Home of Comfort for Invalids

Home of Comfort Nursing Home

Inspection report

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Date of inspection visit:
10 November 2016

Date of publication:
07 December 2016

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

This comprehensive inspection took place on 10 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. Home of Comfort Nursing Home is registered to provide accommodation, support and nursing care for up to 30 people. At the time of the inspection, there were 27 people living at the home.

At the last inspection on 23 December 2013 we found the service to be compliant with all regulations we assessed at that time.

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

People living at the home said they felt safe. The visiting relatives we spoke with also said they felt their family members were safe as a result of the care provided.

We looked at four staff personnel files and there was evidence of robust recruitment procedures in place.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. Staff told us they felt staffing numbers at the home were sufficient. People living at the home also said they felt there were enough staff working at the home and did not have to wait long periods for assistance.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. The staff we spoke with had a good understanding of safeguarding, abuse and how they would report concerns.

We saw people had risk assessments in their care plans in relation to areas including falls, pressure sores, and malnutrition.

Accidents and incidents were recorded correctly and included a record of the accident or incident, a summary chart and action plan.

The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use. Comprehensive records were in place and up to date regarding the safe upkeep of the premises.

Monthly infection control audits were in place and included areas such as furniture, bedrooms and the general environment and equipment. Personal protective equipment (such as gloves and aprons) were available throughout the home. Cleaning schedules were in place and up to date. The premises were clean

throughout and free from any malodours.

There was an up to date a fire policy and procedure. Fire safety and fire risk assessments were in place and fire evacuation drills were carried out regularly and staff attendance recorded to ensure all staff undertook regular drills.

We observed staff administering medicines and saw that people were given their medicines as required. Staff who administered medicines had all completed appropriate training in the safe handling of medicines. Records of medicines administration (MAR's) had been completed consistently and accurately.

People had medication care plans in place which included their photograph to assist staff with accuracy of administration, GP details, details of currently prescribed medicines, if a specific eating regime was in place such as a soft diet, daily nutritional intake charts, and a MAR chart. There were safe systems for ordering, receiving, storage, administration and disposal of medicines.

People told us they felt staff had the sufficient skills, knowledge and training to care for them effectively.

Staff told us they received an induction when they first started working at the home which gave them a good introduction to working in a care environment.

Comprehensive staff training records were in place and staff had completed training in a variety of other areas relative to their job role The staff we spoke with said they received sufficient training to help them undertake their role effectively.

There was a staff supervision schedule and annual appraisal schedule in place, which identified meetings during the year.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was complying with the conditions applied to the authorisations. Staff demonstrated a good understanding of MCA/DoLS and told us about when they felt a DoLS authorisation might be required.

Staff were aware of how to seek consent from people before providing care or support and told us they would always ask before providing care. People living at the home told us staff always sought their consent before delivering care to them.

People we spoke with told us the food provided at the home was of a good quality. People had nutritional care plans in place and care plans also contained records of visits by other health professionals. Special diets were catered for, food allergies were recorded and people had nutrition and hydration care plans in place.

There were some adaptions to the environment, which included pictorial signs on some doors which would assist people living with a dementia.

Staff showed patience and encouragement when supporting people. We observed people were treated with kindness and dignity during the inspection. Care staff spoke with people in a respectful manner.

The people we spoke with told us they received good care whilst living at Home of Comfort and described the staff as kind and caring. People said they felt treated with dignity, respect and were given privacy at

times they needed it. Staff were also able to describe how they aimed to treat people in this manner when delivering care, telling us it was extremely important. We saw that the care staff knocked on people's bedroom doors and waited for a response before entering.

Throughout the course of the inspection we heard lots of chatter and laughter between staff and people and there was a positive atmosphere within the home. People said staff tried to promote their independence when delivering care and allow them to try and still do things for themselves.

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments.

People living at the home told us they received a service that was responsive to their needs. We saw the home had been responsive in referring people to other services when there were concerns about their health.

When people first started living at the Home of Comfort, an initial assessment was undertaken. This enabled staff to establish what people's care needs were and the type of individual care people required.

The care plans provided an overview of people's care needs following their initial assessment and any actions staff needed to complete and follow in order to meet their needs. The care plans we looked at were reviewed each month, or if there was a change to people's care needs. Care plans were also audited each month by the manager to ensure consistency and quality of recording.

The home had systems in place to seek feedback from people living at the home. This included sending a satisfaction survey which had recently been sent in September 2016.

We looked at the minutes from the most recent residents and relatives meeting. This presented people with the opportunity to discuss the care they received and inform staff about any concerns or things they might like to change within the home.

There was a system in place to handle and respond to complaints. We saw the home had an appropriate policy and procedure in place, which informed people of the steps they could take if they were unhappy with the service they received.

The home had received a high number of compliments from people who had previously used the service and their relatives.

We looked at the activities available at the home and also how people were stimulated throughout the day. The home employed an activities co-ordinator. Each person had an individual activities record and a therapeutic activity plan assessment. Each person's expressed likes and dislikes regarding activities were also recorded in their files.

People living at the home said they knew the manager and thought highly of them and the care staff. There was a clear management structure at the home which was a registered charity. There was a board of trustees who oversaw the running of the home and all income generated was re-invested into the home and used for care delivery purposes and day to day running.

The staff we spoke with told us they enjoyed working at the home and that there was an open transparent

culture. Staff also told us leadership and management at the home was strong. Staff described feeling able to approach the manager, report concerns and also felt supported to undertake their roles to the best of their ability.

The registered manager undertook regular audits covering areas such as information and involvement, personalised care/treatment, the dining experience, safeguarding, staffing/training and the environment.

We found that residents' meetings had been held regularly. Records of these meetings were detailed and showed that various issues had been discussed.

The registered manager held a CQC notifications file, understood their role in sending notifications to CQC and had sent us notifications as required by the regulations.

Staff had access to a wide range of policies and procedures.

The service had a business continuity plan that was recently reviewed in May 2016.

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.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service and there was evidence of robust recruitment procedures.

People we spoke with who lived at Home of Comfort told us they felt safe.

Records of medicines administration had been completed consistently and accurately. Accidents and incidents were recorded correctly including a record of the accident or incident.

Is the service effective?

Good

The service was effective.

Staff were subject to a formal induction process and probationary period and there was a staff supervision schedule in place.

The service was complying with the conditions applied to DoLS authorisations.

Staff were aware of how to seek consent from people before providing care or support. People's care plans contained records of visits by other health professionals.

Is the service caring?

Good

The service was caring.

Staff spoken to had a good understanding of how to ensure dignity and respect and staff showed patience and encouragement when supporting people.

We heard lots of laughter between staff and people and there was a positive atmosphere within the home.

The service involved people and their families when developing care plans

Is the service responsive?

Good

The service was responsive.

Care files were well organised and contained information that covered a range of health and social care support needs.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Staff told us they enjoyed their work and that there was a good culture at the home.

We found there were appropriate systems in place to monitor the quality of service.

Team meetings took place, giving staff the opportunity to discuss their work and raise concerns.

Home of Comfort Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. At the time of the inspection, 27 people were living at Home of Comfort.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Portsmouth City Council contracts/commissioning and safeguarding teams who monitored the service and Portsmouth Clinical Commissioning Group (CCG). This was to see if they had any information to share with us in advance of the inspection and to help inform our inspection judgements.

During the inspection we spoke with five people who used the service, a visiting relative, four members of care staff, one kitchen staff member, the activities coordinator and the registered manager. We also looked at records held by the service, including four care files and four staff personnel files. As part of this inspection we 'case tracked' records of three people who used the service. This is a method we use to establish if people are receiving the care and support they need and that risks to people's health and well-being were being appropriately managed by the service. We also looked at medication administration records (MAR's) for eight people.

We observed care within the home throughout the day including the morning medicines round and the breakfast and lunchtime meal.

Good

Is the service safe?

Our findings

People living at the home said they felt safe. The visiting relatives we spoke with also said they felt their family members were safe as a result of the care provided. One person said, "Yes definitely and it's like home from home. There is always somebody about and all the windows are secure so nobody can get in." Another person said, "I feel safe. The best thing I ever did was coming here. They always come so quick when I need them. There are nurses here 24 hours a day as well." Another person added, "My mobility isn't great, but the staff always walk with me which makes me feel safe." A relative also commented, "Absolutely. I know my husband is in very good hands. I have no qualms about going home and leaving him here."

We looked at four staff personnel files and there was evidence of robust recruitment procedures in place. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for November 2016 and these consistently demonstrated that there were sufficient care staff on duty to meet the needs of people using the service. Staffing levels were determined using the Residential Care Homes Guidance, the Royal College of Nursing (RCN) Staffing Guidance and the RCN Mandatory Staffing Levels Guidance.

The registered manager told us that the service always provided a level of staffing that was above the recognised safe staffing levels identified in the guidance used, and if a staff member had a personal appointment during a scheduled shift they were always replaced. Staff rotas and schedules were posted on the staff room wall.

Staff told us they felt staffing numbers at the home were sufficient. One member of staff said, "Yes I feel there are enough staff. I never feel rushed with my work." Another member of staff said, "The majority of the time staffing levels are fine, but there can be busy periods. When people go off sick, cover is always provided." A third member of staff added, "They are fine, no problems. They are sufficient to meet people's needs."

People living at the home also said they felt there were enough staff working at the home and did not have to wait long periods for assistance. One person said, "There are plenty here. I am never left waiting long periods for things." Another person said, "As far as I can see there are enough staff. They never neglect me and are very attentive to my needs." Another person added, "Oh yes. There are always plenty of staff around when I need assistance. I never have to wait to long."

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. The home had a whistleblowing policy in place and this told staff what action to take if they had any concerns.

The staff we spoke with had a good understanding of safeguarding, abuse and how they would report concerns. One member of staff said, "Abuse relates to not treating people properly. Being rough with

somebody could be physical abuse and other abuse could be financial or verbal. I would report concerns to the manager." Another member of staff said, "If I came across any marks or bruising I would suspect potential physical abuse so I would go straight to the nurse." Another member of staff added, "Financial abuse could be discrepancies with people's money, whilst verbal abuse could be if people were shouted at in a manner that was not nice."

We saw people had risk assessments in their care plans in relation to areas including falls, pressure sores, and malnutrition. Accidents and incidents were recorded correctly and included a record of the accident or incident, a summary chart and action plan. We checked historical accident records and found that they had been appropriately completed and included a body map identifying the area of injury (where applicable) and the action to be taken to reduce the potential for further injury in the future. There was a monthly falls tracking chart in place which was also shared with the local authority.

During the inspection we looked around the premises. The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use. Comprehensive records were in place and up to date regarding the safe management of the premises and these were recorded in separate files called health and safety records; equipment current records; building service records. Historical maintenance records were also held in the administrator's office.

We looked at how the service managed the control of infectious diseases. We saw that monthly infection control audits were in place and included areas such as furniture, bedrooms and the general environment and equipment. Personal protective equipment (such as gloves and aprons) were available throughout the home. Cleaning schedules were in place and up to date.

Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use different coloured cleaning cloths for different areas of the home. There was an infection control policy and procedure in place that identified to
staff what actions to take to minimise the potential for an infectious outbreak and the action to be taken in the event of an outbreak. Guidance on reducing the potential for the spread of infections was also posted in bathrooms and toilets and in the staff room.

The premises were clean throughout and free from any malodours. We saw that bathrooms and toilets had been fitted with aids and adaptations to assist people with limited mobility. We saw that liquid soap and paper towels were available in all bathrooms and toilets. The bathrooms were well kept and surfaces were clean and clutter free and the home was clean throughout. Cleaning products were stored safely and Control of Substances Hazardous to Health (COSHH) forms were in place for all the cleaning products in use.

There was an up to date a fire policy and procedure. Fire safety and fire risk assessments were in place and fire evacuation drills were carried out regularly and staff attendance recorded to ensure all staff undertook regular drills. People had an individual risk assessment regarding their mobility support needs in the event of the need to evacuate the building and a personal emergency evacuation plan (PEEP). Tests of the fire system were made regularly and the servicing of related equipment, such as fire extinguishers was up to date.

We looked at how the service managed the administration of medicines and looked at medication administration records (MARs) for eight people who used the service. We observed staff administering medicines and saw that people were given their medicines as required. Staff who administered medicines

had all completed appropriate training in the safe handling of medicines.

Records of medicines administration (MAR's) had been completed consistently and accurately. We saw requirements relating to controlled drugs were being met. For example, we saw there were two signatures when controlled drugs were administered, which were stored in a separate, locked controlled drugs cabinet. Controlled drugs are certain medicines that are subject to additional legal controls in relation to their storage, administration and disposal. We carried out a stock check of controlled drugs and found that this was correct.

We saw some people were prescribed medicines 'when required' (PRN). We saw PRN protocols were in place for these medicines. PRN protocols provide details about when such medicines should be given. People had medication care plans in place which included their photograph to assist staff with accuracy of administration, GP details, details of currently prescribed medicines, if a specific eating regime was in place such as a soft diet, daily nutritional intake charts, and a MAR chart.

We observed staff administering medicines to people in the morning and saw that the staff member did this in a friendly and professional way, talking to people before administering any medicine so that they were aware of what was happening and were able to give their consent. The staff member made correct entries on the Medication Administration record (MAR) charts immediately after the medicine had been taken.

There were safe systems for ordering, receiving, storage, administration and disposal of medicines. There was a fridge in which certain medicines were stored. Fridge temperatures were taken twice daily and were up to date. The fridge was locked and the fridge was clean. There was an appropriate locked room for storing medicines. There was a notice on top of the medicines cabinets, identifying to the nursing staff that the cabinet must be kept locked and secured to the wall, which we witnessed during the inspection.

Robust systems for identifying and following up on any errors and omissions to MAR charts were in place and these were audited on a monthly basis.

Good

Is the service effective?

Our findings

People told us they felt staff had the sufficient skills, knowledge and training to care for them effectively. One person said, "The staff know what they are doing and have good skills. I've noticed that when they are assisting me with transfers." Another person said, "In the past there have been language barriers but they are excellent at getting around it. As far as I can see they are very good at their jobs." Another person added, "They are all beautifully trained. The staff have done great at their jobs."

Staff told us they received an induction when they first started working at the home which gave them a good introduction to working in a care environment. We saw that a new employee induction checklist was completed for each new member of staff which covered the building and housekeeping; the home's residents; management and staff; daily routines; working at the home; health and safety; the individual job role and job-specific information such as that for a Registered General Nurse (RGN).

One member of staff said, "I was given an induction and it covered the role of the home, policies/procedures, safeguarding, moving and handling and all the mandatory training." Another member of staff said, "I was shown around and given relevant training in infection control, safeguarding and moving and handling. It absolutely gave me a good introduction into working here."

Comprehensive staff training records were in place and staff had completed training in a variety of other areas relative to their job role, such as food hygiene, dementia, infection control, fire safety, first aid and medicines safe handling and awareness. Training was aligned with the requirements of the Care Certificate and Skills for Care Common Induction standards. Staff told us they had received training in safeguarding. We verified staff training information by looking at and cross-referencing training records and certificates.

The staff we spoke with said they received sufficient training to help them undertake their role effectively. One member of staff said, "There is always training to do and there are outside agencies coming into deliver courses as well. There is always the opportunity to put training suggestions forward as well." Another member of staff said, "Yes we do get enough training and updates are regular. In the past 12 months I've done dementia, moving and handling, infection control and safeguarding; there is enough available." Another member of staff added, "They provide lots of training here. Sometimes too much but it's all good."

We looked at staff supervision and appraisal information. There was a staff supervision schedule and annual appraisal schedule in place, which identified meetings during the year. Annual appraisals had either taken place or where scheduled for after the date of the inspection. Supervision sessions for care staff were conducted by the manager. Staff told us they received supervision on a regular basis, which they found useful. We verified this by looking at the notes of staff supervision meetings. Each job role had an individualised supervision template that was used during meetings and specific to their area of work, for example care assistants, RGN's, domestic staff.

Staff had access to regular supervision and appraisal as part of their on-going development. One member of staff said, "We get both supervision and appraisal. They are useful and it gives us the opportunities to talk

about both strengths and weaknesses." Another member of staff said, "It's an opportunity to sit down with the matron and bring up concerns or anything you are not happy with." A third member of staff added, "They are good for discussing training in particular and concerns."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was complying with the conditions applied to the authorisations.

Staff demonstrated a good understanding of MCA/DoLS and told us about when they felt a DoLS authorisation might be required. One member of staff said, "We get training in this area. If we are caring for somebody who is not able to make decisions then one would be required." Another member of staff said, "We must presume capacity initially, but if someone is really struggling with their own choices then they may need DoLS. I'd check with family first as well before applying for DoLS and work in peoples best interests." A third member of staff added, "An authorisation would be needed where people can't make their own choices and decisions. That is when DoLS comes in and is what it is for."

Staff were aware of how to seek consent from people before providing care or support and told us they would always ask before providing care. People living at the home told us staff always sought their consent before delivering care to them.

Staff were also able to describe how they aimed to do this when delivering care. One person said, "Oh yes, they certainly don't do anything if you don't want them to." Another person said, "They always ask and definitely make sure it is what I want." A member of staff also commented, "If people are able to verbally communicate, they can tell you themselves. If people were refusing care I would go away and try again later." Another member of staff said, "The care plans contain all information about people's consent. I start there but also use body language to make sure it is what people want."

The people we spoke with told us the food provided at the home was of a good quality. One person said, "It's excellent and if you don't like what is on offer they will get you something else." Another person said, "I don't have a very good appetite, but the food is generally of very good quality here. There are always different alternatives if you don't like what is on the menu." A third person also commented, "It's brilliant. It really is very good. I have put good weight on here and that is all down to being at the home."

People had nutritional care plans in place and care plans also contained records of visits by other health professionals. We saw that a range of professionals including GPs, speech and language therapists (SALTs) and district nurses had been involved in people's care. We saw people's weights were being monitored on a regular basis where a need for this had been identified.

When we arrived at the home we observed the breakfast meal. Breakfast was porridge, cereal, toast, jam or

marmalade and a warm or cold drink. There was also a choice of a hot breakfast on request. The service had achieved a food hygiene rating score (FHRS) of five. Fridges and freezers were well-stocked in addition to a plentiful supply of dry food goods. The menu was displayed both inside and outside of the dining room. People who used the service could choose an alternative meal option on any day if they wished. Vegetarian options and specialist diets were also available. Fresh fruit and snacks were also provided in between meals and addition to a plentiful supply of hot and cold drinks provided throughout the day.

Special diets were catered for, food allergies were recorded and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet or thickened fluids had been sought from the speech and language therapy team (SALT) and this informed the kitchen staff how to prepare and serve these types of foods. Details of peoples' specialist diets were available in the kitchen along with information on individual likes and dislikes. Each person had a preferred food items and drinks list.

Food temperatures were recorded at each meal before serving. We observed staff taking breakfast to people who wished to stay in their room on nicely presented trays that helped to make the food look inviting to eat. We saw that the food on these trays was covered with a protective film that helped retain heat and protect the food as it was being taken to rooms.

We saw there were some adaptions to the environment, which included pictorial signs on some doors which would assist people living with a dementia. There were assisted bathrooms with equipment to aid people with mobility problems. At the time of the inspection a programme of redecorating was underway in preparation for a celebration of the organisations' 120 birthday and people and their relatives had been informed. Areas being decorated were secure and sectioned-off and there was no items of decorating equipment left in an unsafe manner.

Good

Is the service caring?

Our findings

We saw staff showed patience and encouragement when supporting people. We observed people were treated with kindness and dignity during the inspection. Care staff spoke with people in a respectful manner. For example at the lunch time meal we saw staff gently encouraging people to eat their food.

The people we spoke with told us they received good care whilst living at Home of Comfort. One person said, "My overall impressions are very good. They always listen to me which I like. I feel very lucky to have ended up here." Another person said, "They are just perfect here. They are always popping in to check on me. I have no complaints whatsoever and the staff are all so kind and do care." Another person told us, "I only came for a fortnight initially, but ended up wanting to stay because the care is so good." A fourth person also added, "It's very good here. Everybody is very considerate and most obliging."

A visiting relative we spoke with was also complimentary about the care provided at the home. We were told, "I think it's wonderful. I can always visit when I want and there are no restrictions. My husband always has clean clothes, clean bedding and receives a mashed, pureed diet which is what he requires. The pureed diet is always well presented as well which is nice. I find the staff to be happy, helpful and always have time to chat. They make me feel very welcome."

The people we spoke with described the staff as kind and caring. One person told us, "The staff are ever so good, ever so caring and all work hard. They are wonderful and are helpful and kind." Another person said, "The staff are all lovely from the laundry staff, right through to the nurses. They are all cheerful." Another person commented, "The staff are all very good. I can have a laugh and some banter with them as well."

People said they felt treated with dignity, respect and were given privacy at times they needed it. Staff were also able to describe how they aimed to treat people in this manner when delivering care, telling us it was extremely important. One person said, "They always knock on my door and leave the room if I want them to when I am on the commode." Another person said, "I'm very well treated and as far as I can see everybody is treated with the upmost respect." A member of staff also told us, "This is a very important area. I always deliver personal care in bedrooms or in toilets to give people privacy and preserve dignity. I'll close curtains as well if I am in bedrooms." Another member of staff commented, "If I am assisting somebody on the commode in their room I will close the door. I'll also cover top and bottom halves of people's body if I am helping them change."

We saw that the care staff knocked on people's bedroom doors and waited for a response before entering. We saw that people living at the home were well groomed and nicely presented.

Throughout the course of the inspection we heard lots of chatter and laughter between staff and people and there was a positive atmosphere within the home. Staff interacted with people throughout the day and it was clear that they had a good understanding of the individual people who used the service. We observed many occasions where staff spoke privately on a one-to-one basis with people.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

People said staff tried to promote their independence when delivering care and allow them to try and still do things for themselves. Staff were also clear about how to do this when providing assistance to people. One person said, "Yes definitely. I struggle walking but the staff stay with me and bring the equipment in case I am struggling." Another person said, "I'm not the most capable, but the staff do offer me the opportunity to wash myself still." A member of staff also commented, "When I am washing people I will offer them the flannel and try so they can keep their skills. It's important to keep encouraging people in case they do want to be involved." Another member of staff said, "Encouraging people to do what they can is important. I'll try and get people to clean their own teeth and small tasks like that."

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments. The people we spoke with living at the home and a visitor to the service confirmed this was the case. At the time of the inspection no person was in receipt of end of life care and each care file had a section about advanced decisions. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately.

Good

Is the service responsive?

Our findings

People living at the home told us they received a service that was responsive to their needs. One person told us, "I am getting everything I need; they meet my care needs and I am quite content." Another person said, "I'm receiving an excellent service. The staff are all very obliging and you can't say more than that can you." Another person told us, "I have a pressure sore and the nurses dress it every other day. It's nearly healed and that is as a result of the care." A fourth person also added, "I feel I am getting everything here. My needs are met."

Feedback we received from a health and social care professional included, 'Observations I have made regarding the Home of Comfort is how they ensure daily activities are carried out consistently, even for those who are bed bound.'

During the inspection we saw several examples where the home had been responsive to people's care needs. For example, one person had been assessed as requiring assistance from two members of staff for transfers and we saw this being undertaken during the inspection. Their care plan also stated it was important for staff to explain care interventions and we saw staff doing this whilst providing assistance with mobilising. This person also required their call bell to be in close proximity to them and we saw this was secured to their chair meaning they could maintain a safe environment. This demonstrated staff were following care plan guidance and could respond to people's needs accordingly.

We saw the home had been responsive in referring people to other services when there were concerns about their health. For example, a person with swallowing difficulties had been referred to Speech and Language Therapy (SALT) and provided with soft pureed food following their assessment. Another person had slowly lost weight over a period of months and had been referred to the dietician. As a result, this person was required to drink 'Build up drinks' each day which were higher in calories, with the aim of helping them gain weight. Due to these being prescribed, we saw they were recorded on their Medication Administration Record (MAR) each day when given.

When people first started living at the Home of Comfort, an initial assessment was undertaken. This enabled staff to establish what people's care needs were and the type of individual care people required. We saw these provided a focus on personal care, moving and handling, pressure care, nutrition/hydration, medication, social/emotional and family/staff involvement. One person said to us, "I've been here since May this year, but a couple of weeks before, the matron (registered manager) visited me to see exactly what I needed."

During the inspection we looked at four care plans for people living at the home. The care plans provided an overview of people's care needs following their initial assessment and any actions staff needed to complete and follow in order to meet their needs. We saw people had a wide range of care plans in place, taking into account areas such as maintaining a safe environment, moving and handling, privacy/dignity, personal care, nutrition/hydration, continence, night time routines, communication, swallowing difficulties and constipation. The care plans we looked at were reviewed each month, or if there was a change to people's

care needs. Care plans were also audited each month by the manager to ensure consistency and quality of recording.

Within the care plans, we saw 'Personal life record' information had also been captured. The document captured details such as family background, education, spouse/partner details, children, employment, interests, travel and religion and was an overview of each person's life history. This meant staff had access to sufficient information about how to provide care to people based on their likes, dislikes, preferences and previous experiences.

The home had systems in place to seek feedback from people living at the home. This included sending a satisfaction survey which had recently been sent in September 2016. This asked people for their views of staff response times to calls bells, being treated well by staff, rising/retiring to/from bed preferences, being offered choice, the quality of the food, if their visitors were treated well and if they had any additional comments to make about the care provided.

We looked at the minutes from the most recent residents and relatives meeting. This presented people with the opportunity to discuss the care they received and inform staff about any concerns or things they might like to change within the home. We saw that topics of discussion included feedback from the most recent staff survey, the possibility of creating a sensory room, activities, domestic and building improvements, the use of resident's photographs and any upcoming events at the home. The registered manager also provided an update from previous meetings and any developments. One person living at the home told us, "They seem to have them periodically and anybody can attend. They want to know how things are going." Another person added, "They do have regular meetings but I don't always choose to attend."

There was a system in place to handle and respond to complaints, although the registered manager told us there had not been any made against the home. We saw the home had an appropriate policy and procedure in place, which informed people of the steps they could take if they were unhappy with the service they received. There was also information displayed around the building for people to read. The people we spoke with said they had never felt the need to complain, but would feel comfortable speaking with staff and raising concerns. One person said, "I've no complaints to make. None at all. It would get sorted out though if I did, I feel." Another person added, "I've been here for three and a half years and really have no grumbles. I would speak to the nurse or manager and I am sure it would be dealt with."

The home had received a high number of compliments from people who had previously used the service or their relatives. Comments included, 'My sisters and I would like to express our gratitude and respect to everyone involved in our mothers care,' and 'To all of the staff at Home of Comfort - thank you for all the kindness and care given to our mum, we couldn't have wished for anything better,' and 'To all at Home of Comfort; many thanks for the care and kindness shown to my mother over the past few years, your efforts have been much appreciated,' and 'I feel I would like to sincerely express my gratitude and respect to everyone involved in my mum's care; we can only say thank you for letting my mum live life to the full in the last two years and a massive thanks for the care, love and support you gave to her and the family in her final hours,' and 'From the depths of my heart I thank you for all the love and kindness you gave to our mum, I know mum passed with dignity and we couldn't have wished for anything better.'

We looked at the activities available at the home and also how people were stimulated throughout the day. The home employed an activities co-ordinator who told us they split their time between group based activities such as bingo and arm chair exercises, trips to the sea front, and card/board games. We were also told that a number of 'one to one' exercises took place for people who were cared for or chose to stay in bed during the day. This included hand manicures and leg massages. Activity records we looked at for one

person included reading, puzzles/games, reminiscence, local history and foot spa massage.

Each person had an individual activities record and a therapeutic activity plan assessment which covered areas such as any medical precautions, mobility, transfer abilities, muscular-skeletal issues and any clinical conditions. Each person's expressed likes and dislikes regarding activities were also recorded in their files.

There were activity sessions based around previous memories, reminiscence and colouring books. There were also various 'sing along' activities for people to participate in and we observed this taking place during the afternoon of our inspection. We saw that each person taking part had a small hand-held instrument, such as a tambourine or bells, which they played whilst singing along to the music. This assisted with maintaining upper body movement and dexterity, despite some people having limited lower body mobility. There was a vibrant and uplifting atmosphere in the room during this activity. One person living at the home said, "There does always seem to be something happening. The activity co-ordinator is very good and we all love the sing-along's."

Shortly after the date of the inspection, the home was due to celebrate their 120th birthday, having been open since 1896. To mark the occasion, the home were preparing to hold a Victorian themed celebration with staff planning to dress up in Victorian fancy dress also. For this celebration there would also be music, games, a birthday tea and special guests including the local mayor who had confirmed their attendance.

Good

Is the service well-led?

Our findings

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

People living at the home said they knew the manager and thought highly of them and the care staff. One person said, "They all seem to work very well as a team here." Another person said, "The manager is great. I find her alright and is a good manager. The manager would sort things out of they weren't right. I am really happy here and love all of the staff." Another person added, "The manager always makes a point of coming to see me to have a chat."

There was a clear management structure at the home which was a none profit making registered charity. There was a board of trustees who oversaw the running of the home and all income generated was re-invested into the home and used for care delivery purposes and day to day running. We found the registered manager was very approachable and engaging and facilitated our requests throughout the inspection, as did the rest of the staff team. The manager told us they operated an 'open door policy' meaning people could discuss concerns with the manager at any point and these would be taken seriously. The manager was also a 'Train the trainer', meaning they were able to deliver training sessions to staff in a number of areas based on skills and knowledge they had developed.

The staff we spoke with told us they enjoyed working at the home and that there was an open transparent culture. One member of staff said, "It's definitely a good place to work and it's a charity home with a good ethos." Another member of staff said, "I like working here it's nice. The staff are friendly and we all get along well. We all know peoples families and have good relationships with them. I feel comfortable here." A third member of staff also added, "I have worked here for 10 years which I think says a lot. It's a good place to work and I enjoy my job. I think there is very good team work here."

Staff also told us leadership and management at the home was strong. Staff report feeling being able to approach the manager, report concerns and also felt supported to undertake their roles to the best of their ability. One member of staff said, "There are good support systems in place. The management is good because you are able to ask for help when it's needed. There seems to be very good working relationships as well." A second member of staff said, "The manager is always talking to the staff and checking they are okay; the manager always has an open door and I feel I can talk with her." A third member of staff commented, "Yes it's fine. We always have enough staff and equipment and the manager is approachable and listens to concerns."

We looked at the systems in place to monitor the quality of service. The registered manager undertook regular audits covering areas such as information and involvement, personalised care/treatment, the dining experience, safeguarding, staffing/training and the environment. An overall action plan was then created from each audit which had included the scheduling of further training for staff in areas such as food hygiene,

safeguarding and first aid. These systems meant that the manager could identify and potential shortfalls at the home and take appropriate action to ensure people received an improved quality of service.

We looked at the minutes from recent staff meetings which had taken place. These were held amongst staff in different departments such as care assistants, nurses and domestic staff. This presented the opportunity for staff to discuss their work in an open setting, raise concerns and make suggestions about how the service could be improved. One member of staff said, "You can easily bring up things you would like to discuss; anything I have ever raised in the past has been dealt with." Another member of staff said, "We can put our point across and I feel things are addressed straight away."

The registered manager held a CQC notifications file, understood their role in sending notifications to CQC and had sent us notifications as required by the regulations. People's care records were kept securely and confidentially, and in accordance with legislative requirements. All systems relevant to the running of the service were well organised and reviewed regularly. A newsletter was also sent out which kept people up to date with developments. This included information about people's birthdays and upcoming events at the home.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be viewed by staff if they ever needed to seek advice or guidance in a particular area.

Feedback we received from a health and social care professional included, 'The manager of this home engages positively with the six weekly Nursing Home Registered managers meeting facilitated by myself, and ensures attendance by their staff for training opportunities. During this year this has included a Leadership & Development programme and a Clinical Up-skilling Programme for Registered Nurses.'

Home of Comfort was a member of the Registered Nursing Home Association and the Hampshire Care Home Association. The home also participated in the Six Steps to Success programme for end of life care and training was taking place on the day of the inspection. This provided staff with a more detailed understanding of how to support people at this stage of life.

There was an up to date certificate of registration with CQC and insurance certificates on display as required.

The service had a business continuity plan that was recently reviewed in May 2016. This included details of the actions to be taken in the event of an unexpected event such as the loss of utilities supplies, fire, loss of IT, an infectious outbreak or flood. This meant that in the event of an unforeseen disruption to the service there were robust plans in place to provide continuity of support to people using the service in a safe and coordinated manner.