

Sage Care Homes (Hazeldene) Limited

Hazeldene Care Home

Inspection report

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Date of inspection visit:
01 May 2018
02 May 2018

Date of publication:
14 June 2018

Ratings

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Hazeldene Care Home on 1 and 2 May 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection. The service is registered to provide accommodation and personal care for up to 60 people. Nursing care is not provided. Accommodation is provided over three units, with one unit specifically for people living with dementia. At the time of our inspection 45 people were living at the home.

At the last inspection on 22, 23 and 27 February 2017, we did not find any breaches of our regulations. However, we rated the service as Requires Improvement as we found that appropriate action had not always been taken when people experienced a fall and care documentation had not always updated when people's needs or risks changed. At this inspection we found that improvements had been made and the provider was meeting all regulations reviewed.

The service had a registered manager in post who was responsible for the day to day running of the home. 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.

Most people who lived at the home and their relatives felt there were enough staff available to meet their needs. Following our inspection, the registered manager introduced changes to staffing arrangements at the home, to ensure that staff were available at all times to keep people safe and provide support when people needed it.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk.

People told us the staff who supported them were kind and caring. They told us staff provided them with support when they needed it.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be. We saw evidence of this during the inspection.

Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff were competent and had the knowledge and skills to meet their needs.

People received appropriate support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their individual needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how people liked to be supported.

People were supported to take part in a variety of activities and events. They told us they were happy with the activities that were available at the home.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified and appropriate support was provided.

The registered manager regularly sought feedback from people living at the home about the support they received. We saw evidence that the feedback received was used to develop and improve the service.

People living at the service and staff were happy with how the service was being managed. They found the registered manager approachable and supportive.

A variety of audits of quality and safety were completed regularly by the registered manager and the regional manager. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the home.

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.

The manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines. People received their medicines when they should.

Most people who lived at the service and their relatives were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

Regular checks of equipment and the home environment were carried out to ensure that people were kept safe.

Good 

Is the service effective?

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision. People felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their healthcare, nutrition and hydration needs. They were referred appropriately to community healthcare professionals.

Good 

Is the service caring?

The service was caring.

People liked the staff who supported them and told us staff were caring. We observed staff treating people with kindness and patience.

Good 

People told us staff respected their right to privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves when it was safe for them to do so.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their needs and preferences. Staff knew the people they supported well.

People were encouraged and supported to take part in a variety of activities and events at the home. They told us they were happy with the activities available.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and staff felt the home was managed well.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

The registered manager and the regional manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were maintained at the home.

Hazeldene Care 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 was 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 was a comprehensive inspection.

This inspection took place on 1 and 2 May 2018 and was unannounced. The inspection was carried out by an 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 service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community healthcare professionals who were involved with the service for their comments, including community nurses, the local falls team, dietitians, an optician and the local speech and language therapy service. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who lived at the service, six visiting relatives, three care staff and the registered manager. We reviewed the care records of three people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff supported them. Comments included, "I feel safe enough", "Yes, I feel safe" and "Yeah, they're great, no bad ones. They're all good". Relatives also felt that people received safe care. One relative told us, "[Relative] is safe. When we first brought him in he was upstairs but couldn't walk on his own. Gradually he could walk and was wandering so they transferred him downstairs". Another commented, "I feel [my relative] is in the right place".

We looked at staffing arrangements at the home. The staff we spoke with felt that staffing levels were sufficient to meet people's needs. Most people who lived at the home felt there were enough staff on duty to meet their needs. One person told us, "There are enough staff, I think so. If they get a lot of people in they have to get agency staff. I think there are too many staff at the moment due to there being fewer residents than usual". However, one person who lived at the home commented, "There seems not quite enough at the weekend but they seem to manage". Most relatives also felt there were enough staff available to support people. However, one relative told us they felt there were not always enough staff available at weekends to meet people's needs and commented that staff sometimes took breaks together, leaving insufficient staff to support people. We discussed this with the registered manager. Shortly after our inspection she informed us that in future she and the deputy manager would each be working a day over the weekend on a rota basis. She also advised that set times for each staff member's breaks had been introduced. This would help to ensure that support was available to people when they needed it.

On the morning of the first day of our inspection, we found it difficult to find a member of staff when a person needed support. We noted that a community healthcare professional who provided feedback about the service had commented, "Sometimes if we go in and need staff to assist us it can be difficult to find help". We discussed this with the registered manager. She contacted us after the inspection to advise that corridor monitoring would be carried out by domestic staff and activities staff during mealtimes to ensure that support was available when people needed it. She informed us that the majority of domestic staff and both of the activities staff had experience in care. She advised that domestic staff had received training in care and had or were working towards a qualification in health and social care. These changes to staffing arrangements at the service would help to ensure that staff were available to keep people safe and meet their needs.

We reviewed the staffing rotas for three weeks including the week of our inspection. We found that the staffing levels set by the service had been met on all occasions and exceeded on some occasions, including during the weekend. Staff told us that they covered each other's leave when they could and agency staff were used when this was not possible. The registered manager and staff we spoke with told us that the use of agency staff had reduced considerably since our last inspection. We saw evidence of this in the rotas we reviewed. This meant that people were usually supported by staff who knew them and were familiar with their needs and risks.

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, 'as required' (PRN) medicines, storage, disposal, refusals

and errors. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed. Staff understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We observed a member of staff administering people's medicines and found that this was done safely. We reviewed the recent Medication Administration Records (MARs) for people living on one of the units and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. We noted that people's allergies were documented at the front of their medicines records but were not printed on each page of the MARs. The registered manager assured us that she would address this with the home's pharmacist. Records showed that medicines audits were completed monthly by the registered manager and action was taken when shortfalls were identified, for example when staff had not signed to demonstrate that medicines had been administered.

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available and records showed that most staff had completed training in safeguarding. A number of safeguarding alerts had been raised about the service in the previous 12 months. We found evidence that alerts had been investigated appropriately and action had been taken by the registered manager where shortfalls had been identified. This included staff disciplinary action or dismissal. At the time of our inspection, a safeguarding investigation was being completed by the local authority in respect of a person who had experienced a serious injury at the home. The outcome had not yet been received. We noted that the registered manager had also raised safeguarding concerns when appropriate, for example when people had been admitted to the home with a pressure sore.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We found that records were managed appropriately at the home. People's care records and staff members' personal information were stored securely in the office and were only accessible to authorised staff.

We looked at the recruitment records for two members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

We looked at how risks to people's health and wellbeing were managed. Risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Information about any changes in people's risks or needs was communicated between staff during shift changes. This meant that staff were able to support people effectively.

At our last inspection in February 2017, we found that appropriate action had not always been taken when people experienced a fall, for example people who had fallen more than once had not always been referred to their GP or the local falls service for review. We also found that care documentation had not always been updated when people's needs or risks changed. At this inspection we found that improvements had been

made. Records had been kept in relation to accidents that had taken place at the service, including falls and were reviewed monthly to identify any trends. Appropriate action had been taken to manage people's risks, including referrals to GPs and the local falls service. Care plans and risk assessments had been updated regularly or when people's needs had changed or their risks increased. We noted that one person's care documentation did not clearly reflect the number of falls they had experienced. The registered manager addressed this during the inspection and told us she would raise this at the next staff meeting to ensure that lessons learned were shared with staff. She provided evidence of this after the inspection.

We looked at the arrangements for keeping the service clean and protecting people from the risks associated with poor infection control. Daily and weekly cleaning schedules were in place. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. We found that the standard of hygiene at the service was high. People living at the home told us it was always clean. The service had been given a Food Hygiene Rating Score of 5 (Very good) in August 2017. People told us staff supported them regularly with their personal hygiene. One relative commented, "They bath [my relative]. It takes two staff. It happens at least twice a week or more if needed".

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. Actions from the last Legionella risk assessment were in the process of being completed. This helped to ensure that people were living in a safe environment. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency.

Is the service effective?

Our findings

People living at the home and their relatives told us they were happy with the care provided and they felt staff had the knowledge and skills to meet their needs. Comments included, "Most of the staff are super", "Staff now are a thousand per cent better", "I've not seen anything that doesn't seem right. I think they've got the right people for the job which is the main thing" and "They're excellent. You can't get perfection". One relative told us, "The care is exemplary".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. One staff member commented, "I did four to five days shadowing staff and I did the online training. I was observed by staff and then signed off as competent". Staff felt well trained and told us they could request further training if they felt they needed it. Staff told us they received regular supervision. We reviewed some staff supervision records and noted that the issues addressed included performance, responsibilities, training, infection control and confidentiality. We found evidence that staff received positive feedback about their practice and any areas for improvement were addressed.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with was aware of people's dietary requirements and a list of these were kept in the kitchen for staff to refer to. Most people were happy with the meals and support provided. Comments included, "There's plenty of food here, good food", "It's not bad at all" and "I have what they give us and it's nice". One person told us they felt the food could be improved. We spoke with the cook, who told us the menus were due to be reviewed and people living at the home would be involved. We observed lunch on two of the units during our inspection. We found that the atmosphere was relaxed, people were offered choices and where they needed support, this was provided sensitively by staff.

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists and speech and language therapists. People told us they received medical attention when they needed it. We noted that people had a hospital passport which went with them if they were taken to hospital. The passport included information about people's medical history, medicines and a summary of their risks and needs. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We received feedback from a number of community health professionals who visited the service regularly. One professional told us, "We have found the staff and management always helpful when we requested information about the residents' medications, any physical and mental limitations and what their day to day

needs are. The care staff seem to have a good relationship with the residents and can address their different needs. The residents themselves appear to be quite happy and at home at Hazeldene, as they seem to be able to live the way they want to". Another commented, "They work really well with us and identify issues with residents quite quickly. We find they are good with residents and develop good relationships with them, getting them regularly involved in activities and taking some residents out". However, this professional told us that improvements were needed around moving and handling techniques and pressure relieving equipment at the home. They told us these issues had been addressed with the service.

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 Act 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 make 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards.

We checked whether the service was working within the principles of the MCA. Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Staff told us they had completed MCA training. They understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions. We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and there was a passenger lift and hoists available. Where people were at risk of falls, assistive technology such as sensor or pressure mats, were in place to help manage people's risks and keep them safe. Different areas of the home had been decorated with a specific theme such as music, travel and sport. This helped people with a cognitive or memory impairment to identify where they were in the home and to locate their room more easily. We noted that the home environment had been improved since our last inspection. Many areas had been redecorated and new furniture had been provided. We noted in particular that the unit for people living with dementia was brighter and more comfortable. Dementia friendly adaptations had been introduced, including 'fiddle boards' to stimulate and interest people and contrasting colour toilet seats which can help avoid accidents.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "They're wonderful", "Staff are very kind and caring, especially [staff member] who took me to my [relative's] grave and to church at Easter" and "They're always smiling and willing to help. I've never seen them not answer anyone who's wanting help. They never walk past or ignore you".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way.

We observed staff encouraging people to be as independent as possible. One staff member commented, "We look after one lady who was reluctant to transfer without a stand aid. We encouraged her to walk and now she can walk short distances with a frame". Another staff member told us, "Some people just need prompting and they'll manage themselves".

Staff told us they respected people's right to privacy and dignity. One staff member commented, "I close the curtains and the door when providing support. I always ask for people's consent and I offer reassurance when people are worried or upset". Another staff member told us, "People can have time alone if it's safe for them to do so". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully and using their preferred name.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the induction and staff handbook. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

The information guide issued to people when they came to live at the service provided a variety of information, including the services available, the management structure, health and safety and how to make a complaint. The registered manager told us the guide could be provided in large print or braille if necessary. We saw a copy in another language which had been provided for a person living at the home whose first language was not English. We noted that the guide included a resident's charter, which focussed on people's right to privacy, dignity, independence, choice, fulfilment and security.

The service produced a monthly newsletter, which included information about activities and festival celebrations such as St Patrick's Day and Chinese New Year. The newsletters sought suggestions from people about future activities or events.

We found that people's relationships were respected and people told us there were no restrictions on visiting. We noted the information guide stated that people's family and friends were welcome and could join people at mealtimes if notice was given.

People told us their care needs had been discussed with them and we noted that where they were able to, people had signed their care plans to demonstrate their involvement. Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs.

Information about local advocacy services was available. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that two people at the home were being supported by an advocate.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "If there's something I wanted I would tell them. They will take me for a walk or two when the weather gets better". One relative commented, "They got to know [relative's] history and they talk about his football team. They took him to a football match with his wheelchair in a taxi. The home paid for it".

Staff told us they offered people as much choice as possible. One staff member commented, "People are given lots of choice, like their meals, where they go, their clothes and the time they get up and go to bed". Another staff member told us, "People have choices, they can go where they want to or have alone time".

People were happy with the activities and events available at the home. One person living at the home told us, "There's bingo, painting, making kites and there was something for Anzac Day". One relative commented, "When I come in there's normally a singer or entertainer and they bring people down from upstairs to watch. One staff member told us, "Yesterday everyone who wanted to and could, baked and they eat what they've baked at the coffee mornings we have. We have an entertainer come in once a month, they love it". Another staff member commented, "There are activities everyday. There have been big improvements with the two activities co-ordinators". During the inspection we observed people playing bingo, card games and taking part in a quiz.

We reviewed two people's care files. We found they included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that care documentation included information about people's marital status and religion. However, their ethnic origin, gender and sexual orientation was not recorded. This meant that staff could not be sure that people's individual needs were being met and that people were being protected from discrimination. We discussed this with the registered manager who amended the home's care documentation during the inspection. She told us that this information would be gathered in future to ensure that staff were able to meet people's needs fully.

We looked at whether the provider was following the Accessible information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager told us she was not aware of the Standard. She told us she would implement the Standard following our inspection.

We looked at how technology was used to support people living at the service and staff. We found that

where people were at risk of falling, sensor mats were in place to monitor their movements and reduce risks. Pressure relieving equipment was also used to support people at risk of skin damage. Some staff training was completed via e-learning and the home had recently developed a social media page. The registered manager told us that a provider portal had also recently been created to support electronic communication between the registered manager, the regional manager and the service provider.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, the registered manager told us that the service had supported many people at the end of their life. She told us that staff followed guidance from the district nurses and ensured that anticipatory medicines were in place to keep people comfortable. One staff member told us, "I've supported two people at the end of their life. They passed away with dignity and we made sure they were kept as comfortable as possible". Another staff member commented, "We provide people with end of their life care with the support of the district nurses. People have a dignified and comfortable death whenever possible".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was included in the information guide. Records showed that five complaints had been received by the service in the previous 12 months. We found evidence that complaints had been managed in line with the policy and an apology had been offered when the service was found to be at fault. People we spoke with had not made a complaint but told us they knew how to complain or raise any concerns if they needed to.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. The registered manager was responsible for the day to day running of the home and was directly involved in people's support. It was clear from our conversations and observations that she knew the people who lived at the service well, in terms of their needs, risks and preferences.

People told us they were happy with the way the service was being managed and felt that staff and the registered manager were approachable. One person told us, "She [registered manager] is trying really hard to make progress. She's brightened up the bedrooms, the bedding's improved and it's cleaner". Another told us, "She's very good". One relative commented, "[Registered manager] has cleaned the place up and tried to get things that interest people".

Staff told us they were happy working at the home and felt well supported by the registered manager. Staff members' comments included, "[Registered manager] is amazing. She's down to earth, compassionate and caring. She's really improved things", "[Registered manager] is brilliant. Things have improved since the last inspection; the care, the paperwork, the décor and the atmosphere. Also, there have been changes in staff. It's made a real difference" and "She's brilliant. You can talk to her about anything and it will be dealt with".

Staff told us that staff meetings took place regularly and this was confirmed in the records we reviewed. We looked at some recent meeting notes and found that issues discussed included staff responsibilities, standards of care, documentation, infection control, training, improvements to the home environment, staff changes and CQC inspections. The registered manager also offered thanks to staff during the meetings for their hard work and support. We saw evidence that staff were asked for their feedback and suggestions and were able to raise any issues.

We looked at how the service sought feedback from people about the service. The registered manager told us satisfaction questionnaires were issued to people yearly to gain their views about the support they received. We reviewed the results of the most recent questionnaires, issued to people in February 2018. We noted that people had expressed a high level of satisfaction with most areas of the service, including activities, meals and their awareness of how to make a complaint. We saw evidence that the lowest scoring areas had been addressed and improvements made. For example, more activities for men living at the home were being arranged.

We noted that people's views were also sought during regular residents meeting. We reviewed the notes of the meetings held in February and March 2018 and noted that issues discussed included staff updates, the new keyworker system, CQC inspections, decorating and improvements to the home environment, satisfaction surveys, activities and CQC inspections. We saw evidence that people's suggestions were sought and acted upon. For example, one person wanted to choose the colour their room would be decorated and this was arranged.

We reviewed the results of a satisfaction questionnaire issued to staff in February 2018. We noted that most

staff had expressed a high level of satisfaction with many issues, including job satisfaction, feeling valued, and communication from management. All staff felt that standards at the home had improved and said they would recommend the home to others.

We noted that visiting community professionals had also been asked to complete questionnaires to provide feedback about the support provided at the home. We reviewed five questionnaires received in February and April 2018 and noted that a high level of satisfaction had been expressed about most areas, including staff interaction with people, activities, the level of support provided, equipment and the home environment. We noted that one professional had identified that documentation could be improved and saw evidence that this issue was addressed regularly by the registered manager in staff meetings.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service they received a job description and a contract of employment which provided information about their specific duties and responsibilities. One staff member told us, "Most staff understand and do what they should be doing but there's always one or two that could improve". We saw evidence that staff were held accountable for poor practice and shortfalls in staff performance were addressed by the registered manager. One staff member told us, "The staff group is very good. It has really improved".

Records showed that a variety of audits were completed regularly by the registered manager and these were forwarded to the regional manager. These included audits of accidents, medicines, care documentation, infection control and the home environment. We saw evidence that action had been taken where shortfalls had been identified. Regular audits were also completed by the regional manager. This meant that the provider had oversight of the service and was assured that people were receiving safe, effective care. We found the audits completed were effective in ensuring that high levels of quality and safety were maintained at the service.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, dietitians, speech and language therapists, hospital staff and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

The registered manager told us she had worked hard to make improvements since the last inspection and we saw evidence of this, including brighter, more welcoming décor, improved furniture and furnishings and more motivated, enthusiastic staff. She told us that further improvements to the service were planned. These included additional staff training such as equality and diversity training for all staff, further redecoration and improvements to the home environment, more frequent satisfaction questionnaires and more sensory based activities for people who struggle to engage with the existing activities on offer at the home.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.