

Hazeldene House Ltd

# Hazeldene House

## 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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hazeldene House is a residential care home providing accommodation and personal and nursing care for up to 75 people. The service provides support to people with complex nursing needs and those living with dementia. At the time of our inspection there were 35 people using the service.

Hazeldene House is also a domiciliary care service, providing personal care to people living in their own homes. These people live on the same premises and have a separate tenancy agreement for their accommodation. This service provides support to people with complex nursing needs and those living with dementia. At the time of our inspection 41 people were using the domiciliary care service. Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The accommodation is arranged across three floors with lift access to all levels.

### People's experience of using this service and what we found

People told us they felt safe and were happy living in Hazeldene House. One person said, "The staff are excellent in every way." Relatives agreed their loved ones were safe and happy. One said, "[Relative] loves the staff and they let me know if they have any concerns." Another relative said, "[Relative] looks well, the room is spotless, and clothes are tidy; they seem very happy here."

People received safe care and treatment from staff who knew them well. Medicines and infection control were both managed safely, and lessons were learned when things went wrong.

People were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. Relatives told us they were involved in their relative's care plans and were always kept up to date with any changes. One relative told us, "They always notify us of any incident however trivial." Another relative said, "They contact me if anything happens, even at three in the morning."

People enjoyed the food and their dietary needs and preferences were met, for example food intolerances such as lactose. People were offered a choice of meals, but there was always something else available if they didn't like what was on offer. Relatives described the food as 'excellent' and 'fantastic'. One relative told us their loved one had a food intolerance but said, "[Relative's] never had a problem there."

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training. At the time of our inspection the manager had recently left. A deputy manager was providing management oversight; staff found them supportive and approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 and 26 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazeldene House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Hazeldene House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors 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.

#### Service and service type

Hazeldene House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazeldene House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service is also a domiciliary care agency. It provides personal care to people living in their own rooms.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns or serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who were living in the service and 27 relatives about their experience of the care provided. We spoke with 18 members of staff including the deputy manager, nurses, care staff, housekeeping, chef, activity staff, the compliance manager and a visiting professional.

We reviewed a range of records. This included ten peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed, such as policies, recruitment records, training data, audits, monitoring data, quality reports and safety checks. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- People had pre-admission assessments before they moved in the service. This meant the service knew they could cater for the person's care needs. Care plans and risk assessments were clear, comprehensive and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage and nutrition. Epilepsy risks were documented along with seizure triggers and actions staff needed to take if a seizure occurred. Staff had been trained and were aware of the risks and triggers. Dietary needs were documented and where there was a high risk of weight loss, people were weighed regularly. Risk assessments were updated monthly or more often, when needed.

At our last inspection we recommended the provider access diabetes refresher training so they can recognise and effectively manage risks associate with diabetes.

During this inspection we found staff had received training and were knowledgeable about the risks associate with diabetes, such as high or low blood sugar levels.

- Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly. People received safe care and treatment by staff who knew them. One relative told us, "[Relative] has had excellent care", staff are kind and loving and couldn't be better." Another relative said, "I have a good relationship with the nurse, and I know [relative's] carers."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Hazardous substances were kept locked away safely.

### Using medicines safely

At our last inspection we recommended the provider ensures best practice is followed when administering topical creams.

At this inspection we saw the provider had made improvements and body maps and descriptions were used to indicate where the cream had been applied.

- Where medicines were prescribed 'as required' such as painkillers or medicines for anxiety, instructions were not clear, and records not always completed. Outcomes, for example, whether the medicine had the desired effect was not always documented. We discussed this with the provider during the inspection and immediate measures were put in place to address this.
- Regular medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately.
- Medicines were administered by nurses or care workers who had been trained and assessed as competent by the deputy manager. Training and competency records were comprehensive and up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something. Staff told us and records confirmed safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared through management meetings, reports and handovers.
- People and their relatives told us they felt safe living in Hazeldene House. One person said, "They (staff) come running along the corridor if you press the button." A relative said, "[Relative] feels very safe there and as a family we know they are safe." Another relative said, "[Relative] is well looked after and I feel they are being safely cared for."

#### Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. We observed peoples' needs were attended to in a timely manner. Call bells were answered quickly. People told us there were enough staff to provide safe care. Relatives were positive about the number of staff. One relative said, "I think the number of carers on duty here is about right." Staff told us they thought there were enough staff. One staff member said, "Yes, I think there are enough carers."
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were required to update their registration annually.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting was unrestricted and was taking place in line with the latest government guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples' care plans were comprehensive; peoples' preferences and likes and dislikes were assessed and recorded. Care plans contained enough information for staff to know about peoples' individual choices and wishes. Relatives told us they had been consulted about their loved one's care plan. One relative said, "We've been involved in the planning and they've kept us informed every step of the way." Care plans were reviewed and updated regularly.
- Care delivery was person focused and responsive to peoples' needs. Peoples' assessments included needs relating to their culture and spiritual needs. The service used recognised tools for assessing some risks, such as potential skin damage, nutrition and pain. Staff had a good knowledge of people and their individual preferences and choices. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe. We saw examples of people being given choices by staff who were kind and respectful.
- There was provision in place to support and reassure people who were living with dementia or those being cared for in bed. Staff were seen reassuring people and responding appropriately to alleviate peoples' distress.

Staff support: induction, training, skills and experience

- The provider had a thorough induction process for new staff. Nurses and care staff had received training and had the knowledge and skills they needed to carry out their roles. Training was a mixture of face to face and online learning. Staff told us and records confirmed training was up to date.
- Staff told us they had regular supervision and nurses had clinical supervision sessions with the deputy manager. Staff felt well supported by the nurses and the management team.
- Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated every three years in accordance with regulations. We saw progress towards revalidation was discussed at supervision sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SaLT) and dieticians. People were protected from risks of choking with modified food and fluids following assessments by SaLT.
- There were enough staff to support people to eat and drink, either in the dining room or in their own rooms. Choices of drinks were offered, and staff showed people the meals available to help them choose. People who needed help with their meals were supported by staff who gave them the time they needed to enjoy their meal. Staff persevered in a kind manner to persuade people to eat well. Peoples' individual food

preferences were respected but they were able to change their mind and choose something different if they wanted to. People were offered napkins and aprons to protect their clothing. There was a lively atmosphere in the dining room with appropriate music playing.

- Most people and their relatives told us the food was good. One relative said, "[Relative] gets a lot to eat. The food here is first class; roasts and what I call proper food." Another relative said, "It is good traditional food and it is the sort of stuff that [relative] is used to; it's good for them." Relatives confirmed special diets and food intolerances were catered for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services. Each person had a hospital passport containing relevant information for other professionals.

- Oral health assessments were based on national guidance and each person had an oral health care plan. We saw care being provided in accordance with the plans.

- Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from other health care professionals such as GPs, Speech and Language Therapists (SaLT) or dieticians and we saw records of appointments in peoples' care documents.

- GPs visited the service weekly and a home treatment team were available to support the service at weekends. One relative told us, "The nursing staff are excellent, and the GP has been good; very helpful and reassuring."

Adapting service, design, decoration to meet people's needs

- The service was arranged across three floors with lift access for people with all abilities. Peoples' doors were different colours, names were in large print and some had pictures to aid recognition. Communal areas such as the dining room and bathrooms had good signage with pictures to help people see what these rooms were for. Communal bathrooms had coloured grab rails to support people who may have visual impairment or those living with dementia.

- Peoples' rooms were individually decorated to their preference. One person's room included cultural preferences. Rooms had family photographs and personal items displayed. One relative told us they hadn't chosen the wall colours, but the room had been decorated tastefully.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails or consent to receive care. Best interest meetings were held between staff, relatives and other professionals and decisions documented.
- The registered manager had made appropriate DoLS applications to the local authority or the Court of Protection and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in peoples' care plans. People and relatives told us staff asked consent before providing care and we observed this happening.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider seek advice about meeting the Accessible Information Standards. At this inspection we found improvements had been made.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication. Peoples' specific communication needs were documented in their care plans.
- There were user-friendly accessible documents, such pictorial signs about infection control around the service. Other signage was clear and included pictures, for example the dining room.
- Since the last inspection the provider had introduced an electronic care planning system which included pictures and symbols. Menus were being updated to include pictures.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people had tenancy agreements. This meant that their care was provided under a separate contractual arrangement. Tenancies were signed by the person or, where they lacked capacity to make that decision, by someone legally authorised to do so on their behalf, for example a relative or solicitor. In these cases meetings took place to ensure that those decisions were in the best interest of the person. However, not all relatives who had signed tenancies had been made fully aware of alternative options, either for the provision of accommodation or their care. Although we did not see any evidence that this had an adverse impact on people, we were unsure whether people were offered real choices with this aspect.
- Care plans were personalised and reflected peoples' preferences in all areas. For example, food likes and dislikes, past interests, gender preferences of people giving personal care, spiritual or religious needs and things that were important to them. For example, whether people liked to wear jewellery or liked visiting the hairdressers. Daily care notes were detailed and made at the time the support was provided, with several entries made during each shift.
- Relatives told us care was personal for their loved ones. One person said, "Religion is very important to [relative] and they've made a prayer and meditation space; they've really gone out of their way." Another relative said, "I like that they take people outside in wheelchairs; they've got a beautiful garden."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity coordinator for each floor who knew what people liked to do and a weekly programme of activities was displayed in the service. We saw pictures of people involved in gardening. Staff were seen supporting people to read magazines and complete jigsaw puzzles. A relative told us staff had sent her pictures of her loved one joining in the singing.
- Some relatives told us the range of activities was limited and they would like to see more offered to people. One relative said, "They only seem to have basic activities and [relative] needs something to occupy their mind." Another relative said, "I've no complaints about the care, but they don't seem to do many activities with them anymore; they had a singer last week, but that was the first one for a long time."
- Similar comments were made by relatives in the provider's recent satisfaction survey. The provider told us that activities were being reviewed with a view to increasing the range of activities offered.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to talk to if they had any concerns and most thought the management team responded appropriately. One relative said, "I did complain once when they [made a mistake]. They apologised and said it would never happen again; it hasn't. I've no concerns about the care; I am very happy with them." Other relatives told us the service sorts things out for them if there is a problem. Relatives had raised some recent concerns about cleanliness, and these had been resolved.
- The management team had a proactive approach to complaints and concerns raised about the service. Complaints were investigated and outcomes shared with complainants in accordance with the company's time scales. Where there had been mistakes lessons had been learned from the concern and shared with staff so the risk of similar concerns arising could be minimised.

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
- Care plans included clear instructions about end of life care wishes and staff were aware of these. These plans had been written in partnership with the person and their relatives if appropriate. Some end of life care plans lacked details. The provider was aware of this and had plans in place to address this.
- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant the service was not always consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits results and outcomes were reviewed by compliance managers.
- The service did not have a registered manager at the time of our inspection; the manager had left the service within the previous few weeks. A new manager had been appointed and was due to start in the service the week after our inspection. A deputy manager was providing management oversight in the absence of a manager.
- Nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the deputy manager was supportive and approachable and they were confident in reporting any concerns. A lot of staff we spoke to had worked in the service for several years; they told us they enjoyed working in Hazeldene House.
- The deputy manager did not have structured meetings with groups of staff, although they spoke to all staff daily informally during the walk around of the service. The previous manager had regular staff meetings, and these were documented. The compliance manager told us meetings would resume when the new manager joined the service.
- Relatives were confident about the leadership of the service. One relative had provided feedback through an online review commenting that, 'the leadership is exemplary'. One said, "[Registered Manager] had put such high standards in place and gave good leadership."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service where people felt empowered and involved. The deputy manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest with good teamwork. One staff member said, "We all work

really hard and work well as a team." Staff said the management team were, 'always there for them'.

- People and their relatives agreed and spoke positively about the service, the management and the organisation. Relatives told us the service was happy and well organised. One relative said, "Overall, I think the home is brilliant, I give it 11 out of 10." Another relative said, "I've no criticism of the place. The senior nurse and administration are very responsive, and the home is warm and lovely." One relative fed back through an online process, 'the nurses oversee my [relative's] complex needs with dedication'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The Care Quality Commission (CQC) sets out specific requirements providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.

- The service was committed to continuous improvement and learning lessons from incidents; managers attended meetings where lessons learned, and best practice was shared. We saw actions had been put in place to review care plans and risk assessments following incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had been invited to meetings and encouraged to contribute. The deputy manager walked around the service daily to speak with staff, including night staff.

- Results of a recent staff survey (February 2022) were positive. Staff said they knew what was expected of them, teamwork was good, and management were supportive. One staff member said Hazeldene House was a happy and encouraging place to work.

- Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "They phone me if there are any problems and they tell me if there is a change in [relative's] medication." Several relatives said having remote access to their relative's care plan and notes was a valued means of keeping up to date with their daily care.

- Results from a recent people survey were generally positive, about the staff, management and communication. Negative areas were mainly about the care of peoples' clothing, which got mixed up and some people felt the home could do more to encourage relatives to link with each other. One person said, "I would like to be more in touch with other relatives, we don't have relatives' meetings anymore; I feel a bit isolated."

Working in partnership with others

- Managers and nurses liaised regularly with other health professionals, such as GP's, dieticians and speech and language therapists. The GP visited people regularly.