

## Hopton Care Cottages Limited

# Hopton Cottage Care Home

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

About the service: Hopton Cottage Care Home is a purpose-built care home, predominantly ground floor, with 62 bedrooms. It provides accommodation and personal care to those over 65, some of whom may be living with dementia.

People's experience of using this service:

- Without exception, people and their relatives told us they were in receipt of care that was responsive to their diverse needs and individual preferences.
- The staff team implemented an extensive program of varied and innovative activities that incorporated the use of new technology and worked in collaboration with academic research. For example, an intergenerational program, daily fun evening exercise to reduce anxiety, social isolation and build stamina, talking electronic tablets to support communication and choice, sensory areas, outings and individualised Valentines day meals for residents and their partners. Activities were highly responsive to people's emotional, sensory and physical needs and were evaluated to ensure positive outcomes.
- People told us they knew what to do if they had any concerns or complaints about the service and the management team had resolved them. The directors used learning from complaints to improve future practice.
- People told us they felt safe with staff from Hopton Cottage Care Home. Staff had a good understanding of how to safeguard adults from abuse.
- Staff were aware of their responsibilities if they were concerned a person was at risk of harm. Care files contained detailed individual risk assessments to reduce risks to people's safety and welfare.
- People, relatives and community professionals told us there were enough staff on duty to meet people's needs. The service was actively recruiting to staff vacancies within the team and agency staff were occasionally used. Staff recruitment was safe.
- A system was in place to ensure medicines were managed in a safe way for people. Staff were trained and

supported to ensure they were competent to administer medicines.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence people had given their consent to the care and support they were receiving. Some mental capacity assessments and best interest decisions were in place, however not all best interest discussions had been recorded. We made a recommendation about this.
- New staff were supported in their role, which included training and shadowing a more experienced staff member. We saw evidence staff had received regular on-going training in a variety of subjects. Staff received supervision and observations of their performance.
- People told us they enjoyed their meals and we saw people received support with meals and drinks. Staff knew how to access relevant healthcare professionals if their input was required. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.
- People told us staff were caring and supported them in a way that considered their dignity, privacy and diverse needs. People were supported to be as independent as possible throughout their daily lives.
- People told us they thought the service was well led. We found there was a desire to improve systems and to provide person centred care using academic research and best practice initiatives.
- The registered provider had an effective system of governance in place to monitor and improve the quality and safety of the service. The directors planned to implement a new electronic records system, which would also improve oversight of staff responses to call bells. They sent us evidence this was completed following our inspection.
- People who used the service, staff and relatives were asked for their views about the service and these were acted on.

Rating at last inspection: At the last inspection the service was rated good in all domains (Published 10 August 2016). At this inspection the rating for responsive had improved to outstanding.

Why we inspected: This was a planned inspection based on the last ratings inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Hopton Cottage 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two adult social care inspectors and an expert by experience. Their area of expertise was as a carer of a person living with dementia. On the second day one adult social care inspector visited the service.

Service and service type:

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

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

What we did: Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this 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. This information was used to help inform our inspection.

During our visit we spent time looking at seven people's care plans, we also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with two care managers, the registered manager, two company directors, one senior carer, four care assistants and the living well coordinator. We spoke with twelve residents and five of their relatives. Following our inspection we received feedback from four community professionals and one of the directors sent us further information about good practice initiatives at the home.

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

- People said they felt safe at Hopton Cottage Care Home. Comments included, "I feel safe because people are kind. I don't have to wait too long for my buzzer to be answered. I have lots of equipment." "I feel safe it's wonderful." "I feel safe because they look after you."
- Relatives we spoke with said, "I feel [my relative] is safe here, no concerns." And "I feel [my relative] is safe and happy. [My relative] has all the equipment they need. If you ask for anything it is acted upon."

Systems and processes to safeguard people from the risk of abuse

- The registered provider was aware of their responsibility in relation to safeguarding the people they cared for. Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member said, "If I saw bad staff practice I would stop it if I could and report to a manager or senior. They would take it further. Managers would act. If it was a manager I would go to CQC, safeguarding or the directors."

Assessing risk, safety monitoring and management

- One community professional said, "I feel that Hopton Care Cottages is very safe for their residents. If a resident is deemed at high risk of falls for example they put a plan in place like placing a falls mat at the side of their bed to reduce that risk. Whenever I visit there are always carers visible in all areas of the home who are willing to help with any queries or assist as requested at the visits." Risk assessments had been completed in relation to skin integrity, moving and handling, falls, medicines, nutrition, use of bedrails, equipment, infection control and the home environment. We saw risk assessments contained detailed instructions on how to minimise risks, for example; when supporting a person with transfers. Appropriate equipment was in place where required, for example, motion sensors to alert staff if a person was at risk of falls.
- The service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks. When we spoke with members of staff they were aware of the plans and told us how they used distraction techniques to support people.
- People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises by good maintenance, servicing and premises checks.

- The home had plans in place in the event of an emergency. People had an individual personal emergency evacuation plan (PEEP) in their care records. PEEPs are a record of how each person should be supported if the building needs to be evacuated. Fire drills had been completed and staff and residents were aware of the procedure to follow.

#### Staffing and recruitment

- We observed there were appropriate staffing levels on the days of our inspection which meant people received a good level of support. People and relatives said there were enough staff on duty. One relative said, "I have no concerns about staff numbers. [My relative] is very safe and secure."
- Prior to our inspection we received a number of concerns from people, who wished to remain anonymous, that there had sometimes been insufficient staff on duty at night to meet people's needs in a timely way. We reviewed the rotas for the period and found sufficient staff were on duty to meet people's assessed needs. On one occasion in a two week period there were five staff on night duty and not six staff, for a short period, however a sixth staff member was on call nearby in case of emergency.
- Most people told us their call bells were responded to in a timely manner. People said, "I have a special buzzer so they will come quickly. The staff are very good to me but they are busy sometimes." And "They were there before I took my finger off the buzzer." We checked the night time care records and found care had been delivered to people in a timely manner, however the call bell response records did not always tally with the night time care records. The director told us this was due to faults with the call bell recording system and they were replacing this system in the coming months. They said they would ensure call response times were closely monitored going forward to ensure they had an effective overview of staff responses.
- Staff told us there were enough staff on duty, however due to staff vacancies they sometimes had to work extra hours to ensure sufficient staff could be deployed. The registered manager and director told us they were actively recruiting staff and some new staff had been recruited and were awaiting the completion of pre-employment checks. Agency staff were occasionally used to ensure sufficient staff were deployed to meet people's assessed needs.
- Contingency plans were in place in the event of staff sickness and managers were on call at all times that care was being delivered. This showed the service had plans in place to enable it to respond to unexpected changes in staff availability, so the service to people using it could be maintained.
- Safe recruitment practices had been followed.

#### Using medicines safely

- People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place.
- All staff had been trained to manage people's medicines safely and ongoing competency was checked in line with National Institute for Clinical Excellence (NICE) guidance.
- Medicines were checked when they were delivered and we observed all containers of tablets not included in Dosset boxes were counted every time they were used. In addition, twice each week an audit of stock took place on each neighbourhood.
- When 'as required' medicines and topical medicines had been prescribed protocols were in place and body maps were used to indicate the location carers should apply creams.
- Some medicines that require storage at lower temperatures, such as insulin, are stored in a drugs refrigerator and the temperature of these was monitored. On the first day of our inspection one of the two drugs fridge was not locked in line with the registered providers policy, and a specimen was stored in the fridge alongside medicines. This could have increased the risk of cross infection. The unit manager took immediate action to rectify this and action was taken to prevent recurrence.

#### Preventing and controlling infection

- People were generally protected from the risks associated with infection by good staff practice. The home was clean and fresh and there were no odours.

#### Learning lessons when things go wrong

- The registered provider had an overview of incidents and accidents, which meant they were keeping an overview of the safety of the service in order to ensure learning from incidents took place.

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and care and support was delivered in line with current evidence based guidelines to achieve effective outcomes, for example in relation to specific conditions. One person said, "The staff understand me." Detailed pre-admission assessments had been completed to enable staff to meet people's needs and preferences.
- The registered provider had an Equality and Diversity Policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination based on the protected characteristics. This helped to keep people safe and challenge any discriminatory practice.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support. Staff experienced an induction and spent time shadowing existing staff before working independently. Staff new to care completed the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.
- Staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported, included manual handling, safeguarding vulnerable adults, infection prevention, dementia awareness and first aid. A series of staff champions had completed further training and held focus groups with other staff to disseminate learning in areas such as fluid and nutrition, dignity and infection control.
- Staff told us they felt supported and they received regular management supervision and an annual appraisal to monitor their performance and development needs.

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

- People received a balanced diet and were effectively supported to eat and drink. People told us they enjoyed their meals. Comments included, "The food is good." "There is a good selection of food. There is

nothing they won't do for you." "There is a nice choice of food and plenty." "The food has been a bit up and down but a bit better now."

A relative said, "[My relative] gets three choices of food with no limit. Every need is met." A community professional said, "One resident told me besides having a wide choice if there is nothing on the menu a resident likes the chef will make an individual meal for them. They also told me if they had visitors attending for special occasions (e.g. birthday), the chef would provide a special meal of the resident's choice for them and their guests."

- We observed mealtimes to be a pleasant, sociable experience and staff promoted peoples' choice and independence, for example, sauces were brought in small individual boats so people were able to pour their own, and two people were served food on adapted plates to enable them to eat independently. A range of hot and cold drinks were offered with the meal and music was playing at an appropriate volume in the background.
- We saw food and fluid records were completed for each person and fluid charts included an optimal amount of fluid each person required to achieve adequate hydration.
- Up to date professional guidance about altered textures of food from the International dysphagia diet standardisation initiative (IDDSI) were available. Assessments had been made for the risk of malnutrition and records showed people were supported to maintain their nutritional intake and weight.

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

- The service worked with other services to deliver effective care and the advice of community professionals, such as occupational therapists, community continence team and speech and language therapists, was translated into care plans to deliver good outcomes.

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

- The environment was appropriately designed and adapted to support people . One person said, "The environment is quality." The home was large, with bright and airy spaces and most bedrooms opened onto secure outdoor terraces. In communal areas, some chairs were arranged in groups which created a homely atmosphere and could facilitate conversation. In one corner of a communal area there was a dressing table with hand-cream, jewellery and a coat stand with hats and scarves. Within the unit for people living with dementia, there were posters displayed from bygone eras and old style furniture. Bathrooms and toilets had picture signage to aid orientation.

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

- People who used the service received additional support when required for meeting their care and treatment needs. One person said, "If poorly they are fantastic. For two nights I was really ill and they came in every hour." People had access to external health professionals and staff were proactive in ensuring people's health needs were met. A program of person centred physical activity was being implemented to support people to maintain their health and wellbeing.

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

- People told us staff sought their consent before providing care.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS authorisations had been applied for appropriately and conditions attached were included in people's care plans.

- Mental capacity assessments had been completed where required for specific decisions, such as coming to live at the home, use of bed rails and medication, but not for use of room sensors where required. Two people with fluctuating mental capacity were administered their medicines covertly. Only one person's mental capacity was assessed with regard to use of covert medicines and also for the decision whether to lock their bedroom door at night. One mental capacity assessment was completed by the second day of our inspection, however a best interest discussion had not yet been recorded. The registered manager said they would ensure mental capacity assessments and best interest decisions were completed more consistently to ensure people's rights were protected.
- We recommend the service consult best practice guidance in this area.

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Community professionals said, "On observing carers or activity staff in Hopton Care Cottages I have always found them to be caring and compassionate to their residents." And "The interactions I observed between residents and staff indicated mutual respect, genuine care for the person and people were treated as individuals."
- People told us the staff were caring. Comments included, "If I asked for a chat there is always someone you can talk to." "The staff are all smashing." "The staff are very good, they do as we wish." "They always say of course you can. They are one in a million." Relatives commented, "I cant fault the staff." "Sometimes the staff can be a bit brisk if busy but the majority are ok." "They are absolutely kind. They are really caring and it feels like another family here."
- Staff told us they enjoyed working with people who used the service. Comments included "The best thing about the job is knowing everyone is well looked after and happy." A second staff member said, "I love it. I like the atmosphere. It's quite rewarding, a family unit." All the staff spoke to us about the people they supported in a caring, respectful manner and it was clear they knew people well.
- Care plans we looked at contained information about people's personal preferences regarding the gender of staff who cared for them and these were respected, where possible. People's diverse needs were catered for and equality was promoted within the service. The registered manager told us they employed a diverse team and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

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

- People had been consulted about the care provided for them. People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. Staff were aware of how to access advocacy services for people if the need arose and an advocacy group had previously been held.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with said their privacy, dignity and independence were respected by staff. We saw

people's confidential information was securely stored and people's private information was respected.

- The service had an enabling ethos which tried to encourage and promote people's independence. One relative said, "All the staff are accommodating. They motivate [my relative] and are very patient with [my relative]. They are very person centred." People told us they were supported to remain as independent as possible in their daily lives and we saw they were encouraged to do what they could for themselves.



## Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception, people and their relatives told us that they were in receipt of care that was responsive to their individual needs. One person said, "The staff understand my needs. I helped choose the curtains." A second person said, "I am happy with the care plan." A third person said, "The staff understand all my needs. They discuss the care plan with me. My [relative] goes to the meetings." Relatives said, "I have discussed the care plan and we have a three months review." "They always support me as well, and give me a shoulder to cry on."

- People enjoyed a full program of person centred social activities in line with their tastes and preferences, which enhanced their wellbeing and quality of life. Comments included, "There are always things going on here." "There are lots of activities." "I have my own pots on the veranda and I feed the birds. I don't want to go out now but they do offer. I have got everything I want. There is plenty of entertainment." Relatives said, "They know [my relative] likes music so they will ask [my relative] what music they would like putting on." "There is lots going on. They give [my relative] motivation to join in or [relative] would not bother." "Every Friday a singer comes. [My relative] can go out whenever they want." "I always feel welcome and comfortable. It is good for the families as there is a lot for them to be involved in."

- Relationships with relatives were nurtured and supported. A special Valentine's day meal for two was planned for couples in the privacy of their rooms. One relative told us they were thrilled and became tearful because this meant so much to them. The management team provided bespoke information and training for family members about supporting people living with dementia and grief and end of life care, to enhance their knowledge and improve people's outcomes. The homes newsletter shared research information with family members about the psychological benefits of activities for people that stimulated different areas of the brain and met people's sensory, emotional and physical needs.

- There were varied and innovative activities that incorporated the use of new technology and worked in collaboration with academic research. We saw electronic tablets (called talking mats) were used to enable people to provide meaningful feedback and make choices. One of the directors was in the process of mapping activities against different cognitive functions to ensure that the service delivered engagement opportunities that met everyone's needs and preferences. They also focused on staff development around social engagement and wellbeing, and engaging staff, residents and families in planning activities. People

were enabled and supported to be physically active and maintain their strength and wellbeing through a daily evening exercise program completed by trained care staff, as part of the 'Oomph' activity program. Staff felt this benefitted people living with dementia by reducing anxiety levels in the evening and distracting and supporting people to physically and socially interact with others in a fun activity, to a musical playlist of their choosing. Many smiles were evident in the photographs of the activities, with pompoms and dancing the Conga. An extensive activity program was in place for people including yoga, arts and crafts, singing, films, book club, quizzes. The activity program was regularly evaluated by an external organisation and new goals set to ensure positive outcomes and goals or 'wishes' were being reached for people. One staff member had been awarded the 'Hopton star' because they made up an embroidery basket in their own time to meet someone's wish of returning to their hobby of embroidery. The staff member was recompensed for their freely given time by the provider. One person's wish to regain their independence, after being admitted to the home from hospital following a fall, was met through continued engagement in the fun physical activities at the home and completing daily goals they had set themselves. The person recorded themselves that they were gradually enabled to increase their independence with short walks, yoga and exercise until eventually they achieved their aim of throwing away their walking stick and returning home.

- Since our last inspection, the management team had set up an 'Intergenerational Programme.' A group from the local nursery attended weekly to play games, crafts activities, sing songs and eat snacks together. This was highly responsive to people's need to have a productive and engaging life. It gave them a sense of family and further support for their social requirements. The director told us a risk assessment accounted for people's needs in the presence of children. One resident acted as liaison person with the nursery and was involved with planning each session.

- A community professional said, "The residents appeared to have frequent opportunities to engage in activities including leaving the home." On the day of our inspection some people became enlivened and seemed to really enjoy chair exercises. Staff spent time with people individually and played games, encouraging people to undertake stimulating mental, physical and sensory activities. When staff entered rooms, we saw they always interacted with people and showed an interest in what they were doing. Activities outside the home included walks to the nearby farm to stroke the animals, football matches, band concerts, trips on the mini bus to beauty spots and places of interest. A 'Gentleman's Club' met weekly and sometimes visited the local pub. A 'Daily Sparkle' newspaper contained articles of interest and detailed the choice of the days activities.

- Staff had an excellent knowledge of the support needs and preferences of people who used the service, such as their cultural identity, talents, hobbies, strong political or moral views, what the person liked to have for breakfast and how and where they chose to eat. Photographs and pictures of people, places and things important to individuals were placed outside their bedrooms in an initiative called, 'Trees of Life.' This encouraged staff and people to have positive conversations and bring up happy times from the past, as well as orientating people to their own rooms.

- Person centred care was embedded throughout the service and captured in care plans. One community professional said, "I feel the home is responsive to the needs of their residents, for example: if I feel a patient required a pressure relieving mattress as their pressure areas have deteriorated or at risk of deteriorating then they will always carry this out without hesitation." Staff used initial information to develop detailed care plans in line with their best interests and risk management. It was highly evident they worked closely with people and relatives to obtain as much information as possible.

- Care plans we reviewed contained up to date, person centred details about the outcomes people wished to achieve in all areas. Detailed person-centred information was included around how specific conditions affected the person and good practice in supporting the person with self-management. Detailed daily records were kept including the care delivered and activities completed morning, afternoon and evening.

- Detailed information regarding people's communication needs was recorded in care plans, which met the

Accessible Information Standard. For example, where a person was hearing impaired the care plan stated, "Be face to face at [persons] level due to being deaf, as they lip read." Electronic talking tablets and picture menu books were also used to support choice and communication.

Improving care quality in response to complaints or concerns

- The registered provider's response to complaints was detailed and they used learning from complaints to drive improvement to management and staff practice through reflective learning. We saw, where complaints had been made, the management team had taken appropriate action to resolve them. People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. Most people we spoke with told us they had no reason to make a complaint. One person said, "If needs be I would know who to complain to." Relatives said, "They will act on things, we had an issue with the shower and they came straight away." "I would complain to the manager if I needed to." The service had received many compliments from relatives, people living there and community professionals. These were saved and shared amongst staff.

End of life care and support

- During this inspection a family member spoke very highly of the support provided to their relative at the end of their life. One community professional who delivered training in end of life care said, "I have always found staff interested and keen to deliver the best care possible. Whilst visiting I have also spoken with residents visitors who expressed that they are very happy with the care their family member is receiving at Hopton Cottage."

- Staff had received specialist training in palliative care principles, end of life care, Individualised Care of the Dying Document (ICODD), mouth care and pain assessment and management. Two care staff had volunteered to complete an end of life care work book as part of the local hospice pilot project with care homes and feedback about the booklet to the project coordinator. The registered manager told us they were planning to introduce the National Gold Standards Framework (GSF). This external organisation supports providers to develop evidence-based approaches to optimise care for people. People's wishes regarding end of life care were recorded where people wished to do so.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they thought the service was well led and they spoke highly of the management team. Comments included, " Everything is good here it is well run." "The one that runs this should be on the honours list. It's a wonderful chap that owns it." "Yes it is well run, people are very nice." Relatives said, "It is very well run, excellent. They will act on anything you ask. They have a good class of staff." "It is very well run and organised. The manager is very approachable." "The manager and [name of care manager] are very good. It is well run and organised. You can knock on the door they will always speak to you. You are made welcome it feels like home."
- During our inspection care staff told us the management team acted on any concerns and they felt supported. One staff member said, "Yes it's well led. All the staff are well looked after and so the residents get better care."
- The company directors and registered manager were part of the same family business. The registered manager had an external mentor to enable them to access independent support and advice and reflect objectively on their practice. The registered manager and management team were knowledgeable about people's individual needs and focused on delivering person centred care. One staff member said the ethos of the home was to, "help people lead a fuller life with lots of activities and outings and to try to make it as homely as possible. It's their home."
- One of the directors said the principles of the service were explained in 'The Hopton way' brochure and included excellence and a happy caring environment. They said they had introduced a trial shift for new staff, with feedback from other staff and residents to ensure staff were working to a high standard and wanted to further improve staff retention and support for staff. The management team implemented a 'Hopton star' initiative, where anyone could nominate a staff member for exceptional service. They also had a staff member of the month scheme to reward and encourage good practice. Staff could join the care apprenticeship scheme and one care apprentice was nominated for a national award by the managers. These initiatives motivate and encourage staff to provide the best care possible.

- Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. The inspection confirmed the registered provider was aware of their responsibilities to notify CQC and they had acted in accordance with the regulations.

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

- The registered provider had an effective system in place to monitor and improve the quality and safety of the service. The directors completed audits and some observations of the service and completed action plans, which were followed up. An external inspection was also completed by a consultant and the 'Oomph' activity program evaluated the homes progress with meeting activity targets and improving outcomes.
- The registered manager had recorded an overview of incidents, weight, falls, any pressure sores or safeguarding concerns and any learning was shared with the staff team. They had begun to improve analyses of falls by tracking falls to other potential factors, such as use of antibiotics to look for any patterns involved. An electronic call bell system was in place so people could call staff if they needed assistance. A system of oversight to ensure call bell response times were monitored and evaluated and ensure people's needs were met was not being effectively operated. The directors said they planned to implement a new person-centred software (PCS) system and this was implemented in the month following our inspection. This system provided clearer oversight of staff responses to call bells at night to evidence they were timely.
- The registered manager and senior team leaders monitored staff compliance with the registered provider's procedures. They completed regular observations of staff practice. Care managers on each unit or 'neighbourhood' completed audits each month in areas such as daily records, care plans and IPC and sent the outcomes to the registered manager. Any issues identified had been followed up with staff. The registered manager said they checked the audits to ensure appropriate action had been taken and would record these checks in the future.

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

- People who used the service and their representatives were asked for their views about the service and they were acted on. Regular residents meetings discussed activities and meal choices. Satisfaction surveys of the people living at the service, relatives and community professionals were carried out. Responses were all good or excellent and feedback and action taken was shared with relatives, staff and residents. People with sensory impairments were supported to feedback using 'talking mat' electronic tablets and pictorial surveys.
- Staff questionnaires were completed and staff views and suggestions were discussed at regular staff meeting. A suggestions box for staff, family and friends had been implemented following a staff survey. One staff member said, "They do take on board suggestions, they act on concerns and appreciate you tell them."
- Community groups attended the service and people took part in many community events. One community professional said, "I have also witnessed staff escorting residents to community events. One such event was a fundraising Garden Party at which staff were encouraging residents to partake in activities and providing the appropriate safe care and attention to the residents. It was lovely to see the residents enjoying themselves."

Continuous learning and improving care.

- We found there was a desire to improve systems and to provide person centred care using academic research and best practice initiatives, such as the 'Oomph' program. The service had a clear pathway for progression and development for all care staff and managers.
- The management team told us they attended care provider and registered managers forums to keep up to

date and share good practice. One of the directors was completing doctoral research in care staff motivation and incorporated research evidence into practice at the home.

Working in partnership with others

- The management team worked in partnership with community professionals drive up the quality of the service. One community professional said, "Both [Name of registered manager] and the staff at Hopton Cottage have always engaged with our service and are currently considering joining our next Gold Standards Framework for care homes training programme."