

Hooklands Limited

Hooklands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hooklands Care Home provides accommodation with personal care for people over the age of 65. The service is registered to accommodate up to 27 people and was providing personal care to 23 people at the time of the inspection. People have a range of care and support needs including diabetes, epilepsy and some people are living with dementia and the frailties of old age. Any nursing needs were provided by community nursing services.

Hooklands care home is a detached house located in a residential area of Bracklesham Bay. The service has been adapted over three floors.

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

Risks to people's safety had been assessed, and actions taken to mitigate them. People's care plans detailed health needs and reflected the personalised care which was being delivered. One person told us, "They do a good job looking after my health."

People and their relatives were happy with the care they received and felt safe with the staff that were supporting them. People were safeguarded from situations in which they may experience harm. Staff knew how to identify potential harm and report concerns. People received their medicines safely from staff trained to administer them. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

The culture of the service was positive, and people, relatives and staff were complimentary of the management and provider. Comments included, "Staff are listened to by the registered manager and they (the provider) phones every day and comes in regularly to ask how things are going." And "Very approachable and nice. Always available. Can't fault them at all." Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect. People and relatives described the staff as caring and thoughtful and said they were treated with care and kindness. Feedback about the service from people and those close to them was positive.

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 expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. At the time of the inspection one person was living at the service who had a learning disability. Staff were receiving training about communication and support for people with a learning disability. We spoke with the person, who told us they were pleased with the care and support they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 26 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hooklands care home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hooklands Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hooklands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Hooklands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and three relatives of people who use the service. We spoke with eight members of staff including the providers, registered manager, head of care, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including accident/ incident reports and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from four health professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People and their relatives told us they felt safe and could to speak to the registered manager if they had any concerns. One person told us, "I do feel safe, staff treat me well." Another said, "I feel very safe here, all the staff help me."
- Staff received training and demonstrated their knowledge of the safeguarding policy to prevent the risk of abuse to people. Staff understood their role in the prevention and reporting of potential abuse and told us they would speak to the registered manager if they had any concerns.
- The registered manager and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- People received appropriate support to manage health related needs such as diabetes, Parkinson's disease and dementia. We observed people received their fluids and meals at the correct consistency to mitigate their risk of choking. People who needed it had their fluid intake monitored to reduce the incidents of urinary tract infections. The registered manager told us Infections were at a low level and were picked up quickly when they did occur.
- People had assessments of their needs carried out prior to admission and these formed the basis of their ongoing care plans. Where needed, people had falls plans and choking plans developed from the initial assessments or changes in their needs that happened during their stay at the service.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.
- Lessons were learnt when things go wrong, for example, when a person had a fall, the causes were investigated and action taken to reduce the risk with the use of aids and equipment such as falls sensor mats and pressure stockings.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were protected by safe recruitment processes. There were enough staff on duty. A review of staff rotas showed that staffing hours were consistent and provided a mix of staff skills. One relative told us, "There always seems to be enough staff and they respond quickly."
- The provider carried out checks such as Disclosure and Barring Service (DBS) status. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. They obtained suitable references, previous training and experience, up to date information about staff's eligibility to work in the UK.
- People received care and support in a timely way. We observed staff taking the time to sit and talk to people. People told us they liked the staff and we observed friendly, respectful and light-hearted conversations between people and staff.
- Relatives told us that staffing was consistent and staff knew people well. One relative said, "My mum tells me how lovely the staff are, she calls them her angels."

Using medicines safely

- People's medicines were safely managed. Staff were storing, recording and administering medicines accurately. Medicines were given by staff who had been given training and supervision to help make sure they did this safely.
- We observed people being supported to know what medicine's they were being offered and individual needs were met. For example, one person needed to have a thickened drink to help swallow medicine. Staff carried out these tasks with care and attention.
- Medicine stock control systems were operating effectively to allow staff to know how much medicine was being kept in the service and avoid having too much or too little stock of medicines being stored. Excess or unused medicines were disposed of safely via the local pharmacy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection in March 2019, the provider failed to have effective systems in place to check the quality and safety of the service. Records were not always recorded or updated. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Staff demonstrated a detailed understanding of people's needs and risks were well managed. Risk assessments identified risks and gave guidance to staff about how to mitigate risk.
- People and their relatives told us that care and support were person centred. We observed this in practice. Care plans recorded people's health needs clearly. Health was monitored and actions taken when needed. For example, a person having more seizures than usual, triggered a test for a urinary tract infection, from which health intervention was sought.
- A range of audits had been completed which included checks on moving and handling equipment, health and safety audit, incident and accident reports and medicines. This ensured good governance of the service and continued service improvement.
- The registered manager understood their responsibility to notify us of significant events, as they are required to by law. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance. One professional told us, "Both the registered manager and the provider are approachable and I found them to have a friendly open and honest approach to their business and the people they look after."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt. For example, changes were made to staff deployment following an incident.
- Staff told us communication was good and they were kept up to date. Staff felt able to speak to any of the management team, they knew how to whistle-blow and felt confident they would be listened to. We observed a pleasant and friendly atmosphere among people, the staff and managers.

- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Records showed safeguarding concerns had been reported to the local authority and CQC in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service focused on providing person centred care and support. Staff knew information about people and their preferences about how they liked to be supported. One person said, "They (staff) are nice, I don't need a lot of help but when I do, they help me."
- People were encouraged to make decisions about the care they received. People told us that they were asked what they wanted, they felt listened to and were given choice and control in the way their care was delivered. For example, a relative told us, "I often hear staff talking to people, they are respectful and ask what people want".
- Relatives told us they were kept up to date and involved in their loved one's care. One relative said " There is good communication, any issues they tell me. Care is very good. I'm always involved in decisions."
- We observed people being offered choices such as food and drink and what activities they wanted to participate in. One staff told us, "We always offer choice, people need to be listened to and treated equally."
- There were positive relationships between people and staff; interactions were warm, friendly and respectful. Relatives told us staff treated their relatives with kindness, compassion and knew them well.
- People felt able to raise concerns. The service had a complaints procedure, and relatives said that they knew how to complain and who to complain to.

Continuous learning and improving care

- Staff told us that incidents and accidents as well as people's physical and emotional needs were discussed at handovers. They said this helped them to think about changes they could make to improve the care.
- The registered manager explained they called staff together if there had been an incident or accident straight away to discuss and put in place lessons learnt actions, rather than wait for the next meeting or monthly audits.
- People and their relatives were surveyed to seek their views. The registered manager produced a report with actions taken or planned as the result of feedback. For example, additional complaints procedures were put in people's rooms and in the newsletter to aid people to have greater access to the procedure.

Working in partnership with others

- The service worked in partnership with other agencies. These included healthcare services. There was evidence of healthcare professionals visiting the service in addition to undertaking telephone consultations.
- Visiting professional's fed back that the service worked well with them. One said, "The current Manager seems very competent at their job. The staff are aware of my appointment and on arrival update me on any residents which may need special attention from their observations and of any new residents that need may need attention."

Another told us, "The registered manager has developed a good professional team around her and they know their very complex patients very well."

- Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.

