

Hurstcare Limited

The Hurst Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the Hurst Residential Home on the 31 January and the 3 February 2017. This was an unannounced inspection.

The Hurst Residential Home is registered to provide accommodation and support for people who experience mental health difficulties including depression, anxiety and personality disorders. The home can provide care and support for up to 29 people. There were 13 people living at the home during our inspection. Accommodation is provided over two floors with communal lounge and dining areas.

At a comprehensive inspection in January and February 2015 the overall rating was Inadequate and we took appropriate enforcement action at that time. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. We undertook a focussed inspection in December 2015 to see if improvements had been made. Whilst we could see that some action had been taken to improve people's safety, the poor management of risk to individual people remained. Improvement was still needed to ensure people received support in a person centred way and that care and treatment of people had not been provided with the consent of the relevant person. There were still concerns in respect of the quality assurance systems in place to drive improvement. We received an action plan from the provider that told us how they were to meet the breaches of regulation by December 2016.

This unannounced comprehensive inspection on the 31 January and 3 February 2017 found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and that they had now met the breaches of regulation previously found. We did however identify a breach of Regulation.

A registered manager was 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 and associated Regulations about how the service is run.

Care plans lacked sufficient information on people's individual social well-being and specific health needs. Where people's health needs had changed, such as reduced mobility, care plans did not reflect the changes and therefore new staff may not be aware of important changes to ensure people's safety.

Information was not always readily available on people's life history and the reasons why they had to come to live at The Hurst Residential Home. There were no specific goals identified for those who were only there for short term care. The lack of meaningful activities for people at this time impacted negatively on people's well-being.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had an understanding of

their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However there were areas to improve in regards with mental capacity assessments and best interest meetings.

This inspection showed that the provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and stair lifts. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in care decisions.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there were a sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care and falls prevention. Staff said the training was good and helped them to understand people's needs.

Care plans reflected people's assessed level of support needed for their mental health needs and included people's input as much as possible. Risk assessments included behaviours that distress, nutritional risks, medicine risks and risks to personal safety. The care plans also highlighted health risks such as diabetes and epilepsy. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and people received their medicines in a safe way.

The registered manager undertook all initial assessments and had developed the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training was on-going. Food and fluid charts were completed when required and showed people were supported to have a varied and nutritious diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and friendly. Staff interactions demonstrated staff had built rapport with people and communication was open. Some people preferred their own company and staff respected this.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held regularly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 Hurst Residential Home was safe and was meeting the legal requirements that were previously in breach. Practices however need time to be embedded to ensure consistent good care.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Requires Improvement ●

The Hurst Residential Home was not consistently effective. Whilst they were meeting the legal requirements that were previously in breach, there were areas to be developed and embedded in to everyday care delivery.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements. However some people's specific personal habits needed to be considered and recorded.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision

Is the service caring?

Good ●

The Hurst Residential Home was caring. Staff communicated clearly with people in a caring and supportive manner. Staff

knew people well and had good relationships with them. People were treated with respect and dignity.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

People received care in a way that supported their dignity and maintained their privacy.

Care records were kept securely in the staff office.

Is the service responsive?

The Hurst Residential Home was not consistently responsive.

The delivery of care was not person focused and people were left for long periods of time with no interaction or mental stimulation. There were not enough meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

People told us that they were able to make everyday choices, but we did not see this happening during our visit.

A complaints policy was in place and complaints were handled appropriately. However information received from complainants stated their complaints were not always responded with the action taken.

Requires Improvement ●

Is the service well-led?

The Hurst Residential Home was meeting the legal requirements that were previously in breach. However quality assurance systems need time to be fully embedded.

There was a registered manager in post, supported by a senior management team

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an awareness of changes of management and felt that the new management team of the home were approachable.

Requires Improvement ●

The Hurst Residential 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 checked 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 the 31 January and 3 February 2017. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors undertook this inspection.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people. We looked at the action plan supplied by the provider and the provider information return that was returned to CQC in November 2016.

We observed care and support in the communal areas and over two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including eight people's care records, two staff files and other records relating to the management of the home, such as complaints and accident and incident recording and audit documentation.

We spoke with 11 people living at the service, two visiting relatives, five care staff, the chef, and the registered manager who was also a director of The Hurst Residential Home.

Is the service safe?

Our findings

At our inspections in January and February 2015, and December 2015 we found that the provider had not taken appropriate steps to ensure there were sufficient, experienced staff deployed to keep people safe or assist people to receive appropriate care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff deployed to meet peoples identified needs. The needs of people who lived at The Hurst Residential Home were low in that the majority of people were self-caring in personal care with minimal support and needed staff for emotional and mental health support. There were three staff in the morning and evening to support 13 people. Two waking staff were on duty overnight. The registered manager was supernummary to the numbers and was in the home Monday to Saturday between the hours of 9am and 6pm. There were separate staff for kitchen duties, maintenance and cleaning. Care staff took responsibility for the laundry service.

People told us "Staff help all of us, they are great," "If I need staff they help me straight away," and "I think there is enough staff." Our observations told us that there were sufficient staff to keep people safe. Staff were visible in communal areas and were seen to assist people when they needed it. Such as arranging appointments, helping them with contacting family and ensuring they had eaten and had drinks. People approached staff throughout the inspection and staff ensured that they dealt with people at once. One person was seen to approach staff constantly for a drink and staff responded immediately and with constant humour and politeness.

This inspection found that appropriate steps had been taken to ensure that there were measures in place to keep people safe. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One person told us, "I get all my medicines when I need them." There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol and mood calmers. People's medicines were securely stored in a locked cupboard within a locked cupboard and they were administered by senior care staff who had received appropriate training. We observed two separate medicine administration times and saw that medicines were administered safely and that staff signed the medicine administration records once it had been given. The clinical cupboard was well organised and all medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken weekly at the present time to drive continuous improvement in medicine management. There was a clear audit trail that defined what action was taken such as medicine retraining and competency tests.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe support and care. Risk assessments for health related needs were in place for some people who required them, such as skin integrity, management of medicines, nutrition, risk of falls and risk of diabetic irregularities. Care plans demonstrated how people's health and mental well-being was being protected and promoted. For example care plans directed staff to monitor people's food and fluid intake when it had been identified the person was not eating or drinking enough to maintain their health. We saw that handover information identified those people who needed encouragement with eating and drinking and included information about referral to the GP or mental health team. This had ensured that health risks were being appropriately managed.

A system was in place to record accidents and incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks. Audits were carried out for the accident and incident forms to ensure sufficient information was recorded. Incidents were recorded and investigated as necessary. Incidents and accidents were reported to the local authority in line with local safeguarding policies.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy that enabled them to raise any concerns with the registered manager or senior staff at any time. Staff and people told us that they would raise any concerns immediately with the registered manager. During our inspection one person spoke to the registered manager about a communication issue that had caused them distress. The registered manager listened to the person, reassured them and then took appropriate action in line with the organisational and local safeguarding policies.

The Hurst had a designated maintenance person responsible for the overall maintenance of equipment and services for the home. A new system had been implemented to give an overview of checks and maintenance required each month and who was responsible for carrying this out. Equipment and services were well maintained and checked regularly. This included water checks, legionella and fire safety. Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS) which were in individual care files and available by the main office. PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. Evacuation equipment was located around the building to aid evacuation. Fire alarm practices were being completed; this had included both day and night staff.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work, the provider obtained references and carried out a Disclosure and Barring Service (DBS) check. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications.

There was on-going repair and replacement in the home. There was a realistic approach as to the refurbishment programme. There was a lot to achieve and the programme included new wet rooms, new

laundry facility and upgrading of bedrooms. The flooring throughout the home was being replaced during the inspection process. There had been a delay to the refurbishment programme as the service had not had admissions whilst improvements to care delivery was being undertaken.

There was a system to deal with any unforeseen emergencies. Personal emergency evacuation plans (PEEPs) had been developed for each person; these included guidance for staff to follow with regard to assisting people to move into safer areas of the home or to leave the building and, staff said everyone could be moved out of the home if necessary. The registered manager or a senior member of the management team were on call each night and were available for advice or to discuss issues at any time. Staff said "We are well supported and if we have any concerns we just pick up the phone."

Is the service effective?

Our findings

At our inspections in January and February 2015, and December 2015 we found care and treatment of service users had not been provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "Nice staff, helpful and always happy," "Food is tasty and lots of it," and "I see the doctors, optician and dentist." People felt very confident with the home's staff. Visitors said, "The food is good, plenty of drinks and fresh fruit is always available," and "They seem to be trained well and knowledgeable about?."

At our last inspection we found that staff were not always working within the principles of the Mental Capacity Act 2005 (MCA). We found improvements to care documents had been made. The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity was recorded and included the steps of how it was reached. We saw that people's mental capacity was reviewed regularly to ensure that decisions made were still valid and in their best interest. However there were concerns discussed in respect of people's past histories that could impact on their and other people's safety that had not been considered. We have identified this as an area that requires improvement.

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA framework. The purpose of DoLS is to ensure people, in this case, living in a care home are only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. Staff were aware that the locked front door, which prevents people entering and leaving the home was a form of restraint and applications had been made to the local authority under DoLS about this as necessary. We also saw that individual people had their own front door key.

Staff had completed training to make sure they had the skills and knowledge to provide the support individuals needed. Staff training had progressed and the staff had achieved 90 % completion of essential training. This showed us that the provider was striving to drive improvement and ensure staff received training to meet the needs of people at The Hurst Residential Home. Staff spoke positively about the training they received. For example one member of staff told us, "We have lots of refresher training and I could ask for additional training if needed." Another staff member said, "I've found the training useful." A health care professional told us, "I have no reason to believe the service is not effective."

Staff had received training in supporting people with mental health and staff were seen supporting people in a confident way and managing behaviours that challenged effectively. All staff had received a supervision

completed by the registered manager. The staff told us they had the opportunity to raise concerns and share ideas. They also discussed their personal development needs, such as specialist training. The registered manager confirmed that staff were enthusiastic and committed to improving skills and knowledge.

People who used the service were supported by a range of healthcare professionals to ensure their health and social care needs were met. Records were kept of any advice and guidance provided which was implemented to ensure people received the most effective care to meet their needs. There was a good working relationship between the GP and the service. The GP told us that as a part of their service to people they had introduced medicine care plans that the service would be involved in and medicines for mental health illness would be carefully monitored.

A community psychiatric nurse told us, "The staff are good, they seem to know the people here really well so can quickly see if they are not themselves and get in touch with us straight away. They follow any advice we give and will come and sit and explain things to people so they understand what needs doing and why." A person who used the service said, "The staff sort out any appointments I need and usually the doctor or the nurse come here, sometimes I go to the doctors."

People were encouraged to eat a healthy diet of their choosing. We saw records to show people who used the service had worked together to create a daily menu of their own choosing. New meals were introduced following requests and consultation with people, seasonal changes were made throughout the year. The registered manager showed us examples of how they ensured people were encouraged to eat a nutritional and balanced diet. For example fresh fruit was always available.

We observed the lunch time experience and saw that it was relaxed and informal. People chose where they wanted to eat their meals. Some people ate alone, others sat together in groups. We heard staff offering people choices if they did not finish or appear to enjoy their meal. A person who used the service said, "The food is always good, if I don't like what is on the menu I can ask for something else."

Staff monitored people's appetites and the records stated what action staff had taken when there was an identified weight loss. For example one person was not eating due to a change in their mental health and staff were monitoring and recording their input in readiness for the person's GP. Action was recorded in the care plan that they had been referred to the GP and mental health nurse.

The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages that people could help themselves to throughout the day.

Is the service caring?

Our findings

People were treated with kindness and respect in their day-to-day care. People stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Really nice staff, registered manager is really supportive and listens," and another person said, "They're all nice and they look after us well." A visitor said, "The staff are great, it's friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Everyone has a good sense of humour, but they are also thoughtful." Another person said, "They really are good people."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support. We saw evidence that when this had occurred it had been dealt with appropriately and discussed with the health professionals involved in their care and management strategies put in place.

People told us they felt listened to. Four people we spoke with wanted to be able to have the freedom to come and go as they wished. They reported that the staff would always listen to their point of view and explain if things could not be done. They also told us that they had their own key and this meant they still had their independence. The registered manager told us, "We support people to do what they want, it is their right but we agree with each person about reasonable behaviours." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals. Staff told us that people had their routines and wanted to sit at their table all the time. This was respected by staff. Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more we assist in a way that helps but we don't take over."

People's individual preferences and differences were respected. Due to their mental health illness some people had their own behaviours and staff talked knowledgeably of how they supported these within a risk assessment framework. For example one person collected objects when out and bought them home. Staff monitored it and then helped the person clear their room when it became cluttered to avoid distress.

We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementos and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and pictures." Another told us, "This is my room, my home and it's comfortable." As part of the refurbishment programme people had been consulted about colour schemes and furniture for communal areas. One lounge had just been

redecorated in a colour chosen by people.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when administering medicines and when assisting them with personal care and support. Staff dispensed medicines individually by inviting them to the medicine trolley rather than dispensing medicines in front of other people. This was appreciated by people. One person said, "I don't like people seeing me taking medicines, this way is better." Another person said, "Staff support me with a bath but they do it so I don't get embarrassment."

People received support in a kind and caring manner. Staff spent time with people in the communal areas and in their rooms. There was always a member of staff in the lounge and dining areas. The interaction seen was appropriate and kind. The atmosphere in the home was calm and friendly.

Care records were stored securely in a lockable cupboard on the lower floor where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training on this.

The registered manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Is the service responsive?

Our findings

Whilst some people told us they were happy with the support and care provided and that it met their individual needs, our observations identified that staff were not responsive to people's individual needs. We were told by visitors, "A lot more could be offered, it is rather boring in here (lounge). Another visitor said, "My relative is bored."

People's care plans contained some personal information, but not all of the history and mental health diagnosis was included for the people who had recently arrived at The Hurst. We found important information in the local authority placement assessment but this had not been shared with all staff or clearly identified in the care plan. The registered manager said this was because they had not displayed some behaviours since admission. However this information was pertinent to the support that may be needed and certain restrictions that may be required to ensure people's safety.

Care was not always personalised to the individual and did not include important changes to their health. For example, reduced mobility, falls, communication and behavioural challenges. Staff told us that one person's mobility and physical health was declining, but this was not reflected in the care plan to guide staff in ensuring the person was safe when moving around the home. Another person had a sensory impairment which whilst communication guidance was included in their care plan, this was not a reflection of specific issues they might experience whilst living in the home. For example, their movement around the home was complicated because they couldn't identify if people were behind doors when opening. They didn't have a visual alert system for alerting them to an emergency. One person had a short term health problem which meant they had restricted movement to their hands. There was mention of dressings being managed by district nurses and hospital appointments but little about the effect of the injuries on their daily life. Such as washing and dressing. There was also no reference to pain or how this was controlled and managed.

People felt there was little structure to their day. Where people had interests in specific activities such as cookery and art, no support or encouragement was received. It was identified therefore that people should be provided with more opportunities to follow individual hobbies and interests. Care planning should consider people's specific needs, outcome goals, recovery goals and actions needed to meet those goals. Goal setting in mental health is an effective way to increase motivation and enable people to create the changes they desire. Especially for those who were there for short term support before going on to supported living. There was no reflection that people were encouraged to undertake life skill activities such as preparing meals and snacks, washing and ironing or cleaning their rooms. We found few recorded goal plans in place. Of those seen, it was not clear if the person had met their goal or if further work was needed in order for them to achieve the goal. Records were not completed and did not record people's progress towards meeting their individual goals.

There was little recorded of how frequently people engaged in activities at the home or were supported to access the community. The registered manager told us they supported people to go out to meet relatives and go into town. However this was not evidenced within the documentation. Staff told us that since new younger people had come to live at the Hurst they were aware that trips out, and various activities were needed. They had noted that certain people were bored and when bored their behaviours that may be

challenging escalated. During the inspection some people were taken shopping, others went out on their own to meet friends in town. People's feedback indicated that more social outings, walks and the opportunity for in house activities would be beneficial.

The evidence above demonstrates that delivery of care and support of The Hurst Residential Home was task based at this time rather than responsive to individual needs. This meant that people had not received person centred care that reflected their individual needs and preferences and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular staff and resident and family meetings were now being held and we saw that times of meetings were displayed, details of suggestions and discussion points were recorded and actioned. For example, meal choices. The action plan stated they had sent out surveys and regular meetings with the cook had been arranged for people. This was confirmed by the improvements seen.

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to in line with the organisational policy. A complaints log was kept and monitored by the registered provider. The complaint log showed that complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

At our inspections in January/February 2015 and December 2015 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. This inspection found that Regulation 17 was met however there were still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

This inspection found that there was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were ongoing such as care documentation and social activities. The registered manager said it was an area that they wanted to continuously improve. The improvements of the environment was another area that was a priority of the provider. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned or were being actioned. For example the laundry service and meal choices. However there were still areas for the provider to develop to ensure that people were encouraged to live a full and active life.

The management structure, staff retention and recruitment at The Hurst had been consistent and the registered manager was in the home six days a week. This had impacted positively on the action plan delivery. We found that a lot of work had been undertaken since the last inspection. This included a review of care documentation, mental capacity assessments, medicine management and the introduction of staff competency tests to underpin training.

Effective management and leadership was demonstrated in the home. The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. The philosophy and culture of the service was to make The Hurst 'Their home'. They also told us, "It's important that we make it comfortable, homely and safe. We have a long way to go but we are a strong team." There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. One member of staff said; "It's a better place a different place now, open and transparent, easy to talk to senior staff." Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

Everyone knew the registered manager and referred to him when describing their experiences of life at The Hurst. One person said, "X (registered manager) is kind, very approachable, knowledgeable and honest, runs a good place." Staff said they worked as a team, "I like working here, the residents are special." We asked staff what they would change if they could, all said, "More activities," and "I really can't think of anything, except making sure that peoples toiletries are not used by other people and more time to take people out, a

mini bus would be good."

The provider was supporting staff, visitors and the people to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "There are things to do here but we know it will take time, but very gentle approachable manager."

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured that service users received person centred care that reflected their individual needs and preferences</p>