

Mr Akshay Chandrakant Barot

Hazeldene House Residential Home

Inspection report

21 High Street
Clay Cross
Chesterfield
Derbyshire
S45 9DX

Tel: 01246862415

Website: www.hazeldenecarehome.com

Date of inspection visit:
16 August 2016

Date of publication:
29 August 2017

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 inspected Hazeldene House Residential Home on 19 August 2016. This was an unannounced inspection. The service was registered to accommodate up to 21 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 19 people living in the care home.

At our last inspection on 17 July 2014 we found all regulations were being met and no concerns were identified.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to people's needs, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff demonstrated a sound understanding of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Quality assurance audits and a formal complaints process were in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services as required

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care

and support they received. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Hazeldene House Residential 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 19 August 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with nine people who lived in the home, one relative, one health care professional, three care workers, the deputy manager, the provider and the registered provider. Throughout the day, we observed care practice, including the administration of medicines. We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said that they felt safe and very comfortable at Hazeldene House Residential Home. They told us they were safe with the staff and there was no one who had any concerns about their safety. One person said, "It's nice here, very comfortable. I was in another place, didn't like it so I came here – it's lovely, like a home from home." Another person described how comfortable they felt with the staff. They told us, "I have a laugh with them [the staff] and tell them I'll report them and they tell me to shut up! But really 'it's so good here, I can't fault it.'"

Relatives we spoke with were also confident about the safety and welfare of their family members. One relative told us, "[Family member] is very safe here, a hell of a lot safer than at home." Another relative was reassured that their family member was safe and spoke particularly about the medicines they were supported to take. They told us, "[Family member's] medication is quite complicated, as she's not very well, but they [staff] sort it out okay so we don't need to worry."

People said they were happy and content with their surroundings. Two people said they had become good friends at Hazeldene and spent most of their days together in a quiet lounge. They told us they preferred to be away from the busier parts of the care home. They said they felt safe and described how staff were, "Always in and out, making sure we're all right." They said during the afternoon they would join in with activities if there was something they liked and would also spend time in the garden when the weather was good.

People we spoke with also said they felt there were enough staff available to help them when they needed support. During the day we heard and observed call bells were answered quickly. One person told us, "I don't have any worries; the staff always came very quickly if I press my bell – even during the night."

There was enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with thought there was sufficient staff to attend to their needs. They said they had no concerns and staff always came readily when asked for help. One relative we spoke with said they were happy and confident that their family member was well looked after and safe. They told us, "The care staff are very kind and always seem very attentive to people's needs."

During the inspection we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available and quick to ensure, where required, people had their walking aids to hand, so they were able to move safely. We saw there was always care staff around in the lounges throughout the day. If a member of staff needed to help anyone to move to another part of the building, they ensured there was always a colleague available to stay with the other people in the lounge. We saw one person also had a call bell with them and they told us, "I use this if I need help or if I see another residents trying to stand up or go out by themselves."

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an

individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown.

People and their relatives were content with the way in which medicines were managed. People said they received their medicines in a safe and timely manner. One person told us, "I'm safe here all right. I'm being very well looked after. They give me my medication and see to all that." The registered manager told us all staff involved in administering medicine had received appropriate training. We spoke with a senior care worker regarding the policies and procedures for the safe storage, administration and recording of medicines. They confirmed that, "Only seniors deal with medication" and said everyone with responsibility for dealing with medicines has received the necessary training and their competency was regularly assessed. This was supported by training records we were shown.

During lunchtime we observed medicines being administered. . We saw one member of staff presented the medicine to the person, explained what it was and offered water to help them swallow it. They then waited until they were sure the person had swallowed the tablet. We also saw that all medication administration records (MAR) had been accurately completed. This demonstrated that medicines were managed safely and consistently.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. Staff had completed relevant training in safeguarding adults and received regular refresher training, as necessary. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including the completion of application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People and their relatives said they thought the home was clean and well maintained. We observed domestic staff around the premises throughout the day. People told us the care home was kept very clean. One person was especially appreciative of the level of cleanliness and told us, "The cleaners even pull out my wardrobe so they can clean behind it." During our inspection we saw the service looked clean and there were no malodours. All areas of the premises were well maintained, very clean and readily accessible throughout. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

Is the service effective?

Our findings

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. During our previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, relating to the operation of DoLS.

At this inspection we found that necessary improvements had been implemented and the service was no longer in breach of regulations. The registered manager confirmed that, following individual assessments, DoLS authorisations were in place for two people. They also told us they were currently waiting for decisions regarding further DoLS authorisations, following applications to the local authority.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed staff always gained their consent before providing any personal care.

People and their relatives thought staff had the necessary skills and knowledge to effectively meet people's individual care and support needs. One person told us, "I think we're very well looked after here, they (staff) all know us and know what we need." They said they had access to doctors and other health care professionals, as and when required. One person told us, "There's a doctor here most days and the optician and chiropodist visit regularly." We saw in people's care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. One person told us, "No complaints about the food here; it's lovely." People also said they had enough to drink. One person told us, "There's always plenty to drink; we have cups of tea all day long." One relative told us,

"[Family member] eats well. Today they had two bowls of porridge and a bacon sandwich for breakfast."

We observed lunch in the first floor dining area, where there were eight people seated at tables. They were independent and able to eat their meals without support. There were an additional five people in armchairs who required assistance to eat. We saw, where necessary, appropriate and discreet support was patiently provided by staff in a calm, unhurried manner. One person who was not eating was asked by one of the kitchen staff if they needed any help, which was provided and much appreciated. Following individual nutritional assessments, some people had their food pureed and at least two had plate guards to keep the food from spilling over the edge. People were given cold drinks with their meals. We saw one person said they didn't really like puddings. When asked if they would like fruit, they chose a banana. The member of staff asked if they would like the banana cut up. When they said, "Yes please," they sliced up the banana, which the person happily ate and clearly enjoyed. We heard one person asked for and was given seconds and another told the cook how much they enjoyed their meal. We saw care staff checked with the other people whether they had enjoyed their meal.

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. One member of staff told us "The training here is really good and the manager is very supportive." Another member of the care staff told us they had been with the service for nearly 10 years. They had completed NVQ2 and told us, "I am up to date with all my training and feel very confident in what I'm doing." They said they felt supported by registered manager and deputy manager. They told us, "They're both very approachable and they do listen." This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

The deputy manager told us they had been with the service since May 2016. They confirmed their induction programme was the same for all registered nurses but they were being supported by the registered manager, "to develop my management skills." They said they had completed all mandatory training (on-line) as well as medication training from the local pharmacy. They confirmed their medicines competency assessment had been carried out by the registered manager and another nurse. They described the training as 'Very good' and said formal supervision was ongoing and had been more frequent due to them being in a senior post. They said they felt supported by senior management and able to demonstrate clinical competency but needed to develop their management skills.

Is the service caring?

Our findings

People and their relatives spoke very positively about the caring environment and the kind and compassionate nature of the registered manager and staff. People spoke enthusiastically about the care they received and described the staff as, "Kind and caring." One person told us, "They're marvellous, lovely girls and I've no complaints whatsoever. If I didn't like something I'd tell the carer." Another person told us, "It suits me here, I was at a bigger place, but I prefer it here. The staff are all very kind and caring. They look after me alright." Another person told us, "The staff are lovely here and everybody's really nice and kind and helpful." One person did not like the fact they had to use a commode at night, but they appreciated that staff treated it all in such a matter of fact way that they were able to overcome their embarrassment and feel quite comfortable. They told us, "Their kindness and understanding made me feel so much better."

We received similar, positive comments from relatives regarding the care provided to their family member and the kindness and compassion of the staff. One relative told us, "Staff are all very good and there's no problem that they can't get sorted." Another relative told us, "The staff are very good and always treat [family member] with respect."

People we spoke with thought they were treated with dignity and respect. They liked the staff and found them helpful. They felt they were encouraged to be as independent as possible, but if they needed personal care this was handled with appropriate privacy and with dignity. One person described how their individual care and support needs were met and their dignity maintained. They told us, "I can't rush these days and they [staff] know that and they are so patient and helpful." The provider and staff demonstrated a strong commitment to providing respectful, compassionate care. This helped ensure that people had their privacy and dignity respected. Throughout the day we observed friendly, relaxed and good natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required.

People received care and support from staff who knew and understood their needs. During our inspection we observed staff, although they were obviously busy, spending time with people, watching out for them, assisting them when necessary and calmly and cheerfully responding to their needs. We saw care staff discreetly supporting people with personal care, including accompanying individuals to the toilet and washroom.

Conversations and interactions were friendly and good natured and we saw people were comfortable and relaxed with staff and clearly enjoyed their company. For example we heard a member of staff talking with one person who needed support. They maintained eye contact and gently and reassuringly touched the person's arm, as they described how they were going to help them. The person was clearly happy and relaxed with this and responded appropriately. We observed staff engaged in friendly banter with people, discussing such things as friends and relatives and 'plans for the day.' One member of staff who had just returned from holiday, had brought back a selection of sweets from their resort to share with people, as they happily chatted with them about their holiday.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another area of the home. This demonstrated how staff cared for and supported people with dignity and respect.

We spoke with people about their care plans and whether they were involved in planning their care. Not everyone we spoke with could recall being involved in care planning, though some were able to confirm they and their relatives had received information leaflets about care when they were arranging to move into the service. Individual care plans we looked at contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for.

Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited. Three of the care plans we saw were signed by people or their relatives, to confirm their involvement and agreement with the support which was provided and how their individual care was delivered.

Is the service responsive?

Our findings

People received personalised care and support that reflected their wishes and met their needs. People we spoke with said they were supported to make choices about their day to day lives and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "I feel comfortable here and the staff know what support I need. I use a commode at night and feel guilty, they come and sort it all out and they're so lovely about it, they don't worry at all and tell me not to worry, it's all part of life for them."

Hazeldene employed an activities co-ordinator who was on the premises five afternoons, Monday to Friday, every week. At weekends the expectation was for care staff to provide activities. We saw there was an accessible notice board describing what activities were available each day. The co-ordinator was very aware of people's individual needs and interests. They told us they knew there were some people who would want to join in and others who preferred to stay in their room and not join in with activities. They said they would visit individuals in their own room and tried to see everyone every day they were on duty. Although some people were only able to access individual sessions because of the nature of their dementia, in those cases we observed the activities co-ordinator made efforts to engage with them around specific topics of interest. We also saw that where appropriate, they would visit and spend time with people in their own room.

People told us they enjoyed the activities available and would join in or not as they preferred. They said the activities included individual and group activities, quizzes, dominoes and other board games. The co-ordinator said they also arranged the gardening club and outings. One person said how much they enjoyed the outings and told us, "I thoroughly enjoy the outings we have. Last week we went to a local pub for lunch and I really liked that."

We observed some people who had more complex care needs who spent most of the day sitting in a chair in one of the lounges. The activity co-ordinator was aware of their particular needs and said they were keen to do some relevant training, so they could offer "Something more appropriate to their needs." The co-ordinator said they had only recently taken on the role, having previously worked as a member of the care staff. They told us they were largely "self-taught" and had not received any specific training. However they said they would welcome the opportunity to do so and felt sure people using the service would benefit as a result. We discussed this issue with the provider and registered manager who acknowledged the importance of meaningful, personalised activities and assured us they would identify appropriate training and provide all necessary support for the activities coordinator.

Many rooms had patio type doors, which overlooked and opened out onto the garden. However we saw this was a little overgrown and neglected, with rusty hand rails and tired looking paintwork. The 'You said, we did' board noted renovation of the garden area as one key area of improvement. The provider confirmed that this work had started and some trees had already been cut back. However they acknowledged that further improvements were required and told us this was, "Work in progress." One person told us they thought the outside space had improved over the last few months. They said they enjoyed being outside

and had asked about the state of the garden when they first moved into the service. They said they were appreciative of the improvements being made in the garden and told us, "It shows that someone is listening to us." They went on to say, "I like going out in the garden, we do things with flowers, sometimes. My room is lovely. When I first came here I asked when the garden would be tidied, it could be so nice. It is better now, but still needs more doing to it."

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

The registered manager explained that people's individual care and support needs would always be assessed before they moved into establish their suitability for the service and, "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs.

The staff we spoke with knew people well, their likes and dislikes and personal preferences for how they wished their care to be delivered. Individual care plans, including risk assessments, we looked at had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. People said they had seen the complaints procedure and had received a booklet detailing what they should do to make a complaint or concern known to staff. One relative said they found staff responsive to the needs of their family member. They told us they had confidence that if they asked for any specific help or support for their family member this would be quickly provided. This demonstrated that people and their relatives were aware of how to make a complaint and were confident that any concerns would be responded to appropriately.

Records indicated that comments, compliments and complaints were monitored and acted upon. We saw complaints had been handled and responded to appropriately and any changes and learning implemented and recorded. For example, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. This demonstrated the service was responsive to people's needs.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. There was an effective management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about the management and the culture within the service.

Staff told us they felt supported and were able to approach the management team about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

The registered manager and provider were both present throughout the day. The registered manager had come in, despite not actually being on duty on the day. This was acknowledged and appreciated and certainly helped with many aspects of the inspection process. We observed that the registered manager was clearly both popular and well known to people and their relatives, who told us they were, "friendly" and, "approachable."

The provider and registered manager explained the importance of staff being actively involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff, including the deputy manager, had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

We saw that communication throughout the service was effective and notice boards provided information relating to a range of topics. A picture board displayed staff pictures and roles in the hall. I saw that bedrooms had the name and a picture of the individual's key worker on prominent display. There was also a typed list relating to 'You asked - we did' which gave details of the questions or suggestions raised and the appropriate response. There was information about complaints and comments and other information for residents regarding registration and what people could expect. There had been residents/relatives meetings but one had not been held recently. However, people and their relatives did feel confident they would be listened to and that management would be responsive to any requests or suggestions for change. This demonstrated the open and inclusive culture within the service.

Staff we spoke with had confidence in the way the service was managed and described the registered manager as "approachable" and "very supportive." We saw evidence of staff receiving regular formal supervision and annual appraisals. Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. Without exception, all members of staff we spoke with told us how much they enjoyed working at Hazeldene and described the culture as "positive," "open" and "inclusive." They were aware of their roles and responsibilities to the people they supported and said they would have no hesitation in reporting any concerns. They were also confident any issues or concerns raised would be listened to, and acted on appropriately.

The registered manager understood their responsibilities in relation to their registration with the Care

Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits included areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or emerging trends and identify and implement any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the management team was able to compare their own care provision against best practice guidelines and policies and procedures. This demonstrated the provider had effective systems in place to help drive improvements in service provision.