The Hermitage Whittlesey LLP

The Hermitage

Inspection report

6 - 12 St Marys Street
Whittlesey
Cambridgeshire
PE7 1BG

Tel: 01733204922

Date of inspection visit:
26 April 2017

Date of publication:
22 May 2017

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

The Hermitage is a care home providing accommodation for up to 24 older people. The service is in a residential area close to the centre of Whittlesey. It is not registered to provide nursing care. 21 people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 18 February 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

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

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and with their medicines.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices such as how they spent their day and the meals they wished to eat. These choices were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and we observed staff supporting people in a respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Hermitage

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. This inspection took place on 26 April 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with eight people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.
We also spoke with three relatives, healthcare professionals, and a practice manager from a local GP surgery and a contracts monitoring manager and a care manager from the local authority to obtain their views about the service provided at The Hermitage.

We looked at records in relation to three people's care. We spoke with the registered manager, three care staff and the cook. We looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Hermitage. One person said, "I feel really safe – it's my home and it feels like home." Observations we made showed that staff assisted people safely. For example when administering people's medicines and also when assisting with a person's mobility so they could safely use their wheel chair. The relatives we spoke with told us that they felt their [family members] were safely supported by the staff.

We saw that safeguarding processes and reporting procedures were in place. One staff member said, "I have received training in safeguarding and I would report any concerns to my manager [registered manager]." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information was kept in the staff room for them to refer to when necessary.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were aware of potential risks to people including assisting people safely with their mobility and assistance with medicines. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that appropriate checks had been carried out. Staff had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS). This showed us that only staff that were suitable to work with people living at the home were being employed .

People told us and we saw that there was enough staff available to meet their needs. The staffing levels were kept under continuous review to ensure to the service met people's needs. We saw that there were sufficient numbers of staff available to assist people with their care and support needs. One person said, "They're often busy but they work well." A relative also said, "There definitely seems to be enough people [staff] on in the day"

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed annually. Medicine Administration Records showed that medicines were administered as prescribed and stored at the recommended temperatures. One person said, "I take a lot of tablets and they [staff] stay with me while I take them." One person we met managed their own medicines and said. "I do my own medication – I've a locked cupboard in the bathroom and they [staff] put my boxes (dosset box containing the medicines) in there for me."

Regular health and safety checks were completed and any accidents and incidents were recorded. The

registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current ongoing issues identified. Personal evacuation plans were in place for each person in the event of an emergency occurring.

Good

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. One person said, "They know what I like and what I want to do" Another person said "I think they're very well trained – the manager would be after them if they let anyone down." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLS.

Staff received regular supervision and appraisal where they had the opportunity to discuss the support they needed and to discuss their work practice, training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed an understanding of promoting people's rights, choices and independence. The registered manager confirmed that no person was currently subject to any restrictions on their liberty. However, if this changed the registered manager was aware of who to contact in the local authority where required.

People's dietary and food preferences were recorded in care plans. The registered manager told us that nutritional advice from dieticians was sought whenever necessary. We spoke with the cook who told us about any special diets people required, including meals for people with particular dietary needs. The cook also regularly spoke with people living in the home to gather views about the meals and to ensure that their preferences and favourites were included. One person said "I have to eat low fat with my [medical condition] so they do special things for me if needs be. Its good food. The cook makes the most wonderful soups – I tell her she's the soup queen!"

One person said. "I enjoy the meals and I'll eat whatever's on. The sausages are local and very tasty. The mash is from real potatoes with cream and butter." Another person said, "It's very good food. Anything you don't like, they'll get you something else. You have what's on the menu that day unless you don't like it – they know what we don't like usually." We saw that drinks were readily available, both with meals and at other times during the day. One person said, "We get a glass of water in the lounge and the usual hot drinks. I have Horlicks at supper." We saw that the lunch was a sociable occasion with most people eating together in the dining area. People could choose to have their meals in their own room. Where people needed assistance with their meal staff were on hand to provide the help that was required.

People had access to a range of health services. There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. One person said, "If I'm poorly, they quickly get someone in." Another person said, "The optician comes in and tests me. The chiropodist is about every two months and I get my hair done here once a week."

Good

Is the service caring?

Our findings

We saw the interactions between staff and people using the service were kind, caring and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. We observed staff interactions with people and found they spoke to people and supported them in a kind, unhurried and dignified manner at all times. Relatives that we spoke with were very positive about the care their family member received and one relative told us that, "My (family member) is really happy living at The Hermitage and his health has improved since living there." This showed that staff were able to respond and act upon people's care and support needs.

Two relatives told us that they felt the registered manager and staff knew their [family members] very well and showed a lot of kindness and respect. People told us they were involved in making decisions about their care. One person said. They always knock and will shut the blind if I'm dressing – I have my privacy when I want it." Another person said, "They make sure I've closed my curtains for privacy."

Staff knew people's needs and saw staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and affectionate way. During our inspection we saw a lot of positive and gentle interactions between staff and people using the service and noted any requests for assistance were responded to quickly. Staff were knowledgeable and enthusiastic regarding the people they supported. We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. One member of staff said. "I love working here – it's like a big family."

People were able to see their friends and relatives without any restrictions. One person said, "My son can visit anytime he likes" A relative told us that "The staff are always welcoming and offer us lunch and drinks which is really good."

Good

Is the service responsive?

Our findings

There were activities available in the home and examples included a craft activity making paper flowers andcake icing/decorating with the cook. One person said, "We've been potting seeds this week. My son takes me out sometimes for a trip." Another person said, "We have singers come in every few weeks which I like. Some people go to the café or bingo at a local centre. We planted sunflowers seeds this weekend and they're growing already. We've a small side garden we can sit out in." We also saw that a series of printed word search and quiz sheets were available forpeople to use. We saw posters publicised forthcoming events by a visiting singer and a bingo caller. A monthly church service is held in the home including communion. However some people did tell us that they would like more organised activities during the day.

People's needs were assessed, planned and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People told us, and we found from records reviewed, that an assessment of their care and support needs was completed. This ensured as much as possible that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they really know me as a person."

We saw that people's care plans were reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. An example of this included changes to a person's mobility and assistance they required. Daily records were completed detailing the care that had been provided. Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

Regular reviews of people's care were taking place with people's care professionals. These meetings reviewed any changes in the persons care and support that were needed. Feedback from care professionals was positive and that there were regular contact/discussions regarding the care and changing needs of people and how their needs could be best met. The registered manager told us that they were in regular contact with a variety of care professionals. Examples included contact with GPs. district nurse and occupational therapists to assist with people's particular care needs.

People had access to the complaints process which staff assisted/guided them with regarding how to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider. One person said, "Never had to complain at all. If I did, I'd see one of the managers to talk to" A relative said, "Not a thing to complain about so far. I'd know who to see in the office." This showed people were listened to and their concerns were swiftly and promptly responded to.

Good

Is the service well-led?

Our findings

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 2008 and associated Regulations about how the service is run.

People, relatives and staff told us the registered manager was approachable and listened to what they had to say. One person said, "She's [registered manager] always around. I could talk any problems through with her." Another person said, "We get on well. She's [registered manager] so good for this place. It's a very good I can't fault it" One relative said, "The manager [registered manager] and staff communicate well with us and keep us up to date about any changes." Another relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and registered manager. A third person said, "I'm one happy lady. I've had eight happy years here and wouldn't change a thing"

The registered manager and staff were dedicated in providing a good service and were positive and enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open and friendly and that people were treated with dignity and respect. The registered manager worked alongside staff to monitor the care and support, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity at all times throughout the inspection.

Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service.

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

One person said, "There's a questionnaire on the board you can use if you want. But we can just talk to anyone [registered manager and staff]." Another person said, "They had a little survey in the last newsletter that you could do if you wanted." We saw recent surveys completed to obtain feedback from people living at the home and their relatives. We reviewed the results of these surveys and they contained positive feedback about the service provided, the staff and the management team. We saw that an in-house newsletter continued to be produced (four to five times a year) which also provided news and updates and any forthcoming events in the home for people and their relatives.