Sage Care Homes (Hazeldene) Limited

Hazeldene Care Home

Inspection report

49 Ribchester Road
Clayton-le-Dale
Blackburn
Lancashire
BB1 9HU

Tel: 01254240360
Website: www.hazeldenecarehome.co.uk

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27 February 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We carried out a comprehensive inspection of Hazeldene Care Home on 22, 23 and 27 February 2017. The first day of the inspection was unannounced.

Hazeldene Care Home provides care and accommodation for up to 60 older people. Accommodation at the home is provided on three units, two residential and one for people living with dementia related needs. The majority of the bedrooms are ensuite and there are accessible toilet and bathroom facilities on both floors. The service is situated in Clayton le Dale in Blackburn, East Lancashire. At the time of our inspection there were 46 people living at the home.

At the time of our inspection the service had a registered manager who had been in post since June 2016 and had been registered with the Care Quality Commission (CQC) since 10 February 2017. A registered manager is a person who has registered with the CQC 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.

The service was last inspected on 2, 3 and 7 December 2015, when we found a breach of our regulations relating to staffing. At that time, we also made recommendations about the storage of medicines and meeting the needs of people living with dementia. Following that inspection the provider sent us an action plan detailing the improvements they would make.

During this inspection we found that improvements had been made in relation to staffing, the storage of medicines and meeting the needs of people living with dementia. We did not find any breaches of our regulations.

During our inspection we found that there were appropriate policies and procedures in place for the safe management of medicines. We observed staff administering medicines safely.

People living at the home told us the home environment was safe and they received safe care. Most people we spoke with were happy with staffing levels at the home and felt that staff had the knowledge and skills to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and what action to take if they suspected that abusive practice was taking place.

We found that people's risks, such as a risk of falling, were not always managed appropriately. Accident recording was not completed consistently by staff and care plans and risk assessments were not always updated when people's needs changed. This meant that it was difficult to ensure that staff were managing people's needs and risks effectively.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us they felt well supported by the registered manager.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA) including the importance of gaining people's consent and their right to refuse care. The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People living at the home were happy with quality of the food provided. They told us they had lots of choice at mealtimes and we saw evidence of this during our inspection.

People received support with their healthcare needs and we received positive feedback from community health and social care professionals about standards of care at the home.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in a variety of activities inside and outside the home. Most people living at the home and relatives were happy with the activities available.

We saw evidence that the registered manager requested feedback about the service from people living at the home, their relatives and staff and acted on the feedback received.

People told us they thought the home was well managed. They felt that the registered manager was approachable and supportive.

The registered manager and the regional manager regularly audited many aspects of the service. We found that the audits completed were generally effective in ensuring that appropriate standards of care 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?

Requires Improvement

The service was not consistently safe.

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

Most people living at the home, their relatives and staff were happy with staffing levels at the service and felt they were appropriate to meet people's needs.

There were appropriate policies and procedures in place for the safe administration of medicines and we observed staff administering medicines safely.

People's risks were not always managed appropriately, such as their risk of falling. Care records were not always updated when people's risks changed, which meant that it was difficult to ensure that staff were managing people's risks effectively.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs. People felt that staff had the skills needed to support them effectively.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications were submitted to the local authority.

People were supported well with their nutrition and hydration needs. People's healthcare needs were met and we found evidence that people had been referred appropriately to community healthcare services.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring. Staff knew people at the home well and treated them with kindness and respect.

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

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Appropriate action was not always taken when people's needs changed and care records were not always updated to reflect these changes. This meant that staff did not always have up to date information to enable them to meet people's needs effectively.

People were supported by staff to take part in a variety of activities within and outside the home. Most people living at the home and relatives told us they were happy with the activities available.

The registered manager sought feedback from people living at the home, their relatives and staff and used the feedback received to improve the service.

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 living at the home and staff felt the home was well managed.

Staff received regular supervision and we saw evidence that the registered manager addressed poor performance appropriately. Regular staff meetings took place and staff felt able to raise any concerns.

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

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 was planned to check 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.

The inspection took place on 22, 23 and 27 February 2017 and the first day 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.

Prior to the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted five community healthcare agencies who were involved with the service for their comments, including a district nursing team, dietician and speech and language therapy service. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider 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 five people who lived at the service and six visitors. We spoke with three care staff, the registered manager, the deputy manager and the regional manager. We observed staff providing care and support to people over the three days of the inspection and reviewed in detail the care records of four people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits completed and fire safety and environmental health records.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they were kept safe at the home. Comments included, "Yes, I'm certainly safe" and "I feel safe in the lounge or dining room when I'm using my walker". Relatives told us their family members received safe care. One relative told us, "Overall I'm very happy. I feel [my relative] is kept safe".

At our previous inspection on 2, 3 and 7 December 2015, we found a breach of our regulations relating to staffing. We asked the provider to send us an action plan of the improvements they intended to make and this was received.

During this inspection, most people that we spoke with felt that there were usually enough staff on duty to meet people's needs. One person told us, "There are plenty of staff. If I need anything I get it done". Most relatives we spoke with were also happy with staffing levels. Comments included, "Staffing levels are fine. There are always staff about". However, one person living at the home and two relatives felt that there were not always enough staff available. One relative commented, "When I visited the home recently, [my relative] wanted to go to the toilet. It took four to five minutes to find someone. There were two or three staff around later. It's not usual to find no-one. It's normally well-staffed". Another relative told us, "Sometimes there are no staff in the lounge where [my relative] spend most of their time".

The staff we spoke with felt that staffing levels at the home were generally appropriate to meet people's needs. One staff member told us that when staff phoned in sick at short notice, it was sometimes difficult to arrange cover. They told us that agency staff were brought in to cover sickness whenever possible but sometimes cover could not be arranged and this made it difficult to meet people's needs in a timely way. We discussed this with the registered manager who confirmed that this was the case. She advised that the service was actively recruiting both permanent and bank staff in an attempt to reduce the need to rely on agency staff in the future. During our inspection, the home was fully staffed and we found that staff responded to people in a timely manner when they needed support.

Following our inspection the registered manager informed us that nine new care staff had been recruited and the service also had two bank staff available to help cover staff leave and sickness. The registered manager provided us with an up to date staffing rota for the service and we noted that no agency staff had been used for that week, despite two members of staff being off work that week due to illness. The registered manager told us that the appointment of the new staff had had a positive impact on staff morale at the home, as it has taken pressure off staff who had been covering additional shifts and reduced the reliance on agency staff who were not always familiar with people's needs.

We looked at how people's medicines were managed at the service. The home had a detailed medicines policy which included information for staff about ordering, administration, errors, storage, disposal and record keeping. Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

Records showed that all staff who administered medicines had completed medicines administration training in the previous 12 months and we found evidence that staff competence to administer medicines safely was assessed regularly. The staff we spoke with confirmed that this was the case. We looked at the medicines administration records (MARs) for people living on one of the units and noted that they included clear information about dosage, timings and guidance for any 'as required' medicines. We found that all of the MARs we reviewed had been completed appropriately by staff.

We watched staff administering medicines and saw that people were given their medicines in a safe way. Staff did not rush people and we noted that people were asked if they were in pain and if they needed any pain relief medication.

Medicines audits had been completed monthly to review the completion of MARs and the quantities of medicines in stock. The people we spoke with told us they received their medicines when they should, including pain relief when they needed it.

We looked at staff training and found that almost all staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected that abusive practices were taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. The contact details for the local authority safeguarding vulnerable adults' team were included. These contact details were also displayed on the registered manager's office wall.

Records showed that all except one member of staff had completed moving and handling training in the previous 12 months. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

We looked at how risks to people's health and wellbeing were managed. We found that 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 manage them. We found that in three of the care files we reviewed, information had been updated regularly and when people's needs changed. However, we found that one person's care plans and risk assessments had not been updated when their needs had changed and their risks increased. This person had fallen a number of times. However, the documented monthly care plan reviews did not include information about the falls that had taken place since the previous review. We noted that staff had contacted the person's GP to request a referral to the falls prevention service. Although further falls had taken place following the referral, one of which had resulted in a serious injury, staff had not contacted the falls service to inform them that the person's risk of falls had increased and to request a more urgent assessment. We discussed this with the registered manager who addressed this during our inspection. She introduced a 'Falls action sheet', where staff would document the details of each fall and the follow up action taken, for each person who had experienced one or more fall. She advised that she would review the forms monthly to ensure that any outstanding referrals were followed up when appropriate and action was taken to address people's risk of falling and kept them safe.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. However, some accident records were not easy to locate, as some were kept in people's care files and others in an accident file. We also found that on one occasion a fall had been documented by staff in one person's daily care record but an accident form had not been completed. This meant that it was difficult to fully assess people's risks and ensure that those risks were managed effectively.

The registered manager told us that there had been problems at the service with some staff not completing documentation, not following procedures and not reporting accidents or incidents appropriately. We found evidence in staff files demonstrating that this issue had been addressed with some members of staff.

Staff told us that verbal and written information was handed over between staff prior to shift changes. We reviewed some handover records and noted they included information about people's personal care, mobility, nutrition and hydration, mood, pain and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was generally good. One member of staff told us that not all staff documented people's hospital appointments, which meant that occasionally they were missed. We discussed this issue with the registered manager who advised that this issue had recently been addressed with staff.

We noted that a handover meeting took place every morning which included the registered manager, the deputy manager, a senior care assistant, domestic and laundry staff, kitchen staff, activities staff and the maintenance person. We observed one of these meetings during our inspection and noted that they were effective in ensuring that staff were kept up to date with changes in people's needs and the home environment.

We looked at the recruitment records for three 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 staff employed were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We noted an odour in one area of the home on the first day of the inspection and discussed it with the registered manager. The issue was resolved straight away. Apart from this we found the general standard of hygiene in the home during our inspection to be high. People living at the home told us the home was always clean. They said, "My bedroom is clean and so is the lounge" and "Cleaning is done every day". Relatives also felt that the home was clean. One relative told us they had previously raised concerns about the cleanliness of their family member's bedroom and bedding and this had been addressed by the registered manager.

Records showed that fire and environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. There were personal emergency evacuation plans in place for people living at the home. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received at the home and felt that staff had the skills to support them. One person told us, "The staff are excellent". Another person said, "I'm well looked after, no complaints at all. The carers are excellent. I like it so much here I don't want to leave". Relatives were also happy with the care being provided. One relative told us, "The staff seem to have the knowledge and skills to look after [my relative]". Another relative said, "The staff are brilliant. I can't sing their praises enough".

Records showed that staff completed an induction programme when they joined the service which included fire awareness, dementia awareness, manual handling, safeguarding vulnerable adults from abuse and whistle blowing. The staff we spoke with told us they had received a thorough induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe, person-centred care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that some training including infection control, fire safety and food hygiene was out of date for some staff. The manager showed us evidence that infection control training had been arranged for 30 March 2017. Records showed that where training had yet to be arranged, staff had been given training workbooks to complete. The registered manager explained that on completion, staff submitted the workbooks to her and she checked them for accuracy. This helped to ensure that staff were able to meet the needs of people living at the home.

We noted that some staff had also completed specialist training in areas including pressure care, tube feeding and person centred planning. Training in dementia awareness had been arranged for a number of staff in April 2017. The staff we spoke with told us they felt well trained and could ask for further training if they felt they needed it.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included staff performance, standards of care, staff roles and responsibilities and training issues. Staff told us they felt able to raise any concerns during their supervision sessions. The manager told us that she planned to complete appraisals with staff in the near future. She explained that she had only been in post for eight months and wanted to become familiar with staff and the home before reviewing staff performance.

We looked at how the service addressed people's mental capacity. 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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

The staff we spoke with understood the main principles of the MCA, including the importance of gaining people's consent when providing support and respecting people's right to refuse care. During our inspection we observed staff supporting people sensitively and offering reassurance when people were upset or confused.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and described whether decisions were indefinite or whether they needed to be reviewed. We noted that information on people's doors and in their care files included coloured ribbons to indicate people's needs, risks and decisions. For example, a purple ribbon indicated that a DNACPR decision was in place, a yellow ribbon indicated an allergy, a red ribbon that the person was diabetic and a black ribbon that the person was subject to DoLS. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. One person told us, "The cook is excellent and the meals are excellent". Relatives were also happy with the support people received with nutrition. One relative commented, "[My relative] wasn't eating. Now she's eating well. She's gained weight".

We observed lunch taking place on one of the units and saw that dining tables were set with table cloths, place mats and flowers. The meals looked appetising and hot and the portions served were ample. The atmosphere in the dining room was relaxed, with music playing in the background. We saw staff supporting people sensitively and encouraging people with their meals. People were given the time they needed to eat their meal. We also observed the end of lunch on the dementia unit and found that staff supported people sensitively with their meal and encouraged people gently when they were reluctant to eat. We noted that people living at the home were able to have their meal in their room if they preferred to.

A nutrition and hydration assessment had been completed for each person living at the home and any special dietary requirements were documented. Record showed that people's weight was recorded monthly or more regularly where appropriate. We found evidence that appropriate professional advice and support, such as referral to a dietician, had been sought when there were concerns about people's weight loss or nutrition. We spoke with the cook who had worked at the service for four weeks. He was aware of people's special dietary requirements, such as people who were diabetic or required a soft diet, and told us that he was kept updated by staff regarding any changes in people's needs.

We looked at how people were supported with their health. People living at the service and their relatives

told us staff made sure their health needs were met and they could see a doctor or nurse if they needed to. One person told us, "The District Nurse came yesterday". One relative commented, "Staff have called the GP for [my relative] and they call me as well".

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, chiropodists and speech and language therapy services. Healthcare appointments and visits were documented in people's care records. This helped to ensure people were supported appropriately with their healthcare needs.

We received responses from some of the community health and social care agencies we contacted for feedback about the service. One community professional told us, "Staff at the home are always willing to engage in learning techniques to meet people's needs. If staff have any concerns about a client, they will contact the team to seek support and advice". Another professional told us that there had been concerns in the past about standards of care at the home and advice not always being followed by staff. They told us that the management at the home were "extremely proactive and keen to improve standards of care" and that this was "creating positive improvements in patient care".

Good

Is the service caring?

Our findings

People living at the home told us they liked the staff who supported them and that staff were caring. Comments included, "I do like the staff. We have a laugh together" and "They're very, very caring. This place is perfect and the girls are absolutely wonderful". Relatives also felt that staff were caring. One relative told us, "The staff are very caring". Another said, The staff are very friendly. They can't do enough to help [my relative]".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient.

The atmosphere in the home was generally relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives. They told us they had plenty of choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home. Staff did not rush them.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted crockery.

People living at the home told us staff respected their dignity and privacy. We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines or helping people to move around the home.

We looked at arrangements for supporting people with their personal care. People living at the home told us they received support with their personal care on a daily basis. One person told us they had not received appropriate support from staff with personal care. However, staff informed us and we noted from care records that this person sometimes refused support from staff. Relatives told us they were happy with the personal care and support their family members received. During our inspection we found that people living at the home looked clean and comfortable.

The registered manager told us that a service user guide was issued to everyone who came to live at the home. We noted that the guide was available in large print and a variety of languages including Polish, Urdu, Guajarati, Punjabi and Mandarin. This meant that the information was accessible to people who had a visual impairment or whose first language was not English. Information about local advocacy services was also included in the guide. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us they received care that reflected their needs and their preferences. One person said, "I can do what I want, when I want". Another person told us, I can have my meals in the dining room, lounge or bedroom". Relatives told us their family members received personalised care and their needs were met. One relative said, I have no concerns about [my relative's] care. She's well cared for". Another relative commented, "[My relative] would tell me if she had any concerns and she hasn't had any".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, eating and drinking, communication, medication and personal care.

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met by staff. Information about people's interests and hobbies was included. People told us their care needs were discussed with them, which helped to ensure staff were aware of how people liked to be supported.

We found that appropriate action was not always taken when people's needs changed. For example, when one person had experienced a number of falls, one of which resulted in a serious injury, staff had not followed this up appropriately with the community falls service to request an urgent assessment. We discussed with the manager who introduced monthly checks to ensure that this oversight did not occur again.

We also found that not all care plans and risk assessments had been updated appropriately during monthly reviews or when people's needs had changed. For example, one person had received a period of one to one support from staff. However, their care plan had not been updated when this had changed. Also, the falls mentioned above were not reflected in that person's care plan, risk assessments or their documented monthly reviews. This meant that staff did not always have up to date information about how to support people effectively. We discussed this with the manager who assured us that she would remind staff of the importance of accurate record keeping during team meetings and one to one supervisions.

We noted that relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs or any concerns, such as if their family member had experienced a fall or if they were unwell. One relative told us, "I'm kept up to date with any changes by staff. Communication is good".

People living at the home told us staff came when they needed them. Comments included, "I ring the buzzer and staff come straight away" and, "No problems. Staff respond quickly to the buzzer". During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move

around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively. Conversations between staff and people living at the home were often light hearted and affectionate.

We looked at the availability of activities at the home. The home had two activities co-ordinators and a weekly plan of activities was displayed on a board in two of the lounges. Activities available included bingo, board games, crosswords, quizzes, arts and crafts and pamper sessions. We observed people taking part in arts and crafts during our inspection. People told us some activities were available at the home, though some people told us they chose not to participate. One person told us they went out shopping and for a meal once a week with a member of staff. Most relatives we spoke with felt that there were enough activities available at the home. One relative told us, "There are plenty of activities like bingo and films but [my relative] doesn't get involved". Another relative commented, "Activities are fairly regular. They have entertainers in and the staff do [my relative's] nails sometimes".

A hairdresser visited the home twice each week and we saw people having their hair done during our inspection. We spoke with the hairdresser who confirmed that he visited regularly and that people could have their hair done when they wanted to. He told us the staff were very good and he felt people were well looked after at the home.

A complaints policy was available and included timescales for investigation and providing a response. Information about how to make a complaint was included in the service user guide. Contact details for the Local Government Ombudsman and CQC were included. We reviewed the complaints received since the registered manager had joined the service and saw evidence that they had been investigated appropriately and responded to within the timescales of the policy.

The people we spoke with and their relatives told us they knew how to make a complaint and would feel able to raise any concerns. One relative told us, "I raised some minor concerns and the manager addressed them straight away".

We looked at how the service sought regular feedback about the care people received. People living at the home told us that regular residents meetings took place and they were asked to give feedback about their care. One person told us, "We have a residents meeting every so often to see if we've any complaints or want to do anything different. Things do change". The relatives we spoke with told us they had been asked to give feedback about their family member's care. One relative told us, "I've been invited to the relatives meetings but I don't go".

The registered manager told us that residents and family meetings took place every three months or so. We reviewed the notes of the meeting on 8 December 2016 meeting and noted that issues discussed included the home environment, staffing, activities, food and the management of concerns. The meeting notes showed that residents and relatives were able to raise concerns and make suggestions. We noted that action was taken in response by the registered manager, for example, one agency staff member was no longer working at the home due to concerns expressed by people living there. Comments in the meeting notes included, "The home smells and looks better", "The care is excellent" and "The soup is sometimes cold but the main meal is hot and the food is good". We noted that a hot trolley had recently been introduced at the home to make sure that the meals provided to people in the upper floor dining room remained hot when they were served.

The registered manager informed us that satisfaction questionnaires were given to people living at the home and their relatives yearly to gain their views about the care being provided. We reviewed the results of the questionnaires given to people in February 2017. We noted that a high level of satisfaction had been expressed about all issues including meals, activities, the staff, the care people received, people's rooms and the laundry service. The majority of people who responded had stated that they knew who the manager was and how to make a complaint.

Good

Is the service well-led?

Our findings

Everyone we spoke with who lived at the home felt that it was well managed and that staff and the registered manager were approachable. They told us, "[Staff member] does my paperwork for me. She's excellent" and "The manager comes and sees me". Most relatives also felt that the home was managed well. They told us, "I've had contact with the manager. She's lovely, no issues" and "I haven't raised any concerns but I would be comfortable raising any concerns I had".

During our inspection we observed that the home was generally calm and organised. The registered manager was able to provide us with most of the information we needed quickly and easily and was clearly familiar with the needs of people living at the home. The registered manager told us that since starting at the home, she had experienced problems with some staff not completing paperwork when they should, not following procedures or reporting accidents and incidents appropriately. We saw evidence of this being addressed with staff in staff files. She told us that a number of staff had left the service since she started and others had been dismissed as a result of their poor practice and lack of improvement. She told us she felt that things were gradually improving at the home.

Following our inspection the registered manager contacted us to update us about staff recruitment. She told us that she had recruited nine new care staff who were enthusiastic and eager to provide good care. She felt this had had a positive impact on existing staff, along with reducing the pressure on existing to staff to cover additional shifts. She told us that the atmosphere at the home had improved and staff were much more cheerful.

The service provider's statement of purpose advised that, 'Hazeldene aims to provide service users with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance'. During our inspection we saw evidence that this philosophy was promoted by the registered manager, who had worked hard to make improvements since starting at the service in June 2016. The registered manager informed us that she received support from the regional manager and that the service provider made available the resources necessary to achieve and maintain appropriate standards of care and safety at the home.

We saw evidence that staff meetings took place quarterly and this was confirmed by the staff we spoke with. They told us they felt able to raise any concerns or make suggestions during the meetings.

We reviewed the results of the staff questionnaires issued in February 2017 and noted that 46 questionnaires had been issued and 10 returned. Of the 10 staff who had responded, five staff felt that standards of care at the home had improved in the last 12 months and nine staff said they would recommend the home to others.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident about using it if they had concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that appropriate standards of care were maintained at the

home.

The staff we spoke with during our inspection told us they felt well supported by the registered manager. One staff member told us, "The manager is brilliant. She's approachable and friendly but also serious". Another said, "The manager is very supportive. I can ask her anything".
During our inspection we observed people and their visitors approaching the registered manager directly and saw that she communicated with them in a friendly and professional way. We observed staff approaching the registered manager for advice or assistance and noted that she was friendly and supportive towards them.

We contacted Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire. We reviewed a report completed following a visit to the home by Healthwatch Lancashire staff on 15 February 2017. During their visit they found that the registered manager was very knowledgeable about residents and she gave them confidence in her abilities as a leader. They found that she had made a number of improvements to the service, in particular to the dementia unit. They found that some improvements were needed to people's lunch time experience and how food was served. The report included comments from the registered manager about immediate action that was taken to address the issues raised, which included the availability of additional staff to support people at mealtimes and improvements in the temperature of the meals being served. Healthwatch Lancashire gave the home a rating of amber, which meant that 'We may choose this home if some improvements were made'.

We noted that the registered manager audited different aspects of the service regularly, including medicines, accidents and incidents, pressure sores and safeguarding incidents. We saw evidence that audit information was sent to the regional manager regularly. Records showed that the registered manager also completed a 'daily walk around' at the home, checking issues such as infection control and activities and chatting with residents to see how they were. We noted that the regional manager also completed an audit of the home every month, which included a review of staffing, infection control, complaints, staff training, activities and the home environment. We saw evidence that the audits completed were generally effective in ensuring that appropriate standards of care and safety were being achieved at the home. The monthly review of the newly introduced 'Falls action sheet' would also help to ensure that people who had experienced one or more fall were supported appropriately and their risks were managed effectively.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at 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.