dealing with tasks.

People we spoke with told us: "They are very good here and there is a good atmosphere. I have no problems with the Home or with the care provided". And: "I am here until my broken ankle heals and I cannot complain about the care I am receiving. In my present condition I feel much safer here than at home".

Relatives we spoke with told us: "My mother is recovering well here and the staff appear to me to be doing a very good job". And: "Our mother was fine until the sudden onset of dementia in the summer and it is amazing how much she has been affected. To date we have been happy with the care she receives and the staff seem to really care about her".

The care plans we looked at included information about people's preferences, such as how they preferred to be spoken with as well as their personal history in a section entitled 'This is me'. Care plans explained how people liked to receive their care and we saw written evidence that people and their relatives had been involved in the completion of their care plan. We saw a letter in one care plan which had been sent to a relative explaining that a review of their relative's care was due to take place and asking them if they wished to attend and take part. We also saw evidence that where people had no one to represent them, requests had been made through social care for advocacy services.

We saw that people's privacy and dignity were promoted within the home. People told us that staff knocked on their bedroom door before they entered. We observed this during our visit and also that staff ensured that doors were closed when they supported people with their personal care. One relative told us: "They always knock on the door and they cover [named's] legs when on the commode".

We were told by the manager and staff that people were always asked for their opinion or views on the home and how care was delivered. Relatives we spoke with told us that staff contacted them if they needed to know any information or to just check something out with them. We were told by the manager, staff and relatives that meetings took place in order that people's opinions could be voiced. We looked at the minutes for some of these meetings and saw that a wide variety of topics had been covered. We were also shown a range of questionnaires regularly handed out to people to obtain their views on such topics as; healthcare, the laundry service, privacy, food, and medication.

Good

Is the service responsive?

Our findings

The home had recently changed from being registered as a nursing home to a care home without nursing. The manager and all staff appeared interested and committed to making a success of the transition from nursing to residential care. Staff we spoke with told us "It's been a big change but I like the extra responsibility". And: "It's been different learning more about people".

We looked at the care plans for three people who lived at Hazel House. We found them to be personalised. We saw information obtained from the local authority as well as community mental health teams and hospital where there had been that level of assessment. There was clear evidence that people or their relatives had been involved in the planning of care and subsequent reviews. We also saw that where people had been admitted to Hazel House for assessment only following a hospital admission the short stay period was reflected in the level and amount of risk assessments and parts of the care plan in place. We were informed by the manager that if it was decided that someone required full time residential care and they were going to remain at Hazel House the care plan would be upgraded to a full care plan.

Care plans had been regularly reviewed. Health monitoring was comprehensive and we saw that where people had problems or health concerns these had been identified and referred on to involve relevant health care specialists, such as the dietetic service and speech and language therapists (SALT), in the person's care. As an example, one person had difficulties in swallowing. We saw a referral had been made to SALT and they visited on the day of our inspection. One person did tell us they thought more time should be devoted to improving his walking after a stroke. We did see from the care plan that appropriate referrals had been made and advice followed.

We saw from the care plans we looked at that all professional visits were well recorded with the time, date, name and nature of visit along with any action required. A visiting healthcare professional told us that the home responded well to their visits and acted on all recommendations.

There were no restrictions on visiting and we saw people coming and going throughout our time at Hazel House. Relatives and people we spoke with confirmed they could visit whenever they wished. Many took their relative out for the day as well.

People were supported in promoting their independence and community involvement. People were encouraged to participate in activities. At the time of our inspection there was no activities coordinator in post. We were told they had been without one since June 2014. We saw form activity records however, that despite this, activities had been arranged. We saw that several singers had visited the home along with events such as 'The big Knit', walks to a local park and Church services. Some of the people who lived at the home told us they enjoyed going out to the nearby shops and the staff assist them in this. A log was also kept of each person and what activities, no matter how small, they had been involved or taken part in. We saw for one person that they had been involved on one day in gardening, reading and gentle keep fit. The manager informed us that they had recruited a suitable person as an activities coordinator were currently in discussion over hours. This, we were told would increase the number of activities available.

People we spoke with had no complaints regarding the attitude or behaviour of carers. Those we spoke with knew how to make complaints and many had no hesitation and were quite vocal with us about the quality of the food provided on the day.

The home had a policy and procedures in place in relation to complaints. Formal complaints were followed up by the manager who investigated and reported back within 28 days. We were told that all formal complaints were treated as incidents. They were documented on the head office data base and an incident report form completed. This stated what had happened, what was done to resolve the complaint and what had been put in place to prevent similar incidents happening again. The incident was then audited to establish if the preventative action had been successful. People were made aware of the complaints system. This was provided in a format that met their needs. We saw that the home had an up to date compliments and complaints policy.

Good

Is the service well-led?

Our findings

The service had a current statement of purpose and there were clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at the home.

There was not a registered manager in place at the time of our inspection. 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.

We were aware of the position in respect of the lack of a registered manager. The previous registered manager, a nurse had left in May 2014. The registered manager from a sister home of Hazel House had been looking after the home until the until such time as a new manager could be appointed for the sister home and she could take over Hazel House full time. At the time of our inspection that had happened and the manager was in the process of making the application to be the registered manager for Hazel House.

The manager and her assistant were interested and committed to supporting people who lived at the home and staff to make a success of the transition from Care home with nursing to providing only personal care. Throughout the inspection we observed the manager to be visible, talking with people and staff. We observed positive interactions between the manager, people who lived at the home and staff. The manager informed us that every day she carried out informal 'mini meetings' with staff and people who lived at the home to give people an opportunity to raise any issues.

People who lived at the home made no specific comments in relation to the management however one relative told us: "They are very good. I can just walk in and say anything". Staff we spoke with told us they felt well supported and the home had an open culture. We were told: "[Named manager] is open and approachable". And: "It's a good team. We all have a good relationship".

A visiting health and social care professional told us: "The manager is quite good. The staff are responsive".

The home had systems and checks in place to monitor the quality of the care and service provided. We spoke with the governance/administration person for the home who also had responsibility for other homes in the provider's group. This person carried out a total of nine large audits on the home each year. These included audits on staff and training, care planning documentation, purchasing (food and business supplies), document controls, management reviews, problems and corrective action as well as audits on the manager's own checks and audits.

The manager carried out a range of checks and audits on the running of the home which included medication (which included competency checks on staff), nutrition and hydration and infection control. We were shown samples and documentation in relation to all the above audits. We found them to be detailed and where shortfalls were highlighted, actions were put in place to address the issues.

We were shown a range of surveys, and questionnaires which were sent out each year which covered a variety of subjects from the quality of the food, the dining experience, laundry service, healthcare and peoples' privacy and dignity. These were all analysed and put into report form in order that the home could learn from the results. All the results we looked at were positive including the surveys around food, which people had told us on the day was not good.

We were told by the manager and staff that several meetings took place between the manager, relatives and residents and also different groups of staff. One member of staff told us: "Yes we get them; in fact there is one due". Whilst a relative told us: "They do but I've never been to one". We were shown minutes from meetings between relatives and residents, senior care staff, catering staff and domestic staff. This enabled people as well as staff at all levels an opportunity to be heard.

We saw from care plans and other records we looked at that the home worked well with other agencies and partner homes in the same provider group. When sudden staff shortages occurred due to sickness the home was able to liaise with other homes to provide cover at short notice so as not to rely on agency staff. Visiting health and social care professionals told us: They work well with us". "They are responsive" "They are always willing to learn". Staff we spoke with told us they enjoyed their new role and one told us: "Visiting professionals pass on their knowledge".

Good

Is the service well-led?

Communication between Hazel House and other homes was good when people transferred from one home to another. We saw good evidence of this and subsequent work with the local authority in the paperwork for one person who had some restrictions placed on them for their own safety.

The home was open to external scrutiny and had undergone accreditation with external bodies such as Investors in People and International Organisation for Standardization (ISO). ISO 9008 – Quality Management is a standard based on a number of quality management principles including a strong customer focus. The home had achieved this and were due for an audit by this organisation the week of our inspection.