Care Quality Commission

Abholly (2008) Limited

Hartley Park Care Home

Inspection report

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Ratings

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

Overall summary

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

Hartley Park Care Home is a purpose built nursing home providing residential and nursing care for up to 66 people. On the day of our inspection 66 people were living at the home. Hartley Park specialises in care for older people who have mental health needs including people living with dementia. The home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 and associated regulations about how the service is run.

Summary of findings

On the day of our inspection there was a calm, friendly and homely atmosphere. People appeared relaxed and happy. People, their relatives and health care professionals all spoke highly about the care and support Hartley Park provided. One person said; "I am very happy here, it's just lovely." A relative told us; "Staff are always friendly, the care is so good, nothing is too much trouble." An independent mental capacity advisor (IMCA), commented; "Staff support people in the best way they can."

The environment encouraged people to be independent and promoted people's freedom. The design and décor of the building had been carefully thought out and took account of people's needs. People who were able moved freely around the building and its grounds as they chose. People were involved in decisions about proposed changes to further enhance their day to day lives.

Information we requested was supplied promptly. Care records were comprehensive and written to a high standard. They contained detailed personalised information about how individuals wished to be supported. People's preferred method of communication was taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a varied range of activities both inside the home and outside in the community. Activities were meaningful and reflected people's interests and hobbies.

Staff put people at the heart of their work, they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed. Staff focused on the person and not the task in hand. Staff were highly motivated, creative in finding innovative ways to overcome obstacles that restricted people's independence and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

The service had an excellent understanding of people social and cultural needs and how this may affect the way they want to receive care. Staff planned support in partnership with people and used personalised ways to involve people to achieve this and help ensure people felt valued. Innovative ways were used to help enable people to live as full a life as possible and enhance people's wellbeing.

Relatives and friends were always welcomed and people were supported to maintain relationships with those who matter to them. Staff were well supported through induction and on-going training. Staff were encouraged to enhance their skills and professional development was promoted. A staff member said; "Training is so good, we are supported to provide a high standard of care to people."

Staff understood their role with regards the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. People told us they felt safe.

People knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Hartley Park's own policy. Learning from incidents had occurred and been used to drive improvements.

Staff described the management as very supportive and approachable. Staff talked positively about their jobs. Comments included: "It's such a great place to work, I enjoy it so much, it's all so friendly, everybody gets along" and "The manager is part of what makes working here so good, so supportive and kind, I love my job."

There was strong leadership which put people first. The service had an open culture with a clear vision. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to come up with innovative ways to improve the quality of care people received. Staff felt listened to and empowered to communicate ways they felt the service could raise its standards and were confident to challenge practice when they felt more appropriate methods could be used to drive quality.

People's opinions were sought and there were effective quality assurance systems that monitored people's satisfaction with the service. Timely audits were carried

Summary of findings

out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home.

Summary of findings

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. Skilled staff recognised when people felt unsafe and had the ability and knowledge to act quickly and keep people safe.

The service was creative and innovative in the way it involved people and respected diverse needs. Staff continually sought ways to improve their practice and challenge discrimination.

Staff had received appropriate training in the MCA and the associated Deprivation of Liberty Safeguards (DoLS). Staff displayed a high level of understanding of the requirements of the act, which had been followed in practice.

Risk had been identified and managed appropriately. Staff showed empathy towards respecting people's lifestyle choices. Imaginative ways were used to carry out assessments in line with individual need to support and protect people.

The service actively sought out new technology to reduce restriction placed on people's lives. Innovative ways were used to help ensure people had a full meaningful life.

Is the service effective?

Outstanding

The service was effective .People received care and support that met their needs.

Staff were motivated to provide a quality service through a support system that encouraged the development of the knowledge and skills required to deliver outstanding care.

The service worked in partnership with other organisations to make sure staff were trained to follow and contribute to the development of best practice.

Strong emphasis was placed on eating and drinking well. People had their needs met by staff who went out of their way to meet people's preferences and were supported to maintain a healthy diet to significantly improve their well-being.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff had an excellent understanding of how people wanted to be supported.

Staff used innovative ways to help people feel valued.

Activities were meaningful and were planned in line with people's interests.

Summary of findings

Is the service well-led? The service was well-led. There was a positive culture in the service. Management were approachable and defined by a clear structure. The service worked in partnership with other organisations and used research to improve practice and provide a high quality service. Quality assurance systems drove improvements and raised standards of care. Innovative systems were promoted and implemented regularly to provide a high quality service. People were placed at the heart of the service. The service had clear values that they promoted to staff. Strong emphasis was placed on continuously striving to improve and recognised quality accreditation had been accomplished.	**Outstanding**

Care Quality Commission

Hartley Park Care Home

Detailed findings

Background to this inspection

This inspection was unannounced, which meant the provider and staff did not know we were visiting. At the last inspection on 25 April 2014, we did not identify any breaches of legal requirements.

The inspection was undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 14 people who used the service, eight relatives, the owner, the registered manager and nine members of staff. We also spoke with three health care professionals, a district nurse, a physiotherapist, a speech and language therapist and one independent mental capacity advocate (IMCA), who had supported people within the home.

We carried out a Short Observational Framework Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the premises and observed how staff interacted with people throughout the day. We also looked at nine records related to people's individual care needs, four staff recruitment files and records associated with the management of the service including quality audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the MCA was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us; "It is lovely here, I feel very safe." A relative said; "[My relative] is safe and secure, well looked after." A physiotherapist commented they were impressed with the way a person had been encouraged to mobilise independently and safely by the staff at the home.

People were supported to take everyday risks. We observed people move freely around the home and its secure gardens. People made their own choices about how and where they spent their time. One person told us; "After a large meal, I like to walk around outside to aid my digestion." Where possible, people were encouraged to go out independently into the local community. For example, one person who lived with dementia, enjoyed bus trips and outings without staff support. A risk assessment recorded concerns raised by the family and noted actions to address the risk and allow the person to maintain independence. For example, the home utilised technology to support this person's lifestyle choice. The person carried with them a global positioning system (GPS) personal alarm when they left the home. This informed people of their location should the person not return to the home at the time they informed the staff they would. This respected the person's right to freedom and helped keep them safe.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager was up to date with the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications had been made. They evidenced the registered manager had followed the correct processes and listed all the professionals and family involved in the decision. The decision was clearly recorded to ensure staff adhered to the person's legal status and helped protect their rights. An independent mental capacity advocate (IMCA) told us; "The home sourced our services appropriately and supported the person very well."

The home had an up to date safeguarding policy. Records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. Staff felt any reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member told us; "If I saw staff doing something not right I would tell the manager and be confident they would do something." Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately.

The home had three different units over three floors. Each unit provided different levels of care ranging from social care to end of life care needs and was run by a suitably qualified manager. The registered manager told us, staff were assigned to each unit on a day to day basis, dependent on the needs of the people and the skill set of the staff on duty. There were enough skilled and competent staff to help ensure the safety of people. Care and support was given in a timely manner. For example, an incident took place where a staff member pressed an alarm to summon help for a person who had become unwell. We saw five staff arrived immediately to provide support. Another example occurred, when we accidently set an alarm off in a person's bedroom by stepping on a pressure mat, a staff member arrived promptly to help. Staff told us there were always enough staff on duty to support people. Comments included: "Staffing levels here are really good, I always feel there are enough staff." and "I believe there are enough staff and without doubt staff have the right skills, there is a good mix of staff here."

Staff were knowledgeable about people who had behaviour that may challenge others. Care records where appropriate contained 'Distressed Reaction Monitor forms'. These forms were used to record events before, during and after an incident where a person had become distressed. The information was then reviewed to consider if there were common triggers and the action taken to defuse the situation was noted to allow learning to take place. The incident was then logged in the persons care record and discussed with staff during daily handovers. Staff told us they were encouraged to share detailed information to help keep people safe. We observed one person got very

Good

Is the service safe?

anxious when another person passed by them. We saw staff reacted promptly, they recognised early signs the person had become anxious. Staff used diversion techniques and de-escalated the situation before people's safety could have been at risk.

Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Staff files contained evidence to show where necessary, staff belonged to the relevant professional body. For example, one file relating to a qualified registered nurse, contained confirmation of their registration from the Nursing and Midwifery Council. The registered manager told us in addition to this, the home had a system that flagged when registration had expired so checks could be carried out to ensure it had been renewed. This showed the provider checked with the relevant professional body that the staff member had the skills and qualifications necessary to perform and carry out safe practice under the title they used.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at ten medicines administration records (MAR). We noted all had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged. Staff were knowledgeable with regards people's individual's needs related to medicines. For example, one staff member told us how one person, because they did not wish to get up early, had their morning medicines administered in the afternoon. This had been appropriately agreed with the GP.

People's complex needs with regards to administration of medicines had been met in line with the MCA. Some people had been assessed that it was in their best interests to have their medicine administered covertly. The MCA states, 'If a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests'. Care records showed the correct legal process had been followed. Family and health and social care professionals had been appropriately involved and a detailed risk assessment had been completed for each individual medicine they took. This informed staff how each medicine was required to be administered and was regularly reviewed to ensure it met current needs. For example, one person was given medicine covertly in chocolate as this was deemed to be in their best interests. The staff member understood the need for this action to be taken. We observed the staff member, watch discretely as the person consumed the chocolate in order to ensure the person had taken their medicine and they could update the MAR correctly.

The PIR highlighted the homes quality audit on medicines management had identified a concern regarding medication administered in liquid form. The audit concluded that spillages had not been documented in line with policy and procedures. It noted improvements had been made. We found new checks had been implemented. Staff checked and recorded liquid medicines upon receipt into the home. Staff had recorded spillages and additional audits had been conducted to confirm further errors had been prevented.

Outstanding

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated; "The staff are all so good, I'm well looked after." A relative said "My Dad is beautifully looked after, the staff really know what they are doing, the carers work with us and get to know Dad well." A healthcare professional told us; "Staff I have spoken with were knowledgeable about the person I was supporting, they listened and seemed to understand the importance of what I was explaining and what positive impact it could have on the person."

Staff confirmed they received an in-depth induction programme and on-going training to develop their knowledge and help enable them to follow best practice. They told us this gave them the skills to carry out their duties and responsibilities in order to effectively meet people's needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A member of staff told us, "The induction process gave me the skills I needed to provide care for people. I was paired with others so I could learn, it was so good and all at my own pace. It made me feel confident." The registered manager told us, training for each staff member continued throughout employment to aid development and enhance staff skills. Some training had been sourced from organisations that provided sector specific training to help ensure staff followed current best practice. For example, nearby Mount Gould Hospital had been used to provide safeguarding training to staff. Mount Gould has a professional training and development department and use experienced health and social care professionals to deliver training programmes. They also sourced end of life training from St Luke's hospice. St Luke's are the local specialists in end of life care.

The registered manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals. Staff confirmed this. For example, one staff member told us, "I wanted to do my NVQ3, I asked if I could and I am being supported to achieve this." Another said, "I have been supported to attend an access to nursing course, my work rotas were even changed to support my study."

Supervision was used effectively to support staff to develop their skills and improve the way they cared for people. A unit manager told us, supervision was a two way process, used as an important resource to support and develop staff and drive improvements. Open discussion provided staff the opportunity to account for their performance, highlight areas where support was needed and encourage ideas on how the service could improve. The unit manager described one situation that occurred when a new member of staff struggled to satisfactorily complete their probationary period. They said; "You could tell the person just had it, supervision helped identify gaps in their knowledge, which was supported by additional training. Their probationary period was extended. The person is now one of our best carers."

Staff told us, daily handovers and supervision helped them feel supported and encouraged learning to take place. For example, handovers gave them an opportunity to read people's files and discuss people's change in needs. One staff member told us, they had returned to work after a long period of time off and were nervous about carrying out their role effectively. They explained how through supervision they were helped and supported to regain their confidence. They said; "I was given time to shadow other staff until I felt ready, this made me so happy."

Research was used to promote best practice. Care plans evidenced how tools based on proven research were used to help measure and assess how people could be supported to receive effective care. Examples included; the Abbey Pain Scale, which was used to measure pain in people who lived with dementia and could not verbally tell people when they were in pain and the Cornell Scale for Depression in Dementia, which was used to assess for signs and symptoms of depression which can be common for people living with dementia. Staff told us these tools helped promote quality of life for people who were not always able to express their feelings. For example, one person's 'personal communication sheet's evidenced different techniques staff had used to ascertain if the person was in pain or not. The outcome both positive and negative of their actions had been recorded to create a personalised meaningful assessment. This was then used to promote their wellbeing and to make sure staff could respond promptly if the person showed any signs of pain. These tools were monitored and updated monthly. This helped staff assess change in needs and plan care appropriately.

We shared a meal with people and observed practice during the lunch time period. People were relaxed and told

Is the service effective?

us the meals were nice, hot and of sufficient quantity. Comments included; "Delicious"; "The food is very good." and "I can't find fault, ample amount and tasty." People were given a choice of meals and asked where they would like to eat. Some people decided to eat their meal in their room whilst others preferred to sit in the dining area. We saw people were not rushed, but supported to have enough to eat and drink. We noted some people had chosen a meal but did not wish to eat it. These people were gently spoken with and offered an alternative. Two people were assisted with their meal by staff. Staff engaged with the people and supported them appropriately. A relative said, "When my Mother was at home she would not eat many things […] here she eats everything."

Meals were appropriately spaced throughout the day and flexible to meet people's needs. We were told consideration had been given to research on how food intake spread evenly during the course of a day could lessen the risk of falls in people living with dementia. We saw fresh fruit was made available at all times. People told us if they were absent from the home over a mealtime period, they would be offered a meal on their return. If a person was required to attend a hospital appointment they were given a packed lunch and a flask of drink to take with them.

People's views about their food preference were sought and listened to. A customer survey noted people felt food could be more varied. As a result of the survey, a resident coffee morning had been held to discuss people's preferred food and drink choices. A menu was created and put out on each floor for people and their relatives to feedback on. One person told us, they had made a meal suggestion and it had been implemented into the menu. The cook told us how they were able to spend time talking with people who had complex needs. They would discuss the menu, go through what they could and could not have due to their medical condition, and offer a choice. They said the provider was very open to what food could be provided to ensure people's choices were respected.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record showed when staff sought advice and liaised with a speech and language therapist (SALT). An assessment had identified a potential choking risk. A fork mashable diet had been advised to minimise the risk. This had been regularly reviewed to ensure it met the person's assessed need. Records showed that, since the original assessment, the person's risk of choking had been decreased. Through staff support and regular monitoring, the person had gone from a fork mashable diet to only requiring supervision with eating a normal diet. High risk foods had been identified and recorded so staff knew which foods to avoid, helping prevent a future risk of choking. A SALT told us; "They followed my advice, they gave the person the right consistency of food as per my assessment and did not just give them pureed food, which was good. They had well documented notes that were easy to follow, they dealt with it all very well."

Care records showed health and social care professional advice had been obtained regarding specific guidance about delivery of certain aspects of care. For example, a physiotherapist had been contacted about a person's mobility following a stroke. The physiotherapist said; "I'm impressed with the home, they followed my advice and the person progressed significantly."

Records showed staff had made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. For example, a communication record showed where an out of hours GP had been contacted after a person communicated they had head pain. Later that day an ambulance had been called when staff observed the same person holding their head. Finally the following morning staff through their close monitoring of the person and increasing concern for their wellbeing, requested a GP visit. The person underwent a full medication review to assess their needs and a positive outcome was reached.

Adaptations had been made to the interior of the building and signage and decoration had been added to meet people's needs and promote independence. Corridors had themed rest stops along them. Placed at each rest stop were items to look at, use and touch that took into account people's needs and provided stimulation. Pictures were placed on walls to evoke memories. Items related to each picture were attached for people to feel. For example, underneath an animal picture was the fur of that animal. Other pictures were used to spark reminiscent thoughts. Each depicted a person or television programme from the era of people living in the home. Push buttons under them played music or voices connected to the theme of the picture when pressed. We observed that clear signage aided people to find their way around independently and seating which was laid out to provide natural walkways

Outstanding

Is the service effective?

encouraged people to access places that promoted there independence. For example, chairs created an easy access route to the gardens. We saw people enjoyed the comfort of the garden and were freely able to come and go as they pleased.

The gardens were secluded and secure. There were several places for people to sit and spend time alone or with each other as they chose. The registered manager told us about proposed changes to the outdoor area to enhance people's day to day lives and encourage more people to enjoy time outside. People had been involved in decisions about how the new environment would look. A consultation project that included, coffee mornings, pictorial plans and a guided tour of the garden, encouraged people to voice their preferences. A summer house, vegetable garden and a fountain were amongst the agreed changes to be made. The registered manager commented that these adaptations, reflected people's needs and choices and helped promote physical and emotional well-being.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. Comments included; "The carers are kind, use a nice tone of voice and know all our foibles."; "The staff are very attentive." and "They are very gentle and kind." A relative said: "Staff are both kind and caring, they take time to sit and chat, find out about the person." A comment on a recent customer survey form read; "You go the extra mile to provide a loving, caring, supportive place for residents." A district nurse told us; "I always get a really nice feel when I visit the home, staff have a very caring way about them."

We observed staff interacting with people in a caring manner throughout the inspection. For example, one person called out for help as they walked along a corridor. A member of staff stopped what they were doing, helped the person to sit, comforted them and offered them a drink. Another staff member was demonstrating how to make cheese straws. They knelt down individually with people, gained eye contact and using a gentle tone communicated with each person to engage them thoroughly in the activity.

People's needs in terms of their disability, race, religion or beliefs were understood and met by staff in a caring and compassionate way. Care records contained sensitive information about people's cultural needs regarding their end of life plans. Detailed notes explained exactly how staff would make sure a person's wishes would be respected. For example, a senior member of staff explained how in accordance with their faith, they had recently carried out a person's wishes following their death. This included particular attention to specific religious practices which the staff ensured they followed at all times. The family fed back how pleased they were in the way the home respectfully carried out their relatives wishes in such a dignified way.

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us: "We get to spend time talking with people and get to know them." and "People are well cared for here because we know them and we know what they like." A relative said; "Staff know people really well, that is one of the best qualities of this home."

People told us, staff listened to them and took appropriate action to respect their wishes. One person said; "I get up when I want, I go to bed when I want, it's my choice." Arrangements were in place to make sure, where able, people were involved in making decisions about their own care. Care records contained 'Personal Communication Sheets'. These were used to provide in-depth guidance to staff to aid communication with people living with dementia. The plans were individualised, reviewed monthly and contained detailed techniques that helped enable people to express their views. For example, the use of real objects to offer choice; what facial expressions meant; how nodding or shaking of the head was or was not reliable; tone of voice and use of short simple sentences.

The PIR informed us and the registered manager confirmed that where appropriate people were supported to access advocates. Advocates are used to speak on people's behalf to make sure decisions about care, treatment and support were made in a person's best interests. For example, a person had been assessed as lacking capacity to make the decision about how they could have their needs met. An independent mental capacity advocate (IMCA) had been used to determine how best the person could be cared for. The IMCA told us; "They were able to make the person comfortable and reduce their anxiety, they supported the person to have as much choice as they could, nothing was too much trouble." and "Staff spent quality one to one time with the person, they did the best they could."

Staff promoted people's independence and respected their privacy and dignity. We saw staff knocked on bedroom doors and awaited a response before they entered. Staff greeted people respectfully and used people's preferred names when supporting them. Staff told us how they maintained people's dignity and independence. One staff member explained a person had a seizure whilst they supported them to get dressed. They said; "I pressed the alarm to get help, then I straight away covered the person up to respect their dignity." Another commented on how they encouraged people to be as independent as possible. Practice was not task focused but people led. For example, one member of staff told us; "It is so important to let people do what they can for themselves. If somebody can dry themselves and they want to, even if it takes longer, that is what they will do."

Staff showed concern for people's wellbeing in a meaningful way and responded to people's needs quickly. We observed one person become unwell whilst in the lounge. Staff assisted the person immediately. A nurse was

Is the service caring?

called and following an assessment the person was transferred appropriately to their bedroom where they rested. Staff showed an in-depth appreciation towards the person's dignity and took action without causing unnecessary concern or distress to others in the lounge. Staff then carried out five minute observations to monitor the person as they recovered.

Friends and relatives were able to visit without restriction. The PIR detailed the service's open door visiting policy and explained how the environment offered a choice for people to meet in the company of others or in private dependent on their choice. People told us they were supported by staff to have frequent contact with friends and relatives. One person stated; "The family were invited to come in for Christmas lunch which was lovely." A relative said; "We visit at all times of the day and are always made to feel welcome." A customer survey comment read; "It is always a pleasure to visit here." A staff member told us how they had built a relationship with one person. Discussions took place regarding the persons close family and the fact they had lost touch. The staff member helped them get reconnected with their relatives and supported them to meet up and stay in contact once again.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with person centred care and were regularly reviewed to respond to people's change in needs. A staff member said; "We are given time to spend with people, to really get to understand their needs, I know people really well."

People were supported to follow their interests and take part in social activities. For example, one care record stated a person where possible, liked to join in with activities that matched their interests. Daily notes contained activity charts that evidenced this had been respected. We saw this person was encouraged to partake in a meaningful activity that reflected their individual preference during our inspection.

People were supported to have as much choice and control as possible. For example, the registered manager told us about one person whose first language was not English. Whilst the person was able to express his day to day needs, staff had shown concern that communication difficulties meant they could not ensure they were fully taking into account the person's needs. The registered manager arranged for a chaplain who spoke the person's first language to visit the home whenever needed and act as an interpreter. Conversation took place and the person was able to be involved in how their needs could be met, what their strengths were and how they could obtain a good quality of life. A staff member told us; "We were concerned the person was showing signs of becoming withdrawn. Getting somebody into the home, who was able to find out exactly what the person wanted in terms of support, really helped us as staff provide good quality care for them."

People received personalised care that was responsive to their needs. For example, one staff member had the skills to use sign language to communicate with a person with sensory impairment. This meant their individual interests, personal preferences and views about how they wanted to be supported could be obtained. We observed the member of staff supporting this person. They used sign language to ensure the person got the drink they wanted when they needed it. A staff member said; "It is so important that regardless of a person's disability, they are still able to have control over the support they receive. We use all sorts of methods, writing things down, pictures or even real life objects to help people express themselves."

Individual needs were regularly assessed so that care was planned to provide people with the support they needed, but ensured people still had elements of control and independence. The PIR informed us, staff were expected to not only identify problems during in-depth assessments, but be empowered to help solve them. For example, one person who liked to remain active and mobile, had been assessed as being at high risk of falls. They were advised about mobility equipment that could be used to aid their safety. The person decided they did not wish to use any of the equipment offered. This could have had a negative impact on their wellbeing. Staff reflected on the person's personal history and came up with an innovative idea for an adapted mobility aid. The idea being the person may be more inclined to accept using something they could relate to from their past interests. The person responded in a positive manner. This maintained the person's independence and provided the element of support they needed. We saw the person used the aid to mobilise freely around the home as they chose.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. The home had their own bus that could accommodate up to nine wheelchairs at a time. People enjoyed picnics on the Hoe, shopping trips, visits to local centres of interest and meals out. A staff member told how last Christmas over half the people living in the home had been supported to have Christmas dinner at a nearby public house. They stated; "It was wonderful, all the locals joined in with the residents and everyone had a great time."

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The policy was placed in each individuals service user pack and clearly displayed in several areas around the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, confirmed the issues were dealt with to their satisfaction without delay. A relative told us; "I know how to complain, but I really don't see I would ever have a need to." A district nurse said; "I really have no concerns when it comes to Hartley Park."

Good

Is the service responsive?

We looked at four formal complaints made to the home. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Hartley Park's own policy. Appropriate action had been taken and the outcome had been recorded and fed back. The registered manager told us, they used monthly audits to monitor concerns and complaints. Appropriate action was then taken to improve their service and raise standards of care. For example, one audit highlighted several relatives had raised concerns around staff's ability to manage people's behaviour that challenged them. The registered manager set up a group that relatives could attend. The idea was to raise awareness of how living with dementia can affect people and provide relatives with the knowledge required to help understand people's behaviour and staff's actions. As a result concerns raised around staff practice had been reduced and staff felt more competent in their role.

Outstanding

Is the service well-led?

Our findings

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable." and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The management are supportive, they come out onto the floor, they're not just stuck in their office."

The provider, the registered manager and the three unit managers took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The PIR informed us, and the registered manager confirmed, the service measured their performance against recognised quality assurance schemes. These included, six steps, an end of life care strategy programme, dementia quality mark and investors in people. This helped ensure best practice was used when staff carried out their duties.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the high quality service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. We saw through the systems that had been implemented, these ideas had been acted upon with success. For example, staff had designed a fluid chart aid to improve practice. The aid detailed clearly the exact amount of fluid each drinking vessel used by a person held. Staff told us, this enabled them to monitor and record a person's fluid intake more accurately and helped them to identify a risk of potential dehydration occurring. The registered manager also told us how staff had been involved with and created the new in-depth induction programme. Feedback from new recruits and existing staff members had resulted in a complete overhaul of the previous programme. Staff confirmed the new process provided them with the knowledge and skills they needed to meet people's needs.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and Relatives meetings were regularly held and surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of the new resident handbook and made suggestions for fund raising activities. People had meetings to discuss specific topics. For example, what outings they would like to go on, creating their own menu and activities within the home. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions.

Staff meetings were regularly held to provide a forum for open communication. Agenda items for a recent staff meeting included; Do you want your voice heard, make change and a real difference and opportunity driven by staff. Staff told us they were encouraged and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had recently questioned the necessity to complete certain forms during their working day. They said; "I felt listened to, although the process could not be changed, the manager fed back why and I now I have a better understanding behind the reason we need to do certain things." Another member of staff commented; "I raised a concern, the manager took my comments on board, spoke with staff and I've noticed change already."

Information following investigations were used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. For example, alarmed sensor pads on people's floors had previously been standard practice. Staff noted a high level of incontinence recorded at night. Investigation concluded people were worried about getting out of bed and setting the alarm off. As a result, practice had been changed and pressure mats were now not standard practice, but individually assessed.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A speech and language therapist said, "We are consulted by the service for advice

Outstanding

Is the service well-led?

on current safe practice, in my experience the advice given is always followed." An independent mental capacity advocate stated; "Communication is very good, staff are well led."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "This place is brilliant, management care so much as do the staff, everybody knows their role and the atmosphere is amazing.", "I'm made to feel important, I'm constantly encouraged to always better myself." and "I love it here, I was given this opportunity to make a difference in people's lives and I'm so thankful for the manager for that."

The registered manager told us people were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example, the registered manager had introduced an innovative staff performance tool. Staff could be nominated by their peers and be acknowledged for excellent work. Staff expressed the same vision and communicated a want to better their knowledge and skills. A unit manager said "Staff are encouraged to really think outside the box, be creative and come up with imaginative ways to improve the service." We saw examples of this throughout our visit including, people being supported to carry out tasks within the home that reflected their previous employment history, interests and hobbies. These personalised tasks had been designed and suggested by staff to give people a sense of self-worth and purpose and reduce people's anxiety and agitation.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, a medicine administration audit identified medicine given in liquid form had not been accurately recorded in line with the homes own policy. As a result medicine training for staff had been updated, a staff meeting had been arranged to raise awareness and spot checks had been carried out to ensure accurate recordings were made.

The PIR detailed how the registered manager used research and reflective practice to help ensure they continually sought ways to improve. For example, the registered manager documented how they had used the results of a Department of Health's funded project, the 'Care Homes Use of Medicines Study' (CHUMS), to minimise the risk of people experiencing medicine administration errors. They also described how they used dementia care research undertaken by Tom Kitwood in 1997 to increase staff understanding of person centred care. The research was used to help raise staff awareness on how a person's social and physical environment and biography and personality could be used to improve quality of life and well-being.

The registered manager informed us they had secured a grant from the local authority to fund a garden project. The registered manager had used a research programme conducted by Dr Susan Rodiek, titled, 'Access to nature' to evidence the positive impact an outside environment can have on the physical and social well-being of people living with dementia. They detailed how the smell of fresh air and plants can stimulate areas of the brain which research indicated helped to reduce anxiety and stress. They had formed links with a local voluntary group of young people who had pledged to help work in the garden. The registered manager told us they felt this would help raise awareness, reduce young people's fears and misunderstanding of people living with dementia and remove discrimination that people living with dementia often experience. Consultation had also been extensively undertaken with people, those who mattered to them and staff. This ensured the garden would reflect people's current needs, choices and preferences.