Hawksbury House

Hawksbury House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 9 and 10 December 2014. The inspection was unannounced.

The service was last inspected in November 2013, when the service was meeting the regulations in all the areas inspected.

Hawksbury House is a care home providing accommodation and personal care for up to 35 older people. It does not provide nursing care.

A registered manager was in post. This person was also the provider of the service. 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 told us they felt safe and secure in the home. Staff had been trained in how to recognise and respond to any actual or potential abuse and were fully aware of their responsibilities for protecting people. Professionals we spoke with during the inspection said they had never had

Summary of findings

any concerns about the safety and welfare of people living in the home. Any risks to people had been assessed and actions were taken to reduce such risks, where possible.

There were enough staff employed to ensure people's safety and to respond quickly to any concerns raised. Shift patterns were arranged to meet people's needs even at peak times. The staff team was experienced, skilled and knowledgeable about people's needs and preferences.

People's health and well-being was closely monitored and any changes were responded to appropriately. Routine health checks were arranged and referrals made to specialist health services, when necessary. People's medicines were managed safely.

People were cared for by a consistent, stable and experienced staff team, who demonstrated a good knowledge of their life histories, likes and dislikes, interests and preferences. Staff had been given the training necessary to meet people's needs, and were given appropriate support by the provider, in terms of supervision and appraisal.

People's dietary needs were understood and any special nutritional requirements were met. People told us they enjoyed their meals, and could have snacks and drinks at any time.

Everyone we spoke with told us the staff were always very caring in their actions and attitudes, and treated them with respect, courtesy and sensitivity at all times. People said their privacy and dignity were protected, and that they were treated as valued individuals.

Nobody we spoke with told us they ever had any complaints about the service, but the service took any concerns very seriously and took appropriate steps to resolve them.

People living in the home, their relatives, staff and professionals all told us they thought the service was well-managed. The provider had an open door to everyone, and took account of people's views in all aspects of people's care and the running of the home. Regular meetings were held for people and their relatives, and suggestions were taken seriously and often implemented.

The culture in the service was one of continually striving to improve the service for those living in the home. Effective systems were in place for checking the quality of the service provided and for identifying areas for further development. Professionals told us the provider and her staff worked in partnership with them, in the best interests of people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were clear about their responsibilities for keeping people safe from abuse.

People's medicines were managed safely.

Risks to people were carefully assessed and steps taken to minimise any risks identified.

Staffing levels allowed for people's care to be given in a safe and unhurried way.

Good

Is the service effective?
The service was effective.

The staff team was experienced, knowledgeable and well-trained.

Staff were given appropriate levels of support, supervision and appraisal.

People's dietary needs were met, and people told us they enjoyed their meals.

Outstanding

Is the service caring?
The service was caring.

People in the home, their relatives and visiting professionals all spoke highly of the caring nature of the home.

People were treated with respect and sensitivity, and their privacy and dignity were protected by the staff team.

Good

Is the service responsive?
The service was responsive.

People's care needs and preferences were assessed, and detailed and flexible plans of care were in place to meet those needs.

People's care was given in a way that recognised each person as an individual.

Any concerns or complaints were taken seriously and responded to appropriately.

Good

Is the service well-led?
The service was well-led.

The provider demonstrated an open, reflective and transparent approach to the management of the service.

Effective systems were in place to monitor and improve the quality of the service.

There was a clear commitment to involving people, relatives, staff and professionals in the development of the service.

Good

Hawksbury House

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 9 and 10 December 2014. It was unannounced.

The inspection was carried out by one adult social care 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.

Before the inspection we reviewed the information we held about the home. We reviewed the notifications of significant incidents the provider had sent us since the last inspection. We contacted local commissioners of the service, Healthwatch, GPs and other professionals who supported some of the people who lived in the home to obtain their views about the delivery of care. These included social workers, district and specialist nurses, pharmacist and a consultant psychiatrist. Their views have been incorporated into this report.

During the inspection we spoke with ten people who lived at the home, three visiting relatives, the provider/registered manager, two senior care staff, six care workers and two ancillary staff.

We observed care and support in communal areas and took lunch with people in the dining room. We looked at the care records of eight people. We also looked at records related to the management and operation of the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. Comments included, “Oh, I feel very safe indeed”, and, “I do feel very safe and happy.” People told us there were sufficient staff to keep them safe and well cared for. One person told us, “There are enough staff.”

Professionals told us they felt people were very safe in the home. A nurse told us, “There are never any safety issues. I have no concerns about this service.” A community psychiatric nurse (CPN) said, “I am always met at the door and escorted to meet my client. You don’t just walk in and around the home.” A social worker told us, “They manage risk very well. Just because someone may have complex needs, it doesn’t mean they are stopped from doing things. Extra staff support is provided to keep them safe.”

A policy was in place for the safeguarding of people using the service. It had recently been revised and gave staff clear guidance on the recognition of abuse and the actions to be taken to prevent and respond to any allegations of abuse. A ‘whistle blowing’ policy was also in place to guide staff on how they were to react to any bad practice they observed by colleagues. Staff we spoke with were well aware of their responsibilities to report any abuse. One care worker told us, “I have been here 13 years and I am very happy, if there was anything untoward I would report it.” Clear records were kept of all safeguarding incidents, with details of actions taken and outcomes. These records matched those incidents reported to the Commission. The registered manager kept a ‘safeguarding consideration’ log for recording incidents that did not meet the thresholds for reporting to the local authority safeguarding adults team.

Any potential risks to people were carefully assessed on a monthly basis. Risks considered included moving and handling, falls, nutrition and skin integrity. Appropriate steps were taken to minimise risks. For example, a person assessed as being at risk of malnutrition had a care plan which aimed to give extra calories at regular intervals throughout the day. Each person had an emergency health care plan in place, detailing their care needs in case of emergency admission to hospital.

Accidents and incidents were recorded in good detail, and appropriate remedial steps taken to prevent re-occurrence of the incident, where possible.

The provider told us the home was staffed with a senior care worker and four care workers between 7.30am and 4pm; a senior and three care workers between 4pm and 10.15pm; and a senior and one care worker from 10.15pm -8.30am. Staff members and people living in the home confirmed these staffing levels allowed people’s care to be given safely and in a timely way. One staff member told us, “There are enough staff.”

The provider told us she and her staff looked closely for any signs of, for example, chest or urinary tract infections, as these often led to falls, dehydration or behaviours that might be challenging to the person or to others. This led to relatively low levels of accidents in the home. The provider said she ensured high levels of supervision in communal areas to identify potential or actual risks to people and to take preventative actions, where appropriate.

We looked at staff recruitment records. These were comprehensive and showed that all the required information regarding qualifications, work history, identity, and any previous convictions were gathered and considered before appointments were made. References from previous employers were taken up.

Staff performance was monitored closely. The provider told us any problems noted were confronted and suitable remedial actions taken, including extra training, supervision and, where appropriate, disciplinary action.

We looked at the arrangements for the safe ordering, recording, storage and administration of medicines. Each person had a care plan detailing the arrangements for the safe administration of their prescribed medicines, including any risks, allergies or special instructions, and a photograph of each person for identification purposes. We observed part of a medicines administration round. The senior member of staff administering was experienced and knowledgeable, and followed good practice guidance in administering and recording medicines given. The medicines administration records were clear and had no unexplained gaps. People we spoke with told us they were given their medicines at the correct times. Staff members’ competency in administering people’s medicines was checked each year. We spoke with the pharmacist who supplied people’s medicines. They told us the manager and staff were knowledgeable and professional in their dealings with the pharmacy, and that the ordering and supply of medicines went very smoothly.

Good

Is the service safe?

We saw documentary evidence that regular checks were carried out in the home with regard to the control of infection, by staff and an external contractor. We noted the most recent inspection of the service's food preparation facilities by an environmental health officer (September 2014) gave a Food Hygiene Rating Score of 5, the highest rating.

Outstanding ☆

Is the service effective?

Our findings

People we spoke with said they felt the service was effective in meeting their needs. One person told us, "They do a good job." Another person said, "I am very happy here." A third person commented, "They meet our needs." Everyone we spoke with said they were happy with their bedrooms and the home environment. They also told us the staff asked for their consent before carrying out any care or other tasks for them. "They always ask my permission before doing anything", one person commented. We saw examples of this in observing people's care. We asked people if they felt the staff had the necessary skills and experience to meet their needs effectively. Every said they did. No one could identify any areas where they felt the staff needed further training.

Professionals told us they felt the service was effective. A GP said, "They are always very efficient." A social worker told us, "What amazes me about this home is that it does what it says it will do. For example, everyone gets the opportunity to go out regularly, in groups and individually, with all the staff support they need." Another social worker said, "They are very thorough in their approach." A community nurse commented, "This is a very good home, one of the best I work with."

Several professionals commented on the low turn-over of staff, and the subsequent consistency of care from experienced workers. A social worker commented, "People and their families like to see the same staff faces and know who will be caring for them." Professionals also said the service made appropriate referrals.

Staff were knowledgeable about the needs and preferences of the people they cared for. They were able to describe individuals' health conditions and the ways in which their needs were to be met. Visiting relatives and professionals confirmed this. A relative told us, "The staff have the right skills and they are very competent. They are absolutely brilliant and know what they are doing." A visiting nurse told us, "The staff have the skills they need. You don't need to spell everything out for them." A psychiatrist said, "You can trust the staff's opinions, because they know their residents. They manage some difficult and quite ill people very well." Staff told us they took a great pride in the quality of the care they gave. One staff member told us, "Everyone is well looked after."

Newly appointed staff had the benefit of a structured induction training programme that was based on national 'common standards' induction guidance. This included all areas of training required by legislation, in conjunction with a local training agency; a two week period of mentoring by an experienced worker; and an induction workbook, that took 12 weeks to complete. Staff told us their induction had been thorough and very useful in providing them with the skills and knowledge they needed to carry out their roles. They told us they were given the staff handbook and a copy of the General Social Care Council code of practice so they were clear about their responsibilities.

Staff training records showed that they were kept up to date with required training, and that training was repeated periodically. Areas of training given included safeguarding, mental capacity, dementia care, challenging behaviours and 'end of life' care. Staff told us they were encouraged to identify any further training they might need to meet the needs of people or to enhance their own skills and professional development. All care staff either held, or were working towards,

National Vocational Qualification (NVQ) levels 2 and 3 in social care.

Staff told us they had regular formal supervision of the work. One care worker said, "We get supervision every three months. I find it useful." Supervision records were comprehensive and showed that issues were addressed proactively in areas such as staff training needs, any difficulties experienced with staff roles, and personal issues.

All staff were given an annual appraisal of their work performance. This included a self-assessment element for staff to complete prior to the appraisal meeting. Appraisals included recognising the achievements of the member of staff over the previous year, as well as identifying self-development and training needs for the forthcoming year. For example, it was agreed one senior member of staff should undertake a recognised manager's award. An action plan was developed with the staff member and this was checked in ongoing supervision sessions.

Staff told us they had been given training in the implications of the Mental Capacity Act 2005 and were fully aware of their responsibilities under this legislation. Professionals told us the staff had a good understanding of what was expected of them under this legislation. A social

Is the service effective?

worker said, “They are knowledgeable about the Mental Capacity Act and about the Deprivation of Liberty safeguards.” These safeguards [DoLS] are part of the Mental Capacity Act. They are a legal process followed to ensure people are looked after in a way that does not inappropriately restrict their freedom. We discussed the use of DoLS with the provider. She told us she had contacted the local authority DoLS co-ordinator and was following the guidance given by the co-ordinator. Six applications had been submitted for local authority authorisation. The provider told us the home operated a strict ‘no restraint’ policy, and that any behaviour which caused concern to a person or to others around them was referred to the local ‘challenging behaviour’ team. Advice from that team was incorporated into the person’s care plan.

We saw in people’s care records that their consent to their care had been formally requested, agreed and recorded. Individual consent forms were in place for issues such as sharing personal information with other professionals and for ‘flu jabs’. Staff we spoke with told us they always asked people for their permission before carrying out any care or other tasks for them. They told us they never assumed a person’s consent, even if they had carried out the same interventions daily for months or years. Staff told us it was a basic courtesy, as well as being good practice. We were told that, where a person was not able to verbally communicate their consent, staff took account of the person’s facial expressions and other body language when deciding if the person wished the proposed intervention to be carried out. We observed this approach in practice in lounges and dining rooms.

People’s dietary needs were assessed and any special nutritional needs were fully recorded and shared with the catering staff. We observed that meal times were calm and unhurried and a pleasant experience for people, with a range of food and drinks offered and second helpings available. Tables were attractively set and had menus to encourage and inform people’s choices. Staff were attentive, giving help or re-assurance where needed, but allowing people to be as independent as possible. Special crockery with raised sides was used, where appropriate, to aid people’s independence. People were happy with the food served in the home. Comments included, “It is very nice, it really is nice”; “There is too much sometimes”; “The food is superb”; and, “I could always have something else if I wanted.” Relatives agreed the quality of the food was very good, and they told us people were given any help they needed with their meals. One said, “They help her eat. They are very patient.” Snacks and hot and cold drinks were available to people at all times.

We saw documentary evidence that people’s routine health needs were met by regular appointments with health professionals such as dentists, opticians and podiatrists. Clear records were kept of such appointments and any treatment given.

Good

Is the service caring?

Our findings

People told us they were very happy with the quality of their care. One person told us, "They are very kind, they are really, that is what I like about here." Another person told us, "They treat me with respect. I expect that." A third person said, "The manager is very good and has done wonders for me, she is patient and kind, she has just been in to see me." Everyone we spoke with said they were handled with care. One person said, "They are very gentle with me." People told us the staff engaged with them as individuals and that staff shared their own family experiences, so it felt an equal relationship. One person told us, "They talk to me all the time about their home."

Relatives said they were equally impressed with the caring ethos of the home. Comments included, "It is so comfortable, here – beautiful, I wouldn't mind coming here myself"; "We are quite surprised how well they both look"; "They spoil her"; and, "She speaks well of it [the home]." Relatives spoke highly of the care workers. One relative commented, "They are very gentle with her. They hold her hand, I watch them with others, they are wonderful." Another relative told us, "The staff are very good. [My relative] is very happy here". A third relative said "The care is good. They are not just a number."

We noted a large number of 'thank you' cards and letters had been received. Typical comments included, "100% loving care – the staff are wonderful, so friendly and understanding" and, "It's a great comfort to know how well [person's name] is looked after."

Professionals told us they thought the ethos of the service was caring. One told us, "I certainly feel it's a caring service. They care for the person as an individual." A nurse said, "It's very caring, and it has a homely feel to it." A social worker commented, "It's definitely caring. It's all about the person, and what the staff can do for them. The staff also care for people's relatives and give them support, care and encouragement." A GP said, "This is a very caring home." Two professionals told us, unprompted, that they would consider placing their relatives in the home.

Staffing levels included overlaps between the night staff and day staff; and between day staff and evening staff. This gave time for extra one-to-one attention to people's social and emotional needs, including plenty of opportunities for accessing the local community.

All the interactions we observed between people and staff members were positive. People were treated with respect and sensitivity. They were addressed with courtesy, and were given time to express themselves. Staff engaged with people as individuals and showed a good knowledge of their likes and dislikes, wishes and their life histories, including family relationships. Relatives we spoke with confirmed they were made very welcome at all times, and were made to feel they had an important contribution to make to their family member's welfare. We noted the staff member giving people their medicines did so in an unhurried way, explaining what the medicines were for and obtaining the person's consent before administering their medicines.

Regular meetings were held with people living in the home. This enabled people to voice their opinions and be involved in some of the decision making in the home. It was clear from the minutes of these meetings that people were encouraged to speak freely and gave their views on issues such as the running of the home, meals, trips and social activities. We noted people were involved in the interviews of prospective new members of staff. We observed people were given lots of choices in how they spent their day, and that staff listened and responded to their wishes. Relatives told us they were kept informed of the progress of their family member and were given the opportunity to join the 'Friends of Hawksbury House' group that supported the home. We asked relatives if they felt they were involved in decisions about the care of their family member: they told us they were. One said, "Yes, definitely."

Staff members told us they watched people carefully for any indications of discomfort, ill-health or pain. One care worker told us, "We look out for any signs that a person is not themselves. If they can't tell us, there might be something in their body language – facial expressions, or holding part of their body. We report anything like this." We observed staff picked up that one person seemed to be 'out of sorts' and attended the person with sympathy and sensitivity. The person was seen to cheer up in response to the care given.

A community nurse told us the provider "acts as an advocate for the people living in the home, and is assertive on behalf of her residents." This was confirmed by a GP, who told us, "The carers know their residents well and are fond of them. They act as advocates."

Good

Is the service caring?

Staff members told us they took people's privacy and dignity issues very seriously, and made every effort to treat people with respect at all times. They gave us examples such as knocking on bedroom doors and waiting for an answer, explaining any care they were proposing to give and seeking the person's consent before acting. They told us this was a valuable way of promoting people's independence and self-respect. We were told staff introduced people to each other at meal times, in case people had forgotten names.

Particular care was given to ensuring people who were reaching the end of their lives were treated with compassion and dignity, and that their wishes regarding this sensitive area were respected. People were able to make advanced decisions about their end of life care and these were recorded and respected. Staff told us many of them had been given specific training in this area.

Good

Is the service responsive?

Our findings

People told us the staff were very responsive to their needs, and took their views seriously. One person told us, “They listen to what I say.” Another person said, “I can’t complain about anything.” People were happy with the food in the home, with comments such as, “There is always a good choice, and I get plenty to drink.” We were told staff were good at picking up any health issues, and all those we asked said their GP was called if they or the staff had any concerns about their health. People said they had a good range of activities available to them and received plenty of social stimulation. Comments included, “There are all kinds of different things”; “They take us out quite a lot by taxi or bus”; and, “I enjoy being involved in things.” One person told us they had done some baking the previous day. Another person said, “We do exercises.”

We spoke with relatives, who confirmed there was good stimulation. One told us, “There are lots of activities, she enjoys it all. She has been out lots sometimes in a group or one to one.” Relatives also told us people had choice in how they spent their time. One said, “She doesn’t like TV and they don’t make her watch it.”

Professionals told us the home was very responsive to guidance and advice. A social worker said, “The staff have made an enormous effort to involve my client and to get them to engage. They made a really good effort to get a detailed social history from the person, and quickly got to know his likes and dislikes. I am very impressed with them.”

People's needs were assessed and care and treatment was planned to meet those needs. Where a person was referred by social services, their social worker was asked to provide a comprehensive assessment of their needs before the person was admitted. In addition, the home carried out its own assessment to ensure that all the person's needs could be met by the service. Assessments used included pressure area care, moving and handling needs, nutritional status, and general dependency. We noted the provider had introduced a specific mental health assessment since the last inspection. Wherever possible, the person was asked to describe their own needs, and how they wished their care to be given. Family members were included in this process, particularly for people who had difficulty in expressing their needs and preferences.

This information was used to draw up clear, detailed plans of how staff were to meet people’s care needs. These covered the area of need or preference; the person’s wishes regarding their care; clear goals; detailed actions to be taken by staff; and the person and/or their relatives’ comments and signature. Examples seen were highly personalised and reflected the individuality of the person. As an example, we saw one person’s care plan specified their preferred brand of soap. Care plans were also drawn up for short-term needs such as a course of antibiotics. Care plans were formally reviewed each month, but we noted care plans were kept with the person’s daily records, and so were updated daily, if required. This meant they were an active tool for meeting people’s changing needs. A social worker said, “They keep people’s care plans up to date.”

The care given to people was clearly very person-centred. Staff had an excellent knowledge of people ‘s care needs and were able to describe individuals’ personal history, family structure, likes and dislikes and interests in very good detail. A relative of a person formerly in the home told us they were “treated with excellent care by dedicated staff. The staff treat the residents as people. I have nothing but praise for this home.” A social worker told us, “They are really person-centred. They will provide one-to-one care, if it’s necessary. They have a very holistic approach.” This professional also said, “They care for some people with complex needs imaginatively. They ‘think outside the box’ and manage people with challenging behaviours well.”

We noted a strong emphasis on encouraging people to make choices about their daily living. For example, we saw in the ‘service user guide’ given to people, that “we pay particular attention to special requests and strongly request your menu suggestions.”

The service’s complaints procedure was positive in tone, and sought to be alert to any early signs of dissatisfaction, with the aim of preventing complaints being necessary. Clear records were kept of complaints, and six had been recorded in the previous twelve months. These concerned mainly laundry issues and misplaced belongings. All had been fully investigated, and appropriate remedial actions taken to address the issues. The outcome of each complaint was recorded, with the views of the complainant recorded. People told us they knew how to complain but rarely had any cause to do so. One person told us, “I would go to the manager if I had to complain but I never have to. I

Good

Is the service responsive?

know they would listen." A district nurse told us, "I never get any complaints from people about their care at Hawksbury." Another nurse said, "People I visit would tell me if they weren't happy, but they never are."

The provider told us she liaised with all involved people, relatives and professionals when a person was transferring to or from the home, to ease the potential stress of such moves. Detailed information was sent with the person if they were going into hospital or transferring to another home. A social worker told us staff always visited any person who had been admitted to hospital.

Good

Is the service well-led?

Our findings

People told us they felt the home was very well-managed. One lady could not praise the manager enough, and told us, "I can't think how it could be better managed." They told us there were regular meetings held for them and their families and that they felt their views were taken very seriously. One person said, "We go to residents meetings, they listen and respond straight away."

Relatives also praised the management and leadership of the provider. They told us they were treated with respect and courtesy, were always made welcome in the home and felt their views were valued and acted upon.

Professionals told us they felt the home was well managed and provided a high quality service. A nurse said, "It's a well-led home. It's always well organised and people know what they are doing. The seniors supervise the care closely." A GP told us the management of the home was excellent, and commented, "The manager is very good, able, capable and very thorough regarding patient care." A pharmacist told us they had a good working relationship with the home, and that no problems were experienced. Comments from a community psychiatric nurse included, "The manager is 'hands-on' and 'on-the-ball'. It is well managed, and quite an impressive service."

Staff told us they felt the home was well-managed. One care worker told us, "I feel we are respected by the management. We are able to raise issues and suggest ways to improve how we care for individual people." Another care worker said, "I feel we are definitely well-led. The manager treats us as individuals." A third said, "We are always treated with respect by [provider's name]." We asked staff members how they felt the service could be improved: no-one could give us any suggestions for such improvement.

We found the culture in the home was one of openness and transparency. The provider and staff co-operated fully with the inspection process, volunteered information willingly and were prepared to take seriously all feedback from the inspector, visiting professionals and relatives. The provider demonstrated a commitment to ongoing improvement of the service and was a member of trade associations and local professional networks. She was knowledgeable about developments in the sector such as the imminent changes in relevant legislation and current 'best practice' issues.

Good communication channels were in place and people told us they felt they could always talk freely to the provider, who had a visible presence in the home. Staff told us they found the provider to be approachable and responsive at all times.

The provider and staff had developed good links with their local community over many years, and had positive relationships with, for example, local schools and churches. People were encouraged and supported to go out into the local community, and appropriate staffing levels were in place to facilitate this. A social worker told us, "The home is very community-based, and works hard to make links with the community. They have an 'open door', and they welcome visitors."

The values of the home were clear and focussed on continually developing a service that was very caring, was closely tailored to the needs and wishes of the individuals who lived there, and was flexible, imaginative and responsive. A social worker commented, "[The provider] is always open to learn. She asks my opinions and looks for all the possible alternatives for people."

A range of systems were in place for monitoring and improving the service. Medicines were audited each month, with spot checks carried out between audits. Monthly records were kept for issues such as deaths, accidents, falls, safeguarding incidents and drug errors. We saw that appropriate actions were taken to minimise the chances of incidents being repeated. For example, following a drugs error, an alert was put on the person's medicines blister pack and their medicines administration record. Internal audits were also carried out on areas such as people's care plans, any cash held on their behalf, housekeeping issues and staff training needs.

The views of people using the service, their relatives and health and social care professionals were sought by means of surveys. In addition, each year most people living in the home were interviewed individually, with their consent, to gather their views on the home and their care. The provider told us the aim was to see how the home was working from the perspectives of all involved, and to identify how people's quality of life could be improved. The provider produced an action plan, addressing issues such as making people's care plans more personalised, encouraging

Good

Is the service well-led?

positive risk taking and improving support to people's relatives. The provider told us she had given her personal mobile phone number to relatives, so they could contact her at any time.

We noted that issues for improvement discussed at the previous inspection of the service had been addressed. For example, an emergency contingency plan had been put in place; there was improved attention paid to people's diversity in their care plans; and a new mental health assessment had been introduced.

Records of people's care and of the running of the home were well-maintained, accessible and up to date.

We received uniformly positive feedback from professionals about the positive, pro-active attitudes and actions by the provider and her staff, who told us they worked in partnership with the home. A nurse told us, "I'm impressed with the service. They contact you to keep you informed of even minor developments, and they also ring to get updates. We work in partnership." A social worker said, "[The provider] integrates all the services available to her." A second social worker told us, "They work well with other professionals. There is a real 'can-do' approach."

We noted that, as the provider was also the registered manager, there was good continuity between the ownership and management of the service.