

Smartmove Homes Limited

# Hazelwood Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Hazelwood Nursing Home is a nursing home providing support and accommodation for up to 50 older people, some of whom may have dementia. At this inspection, there were 45 people living in the service.

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

People were positive in their feedback. Comments included; "Yes I feel safe here. The staff are generally good people"; "The staff have a good knowledge of what I need" and "It is very homely here. I sleep very well here. It is very quiet. I do as much as I can for myself."

Our observation showed people were safe at Hazelwood. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. The GP said, "When I visit, I always find the staff friendly and helpful, and I find them very caring towards the patients. I have not been concerned about safety on my visits."

Medicines continued to be stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed. Staff training records confirmed staff had been trained in medicine administration.

People continued to receive care from staff who were well supported with induction and training. Registered nurses' renew their registration with the Nursing and Midwifery Council [NMC] every three years. Staff received one to one supervision and annual appraisals. A member of staff said, "The manager had supported me a lot in the past and they continue to do so."

Staff understood the importance of promoting people's choices and provided the support people required while assisting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life. One person said, "I am encouraged to look after myself, I am as independent as I can be."

The staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people, relatives and healthcare professionals about the quality of care provided by staff.

We observed people's rights, their dignity and privacy were respected. Staff supported people with their lunch at a gentle pace whilst engaging with them. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw that people participated in activities, pursued their interests and maintained relationships with people that mattered to them.

The service continued to be well led. Effective quality audits continued to be in place and continuous improvement and learning were embedded in the service. We observed that the registered manager was proactive in ensuring people received good care. One relative said, "The manager is a brilliant leader."

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

#### Rating at last inspection

The last rating for this service was Good (Report published on 12 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Hazelwood Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

Hazelwood Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local Healthwatch for information about the service. We were notified they had no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR) which we used to plan the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted healthcare professionals for feedback. We received no feedback.

#### During the inspection

During the inspection, we spoke with three people using the service, ten visiting relatives, two healthcare assistants, one senior healthcare assistant, the cook, two registered nurses (RGN) and the registered manager.

We reviewed a range of records. This included five people's care records and medicines records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data sent to us in a timely manner.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed that people felt safe and comfortable within the service. One person said, "I feel safe; no worries at all." A relative said, "I am very pleased with mum's general care and the attention they give to her."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I am not happy about something such as bad practice, I will speak with the manager. I can go outside to the police, local authority or the Care Quality Commission."
- The registered manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and in place to guide staff on what to do to minimise each identified risk and help keep people safe. The care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; falls, nutrition and hydration, health, activities and mobility. We observed staff followed these during our inspection.
- Our observation showed that staff knew the individual risks to people and how to manage these risks safely and effectively.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency situation arose.
- People continued to be protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Staffing and recruitment

- One person said, "We don't have a high staff turnover."
- Staff continued to be recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There continued to be sufficient number of staffs to support people. Staff rotas showed the registered

manager took account of the level of care and support people required each day, in the service and community.

- One relative said, "There is always someone to talk to. They have enough staff, and when someone is absent; they have agency staff to cover."
- Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date. Nurses were aware of the importance of the revalidation process.

#### Using medicines safely

- Suitably trained registered nurses continued to follow the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure they continued to practice safe medicines administration.
- Medicines were stored safely including those requiring additional security.
- There were no gaps or omissions on the medicine administration record (MAR), which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

#### Preventing and controlling infection

- We observed that the environment was clean and odour free during our inspection. One relative said, "The whole environment looks good."
- There were effective systems in place to reduce the risk and spread of infection. The service had two cleaners with a cleaning schedule, which ensured that risks to people and staff from infection were minimised.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene. There was an infection control policy and staff understood their responsibilities in this area.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans by staff and monitored by the registered manager to try to prevent similar incidents being repeated.
- The registered manager was pro-active and used the opportunity to learn when things went wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment. For example, one person who had a fall, was referred to the falls clinic. As a result of the fall, the registered manager relocated the call bell pulley closer to the person, which enabled easy access to the pulley for the person to call for help whenever needed. They also implemented staff monitoring checks which made sure the person was safe.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

- At our last inspection in November 2016, we recommended that the registered manager sought guidance from a reputable source for accurate recording of staff supervisions and appraisals. This was because we found that the registered manager was not keeping a recorded schedule of supervisions and appraisals. This meant that the registered manager was not able to clearly identify when supervisions and appraisals for staff members were due.
- At this inspection, we found that improvements had been made.
- Staff had regular supervision meetings and an annual appraisal of their work performance with the registered manager once a year. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. The registered manager told us that they had daily contact with staff and they were able to discuss with staff.
- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Registered nurses renew their registration with the Nursing and Midwifery Council [NMC] every three years.
- Staff commented that the training they received was useful. A member of staff said, "We get supported with good training. We are lucky." Another staff said, "We do online and face to face training. We did dementia training with the Alzheimer's society. It was interesting and I have learnt a lot from the training."
- A relative said, "Staff seem well trained; they do manual handling, support people to use the sensory room and people have a library they could us."

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

- At our last inspection in November 2016, we recommended that the registered manager sought recognised resources and guidance about dementia friendly environments. This was because we found that a dementia friendly environment had not been firmly established throughout the service.
- At this inspection, we found that improvements had been made.
- A relative said, "The decor (of the service) is like coming in a hotel." Another relative said, "The place is welcoming. They also have small dining rooms, some quiet places (for example, the library and the sensory room) and my relative have en-suite bathroom."
- The service had been designed and redecorated to meet the need of people with dementia needs. The environment was spacious and decorated with people's involvement. Signage around the service helped people understand what each room was used for. For example, signs for toilets and exits were clear. As people with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms. Bedroom doors had clear names, in bold face with good contrast between text and background, which enabled people to know their rooms.

- People had free access to a secure courtyard where activities took place in better weather.
- People's rooms were personalised to suit their tastes and needs.

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

- The provider continued to undertake an initial holistic assessment with people before they moved into the service. A relative confirmed this and said, "We met the manager several times for assessments and visiting before deciding on this service." Another relative said, "We visited this place before mum moved in."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support. A relative said, "We meet often. We had the first meeting and the second one for a follow-up."

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

- One person said, "The food is good. You get cooked breakfast; anything you want, you get it and you get a varied food. You are not rushed to eat." Another said, "Food is wonderful; beautifully cooked."
- A relative said, "The food is good, and the place has a lovely outlook." Another said, "There are always snacks, fresh fruits such as water melon and bananas."
- We observed that people were supported to maintain a well balanced diet and remain as independent as possible with their meals. Records relating to food and drinks people had eaten and drunk had been completed accurately.
- A menu was in place so that people knew what meals to expect. We observed general chatter/conversation throughout the meal between the people and the staff.
- There was a kitchenette on the first floor where staff supported people with drinks and snacks. We observed people were provided cold drinks throughout the day because of the hot weather.
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. The registered manager said, "We contact everyone involved in each person's care regularly to update them." A relative confirmed this and said, "We have meetings with the manager and the nurses; we talk about medicines and the care plan."
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists. We observed the district nurse who attended to people whilst liaising with staff during our inspection.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or dietician.
- People's individual care plans set out for staff how their specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the dietician.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. and found that they were.

- One person said, "Staff always knock and wait for me to say ok before they come into my room."
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. At the time of our inspection, nine people in the service were subject to DoLS authorisation, which were granted.
- Consent to care and treatment while living at Hazelwood was discussed with people. Photograph consent forms were sign by people or their relatives, which indicated consent for the use of their photographs. We saw that the MCA process was followed when necessary. For example, one person required covert administration of medicine. MCA process, which included best interest meetings were held with relatives and healthcare professionals before this was put in place.
- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Comments from people included, "Nothing is too much for them to be able to assist. We get a very high level of care here" and "I am being treated like a queen. Everything is perfect, everybody is kind."
- A relative said, "All the staff are really nice. There is no one thing we are not happy with."
- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences. We observed practices that demonstrated staff knew people well and understood their likes, dislikes and preferences. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors throughout our inspection.

Supporting people to express their views and be involved in making decisions about their care

- One person said, "Staff listen; I can't fault them at all. They are lovely,"
- A relative said, "Mum has a care plan. We had our input and we agreed on what is in it."
- We observed people were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted.
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. We observed staff listened attentively to what people had to say.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. One person said, "For my dignity; they (staff) stay out of the bathroom and wait for me to call."
- A relative said, "Regarding privacy and dignity; they shut the door when changing her (relative); knock on the door and we do meet mum privately in the quiet room."

- Staff understood the importance of respecting people's individual rights and choices.
- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able, and staff observed and provided guidance where needed.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised, with a lot of personal information about people. The important people in their life, where they had lived before and worked, as well as their interests and hobbies were all included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- People and those close to them were involved in the development and review of their care plans. A relative said, "Communication is good; they know me by my name; they look after him (relative) very well."
- Daily records were kept by staff. Records included personal care given, well-being and activities joined in.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs.
- People could participate in some group or one to one activity. The provider employed an activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service's notice board. People were offered individual support according to their needs and choices. There were activities such as fan making, quiz, singalong, word search, colouring, memory photos, singer (external entertainer) and crafts, amongst others.
- A relative said, "They have a garden and we have barbecues." Another said, "They take mum outside and this is a really good thing. Mum has her hair done every 15 days. They see a chiropodist; they have entertainment and a sensory room. They invite us for barbecues and lunch. They have activities for residents everyday"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were not in easy read or pictorial formats, which meant that some people such as people who had recently being diagnosed with onset of dementia might not be able to understand them in future. The service was looking to develop easier to read information to help people who had recently being diagnosed with onset of dementia to be able to understand their care plan.
- The complaints policy in place was also available to people in different formats such as large print.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a

complaint and what people could expect to happen if they raised a concern.

- The complaints process was displayed in one of the communal areas in an easy to read format, so all people were aware of how to complain if they needed to.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had three complaints on file since we last inspected. These were resolved satisfactorily. For example, a complaint from a relative about the cleanliness of a room. This was resolved the same day.
- A relative said, "I complained once about a staff's attitude when I found mum still in bed, lying flat and my complaint was instantly resolved." Another said, "I made a complaint once. Anything you express; the manager acts on it. They changed the staff immediately (after the complaint)." This demonstrated that the registered manager was proactive in their response to complaints.

#### End of life care and support

- The service was supporting three people who were at the end of their life. Support was provided in partnership with a hospice team, who led and coordinated the best personalised care for people who are at the end of life. This ensured that people received the right support in the best place possible, enabling them to make the most of the time they have.
- Staff had conversations with people and their relatives about end of life plans and people who had chosen to, had written plans in place.
- Staff had received end of life and palliative carer training. This would enable staff in meeting people's care and support needs.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they were able to speak with the registered manager anytime. One person said, "The manager does everything that helps." Another person said, "The manager is easy to get hold of. It runs smoothly."
- Everyone was aware of who the registered manager was. We saw the registered manager supporting people and staff members throughout our inspection. One person said, "The manager is very good."
- There continued to be a registered manager at Hazelwood. This was the registered manager, who was supported by the registered nurses and staff in the delivery of care and support to people. We observed that every member of staff acted in an open and transparent way in their reporting protocol. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff members found the registered manager supportive and approachable. Staff commented, "The manager is always helpful to us. They are always available. They are doing good as a manager and a great job"; "I found the manager very approachable, open and if you have problems, they will try and sort it out. Probably the best manager I have ever worked for. Their doors are always open." and "The manager is a really nice guy, they care so much for the people and staff. The manager understands people's needs. We get supported with training. We are lucky. The manager is very approachable."

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

- One person said, "I would recommend this place to friends because we are quite happy how I am looked after. I couldn't wish more."
- Relatives commented, "We know the manager. He is very approachable, very available"; "The management are welcoming and friendly. The manager comes across as someone who is improving the service" and "We would recommend this place without hesitation; 100%."
- Communication within the service continued to be facilitated through monthly meetings. These included, resident's meetings, staff, domestic and kitchen staff. We saw in meeting minutes that staff took time to listen to people and there were a lot of positive energy in the meeting.
- The provider had systems in place to receive feedback about the service, including an annual questionnaire in December 2018. These were sent to people living at the service, staff, health and social care professionals and relatives. All responses received showed that those who responded were satisfied with the service provided. Everyone who lived in the service stated they were happy with the service. The



questionnaire for people who used the service was in a user-friendly format, which made it easy for people to understand. Where relatives had raised an issue such as, 'the toilets are not always tidy', we saw records which showed that the registered manager had acted on this. The registered manager had reminded domestics and staff to check the toilets throughout the day and ensure they were clean.

- Relatives commented, "I would say that it is well managed here"; "Communication here is excellent. Yes, I would recommend the home to other families" and "I would definitely recommend this place and I am telling all my friends."

- A relative commented on carehome.co.uk, 'The home has been refurbished to a high standard recently. The Manager demands and obtains high standards from his carers in a calm and approachable manner. The residents are encouraged to participate in communal activities by 3 enthusiastic activity carers. I was able to leave after a visit knowing she was in kind hands in a secure environment.'

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

- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.

- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

- There continued to be effective systems in place to monitor the quality of the service. The provider had an audit system in place, which was completed monthly. All identified action plans had been completed by the registered manager.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager used these to improve service provision for people.

- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the director of care and operations. For example, one person who had frequent falls, which was identified by the audit had their medicine reviewed by the GP. This reduced the number of falls.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

- The management worked with funding authorities and other health professionals such as the dietician to ensure people received joined up care.