

Hurstcare Limited

The Hurst Residential Home

Inspection report

124 Hoadswood Road
Hastings
East Sussex
TN34 2BA

Tel: 01424425693

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27 March 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

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 21 and 27 March 2018. 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. The Hurst Residential 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.

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 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. We undertook a comprehensive inspection in January and February 2017. We found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and the breaches of regulation previously found had been met. We however found a new breach of regulation in that care plans did not reflect changes to people's needs and therefore people had not received person centred care. The overall rating in February 2017 was requires improvement.

Following the last inspection in February 2017, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions safe, effective, caring, responsive and well led to at least good. This inspection found improvements had been steadily made and the breach of regulation met. However it was acknowledged that there were still improvements to make, care delivery and practices to embed into everyday practice. The action plan supplied during the inspection identified timescales for areas of improvement to be completed. This was the second consecutive time the overall rating was 'Requires Improvement'.

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 some people's individual specific health needs. There were people who lived with diabetes, catheters and pressure wounds whose care plan lacked the detail required to provide safe and effective care. These were immediately updated by the registered manager and the risk to people reduced. However there remained a need for the care plans and risk assessments to be continually reviewed and updated to reflect people's individual needs.

The provider had progressed quality assurance systems to review the support and care provided. However improvements were needed to ensure that an independent overview was also undertaken to capture where improvements were needed alongside the internal audits.

We have made a recommendation about systems being implemented to comply with the Accessible Information Standards (AIS).

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.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems to ensure medicines had been stored, administered, audited and reviewed appropriately. People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

People were given choice about what they wanted to eat and drink. People told us they received food they enjoyed. People were supported to maintain good health. Staff were proactive in ensuring people had access to external healthcare professionals when they needed it. Staff had a good understanding of equality, diversity and human rights. People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and palliative care (end of life). Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals, were in place.

People said they felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

People were encouraged to stay in touch with their families and receive visitors. People were encouraged to express their views and had regular resident meetings. They also said they could talk to the staff and felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's

care provision.

Staff said the management team 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 and staff were able to contribute to the meetings and make suggestions. People 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.

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 remained Good.

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.

There were enough staff to meet people's individual needs and keep them safe. Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

Is the service effective?

Good ●

The Hurst Residential Home was effective.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good ●

The Hurst Residential Home remained caring.

People were enabled and supported to access the community and maintain relationships with families and friends.

People's dignity was protected and staff offered assistance discretely when it was needed.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

Is the service responsive?

The Hurst Residential Home was not consistently responsive. Whilst they had met the previous breach of regulation, there were areas that still required further time to embed. Some of the improvements planned in providing meaningful activities had been impacted on due to the refurbishment.

Whilst care plans evidenced peoples individual needs not all had been updated to reflect recent changes to their health.

A complaints policy was in place and complaints were handled appropriately.

Requires Improvement 

Is the service well-led?

The Hurst Residential Home was not consistently well-led

Record keeping was not always accurate and was not appropriately analysed to assess the quality of care provided.

The registered manager and staff were committed to improving and developing the service for the benefit of people who lived there.

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

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 21 and 27 March 2018. This visit was unannounced, which meant the provider and staff did not know we were coming.

Four inspectors undertook this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We also looked at the action plan submitted by the registered manager following the last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which 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 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 12 people living at the service, one relative, five care staff, and the registered manager, who was also a director of The Hurst Residential Home.

Is the service safe?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People told us they felt safe. Comments included "I do feel safe, the staff support me," "Pretty good safety wise, I have a key to the house so I can come and go," and "Plenty of staff to help us." 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.

Appropriate steps had been taken to ensure that there were measures in place to keep people safe." People confirmed they received their medicines on time. One person told us, "Always get my pills on time," another person said, "They give me what the doctor has prescribed."

The management of medicines was 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. 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.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP). There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

As far as possible people were protected from the risk of abuse or harm. Records confirmed all staff had

received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Everyone should be treated the same and be treated with dignity and respect. The same for the staff, we are all here to do a good job and personal differences and cultures don't change that." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

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. For example risk assessments directed staff to monitor people's skin condition following a change in their health needs. This included positional change and use of topical creams. Handover information updated staff on any changes to skin condition, 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 identified and managed.

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.

Is the service effective?

Our findings

At our last inspection in January 2017, there were concerns discussed in respect of people's past histories that could impact on their and other people's safety which had not been considered under the Mental Capacity Act 2005 (MCA). This was an area that required improvement. This inspection found that improvements in respect of decision making had been made and sustained.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They had received training and told us how they supported people to make their own decisions and choices. The 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, as and when needed. If they lacked the mental capacity to make particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible. The MCA says that assessment of mental capacity must be decision specific and it must also be recorded how the decision of mental capacity was reached. Where people lacked mental capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. Throughout the inspection we observed staff asking people's consent prior to offering care and support.

We saw that following an incident where someone left the premises inappropriately dressed for the cold weather and appearing lost and confused, a decision was made, in their best interest with health professionals and family members to withdraw their front door key and apply for a deprivation of liberty safeguards in the interest of their safety. All but this one person had a front door key which allowed people to leave the premises freely within individual risk assessments.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. The registered manager understood when an application should be made and that they should be decision specific. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework.

Staff undertook an assessment of people's care and support needs before they began using the service. This meant they could be certain that their needs could be met. The pre-admission assessments were used to develop a more detailed care plan for each person, which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. We saw that staff involved people in their reviews as much as possible, and also documented when people chose not to be involved.

Staff liaised effectively with other organisations and teams and people received support from specialised

healthcare professionals when required, such as GP's, community mental health nurses and social workers. Access was also provided to more specialist services, such as opticians and physiotherapists if required. Staff kept records about the healthcare appointments people had attended, and implemented the guidance provided by healthcare professionals. One person told us, "They make sure I see the doctor when I need to, I have also been to the hospital for appointments which they never forget and they take me in a taxi." Staff told us they knew people well and were able to recognise any changes in people's behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured that when people were referred for treatment that they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. During the inspection we saw that a staff member was concerned about one person's health and they immediately went to the registered manager with their concerns.

Staff had completed training to make sure they had the skills and knowledge to provide the support individuals needed. Staff training had been continued and progressed and the staff had achieved 92% completion of essential training. This showed us that the provider was continually 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. One staff member said, "Training is on-going, we have face to face training for moving and handling and specific needs such as catheter care and diabetes." Staff received medicine training and competency assessments. There was a gap in medicine competencies in respect of insulin management. This was rectified immediately by the registered manager before the end of inspection.

Staff had received training in supporting people with mental health problems. Staff were seen supporting people in a calm and confident manner and managing behaviours that challenged effectively.

The registered manager told us all staff received regular supervision. Staff confirmed they had received supervision by the registered manager and said it was beneficial. One staff member said, "It is an opportunity to talk about our job, any problems and the residents." Another said they had had lots of supervision and meetings since joining the staff team, "It's been really good, I feel supported." Staff discussed their personal development needs, such as specialist training especially in meeting people's mental health needs. One staff member said, "Our manager is very knowledgeable about mental health and shares his knowledge."

People were encouraged to eat a healthy diet of their choosing. We saw records to show people had worked together to create a daily menu of their own choosing. New meals were introduced following requests and consultation with people, and seasonal changes were made throughout the year. The resident meeting notes confirmed that people's views of food were recorded and action taken. Fresh fruit, cold drinks and continuous tea and coffee was always available. People were able to help themselves throughout the day from tea and coffee urns. There was also a cold water fountain that people could use as they wished.

The lunch time experience was relaxed and informal. People chose where they wanted to eat their meals. All tables were laid in readiness with cutlery and condiments. Some people chose to ate alone, others sat together in groups. We heard staff offering people choices if they did not finish or appear to enjoy their meal. Comments about the food were positive, "Very tasty, always a choice and plenty of it," "Pretty good, we get lots of choice" and, "I like the food." The cook had left the service recently and a senior care staff member had taken over the cooking until a cook was recruited. The registered manager confirmed that they had advertised for a full time cook.

Staff monitored people's appetites and the records stated what action staff had taken when there was an

identified weight loss or a weight gain. If action was needed, this was recorded in the care plan and that they had been referred to the GP and mental health nurse. We saw evidence of this within the files we reviewed.

People were seen to enjoy their meals and food looked appetising and was well presented. People told us they could ask for snacks at anytime and that cakes and biscuits were always available. We were told snacks were available during the evening and night if someone felt hungry.

The Hurst Residential Home was currently being upgraded and refurbished to ensure that it was suitable for the people who lived there. For example the relocation of the laundry and the changes to the communal areas.

Is the service caring?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People were supported with kindness and respect. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well supported and treated with respect and dignity, and had their independence promoted. One person told us, "All the staff are very kind to me, nothing is too much trouble. They never make you feel awkward or embarrassed about things. They are all very helpful."

Staff demonstrated a commitment to providing support in the way people wanted. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. One person told us, "They look after me well, nothing is too much trouble for them". We also spoke with staff, who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and drink. Most staff also knew about people's families and some of their interests.

People's rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their families and friends if they chose to. Staff supported people to maintain contact with family and helped them arrange visits if necessary.

People were listened to. Staff chatted to them throughout the day. We saw interactions were relaxed and respectful and demonstrated staff knew people well. Staff used their knowledge of the person to start conversations. When people were supported in communal areas staff worked at the person's own pace and engaged with them throughout.

People's dignity was promoted. Where people needed assistance with personal needs in communal areas, staff assisted discretely and with respect.

Information on the use of advocacy services was available and the registered manager confirmed the home worked in partnership with Independent Mental Capacity Advocates (IMCA) when required. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can express myself and staff will support me." Another person told us, "I like to wear make-up and nail varnish I can't do it myself but staff help me." Staff told us, "Our residents are all very different and some unique, we as a team support them to be themselves." We saw that people's individuality throughout the inspection process was respected in the way they dressed and their choice of daily living.

People were able to express their views and were involved in making decisions about their care and support, and the running of the home as much as possible. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Care records were stored securely in a lockable cupboard. There were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in January and February 2017. At that inspection we found a breach of the legal requirements. This was because there was a lack of person-centred care planning and lack of adequate activities to meet people's individual needs. At this inspection we found improvements had been made and that the provider had now met the previous legal breach of regulation. However there were areas that still required improvement as they were not yet fully embedded in to everyday care delivery.

People were involved in developing their care, support and treatment plans as much as they wished to. A senior staff said, "Not everyone wants to be involved but we encourage and try to involve them." One person said, "Yes I know what is in my file, staff sit and discuss what is happening, they make sure I see a doctor immediately when I feel poorly." Another person told us, "They are really good at getting help when we need it."

Senior care workers took responsibility of reviewing and updating care plans. There were three teams, red, blue and yellow. On the whole we found that care plans were reviewed and updated, however some recent changes to a persons' health whilst mentioned and had not been supported by care plans to guide staff in responding to these new needs. For example, catheter care. There was no mention of how staff should care for the catheter, what to observe for to prevent infection, when it was due for changing and of what size catheter in case it needed changing. District nurses were visiting to dress a pressure wound and whilst the notes from the district nurses were there, the care plan did not reflect how care staff were to care for the wound, such as checking the dressing was clean and intact and what action to take should there be leakage from the wound. There was no reflection in the care plan that there was an air mattress in use and that the person needed to be supported to change their position regularly. It was acknowledged by staff that this person's care plan had not been updated following discharge from hospital. The staff member who was responsible for reviews had been allocated to cooking as the cook had left and no one had stepped in to take over to update and review the care plan.

People told us that they were supported to access the community and enabled to maintain relationships with family and friends. One person told us, "The staff are really good. We have been asked what we want to do and what we want, we have a snooker table and we are going to have a cinema room, they have painted it." Another talked of the new dining room décor, they said, "It looks really good, we also have a bright yellow room, everyone will need sunglasses!" However because of the refurbishment, structured activities and life skill activities had been delayed. Many plans were being discussed and due to be implemented but not yet introduced.

Since the last inspection there was evidence that discussions about lifestyle activities and past times had taken place. The introduction of a kitchenette where people could prepare meals and drinks had been planned but not yet completed. This when completed will enable people to regain and retain their independence. These were areas that required improvement and needed further time to be developed and put in to place.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that the communication needs of people who required it were assessed and met. For example, we saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. However, none of the staff at the service were aware of the AIS and no policy, procedures or training around this had been implemented.

We recommend that the provider obtains information, sources training and implements policies and procedure in relation to compliance with the AIS.

Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that people's wishes, with regard to their care at the end of their life, had been respected. Staff knew about anticipatory medicines and there were systems and policies at the service to manage this both safely and responsively should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life. Staff told us they received training on end of life care and that they had discussed the fact that the people they supported were getting older and more frail.

Staff undertook care that was suited to people's individual needs and preferences. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Most care plans looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person lived with diabetes and there were comprehensive care plans of how staff should support them with living with diabetes and this included checking blood sugars, monitoring their diet as they liked sweet things and chocolate. We saw that staff followed these care directives and this person was able to enjoy their food. One staff member said, "We try not to over manage but have introduced lots of alternatives, such as fruit and plain biscuits." Another person who lived with diabetes had guidance within their care plan of how staff were to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar. This meant that care delivery was responsive to people's individual needs.

Regular staff and resident and family meetings were now being held and we saw 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 introduced new types of food and then discussed these with people to see if they had been enjoyed. Feedback was then evaluated and new menu choices added to the menu.

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 inspection in January 2017 we found that improvements were needed to consistently improve outcomes for people and embed good practice into everyday care delivery.

This inspection found that improvements had been made, however there were still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

There were quality assurance systems to drive improvement within the service. However because the director was also the registered manager and in the service six days a week, he had been auditing himself which had been difficult. This was specifically care plans, because he does the care plans and therefore not distanced enough to audit robustly. This was fully discussed as an area to improve. The organisational partner who was the registered manager of their second home will be doing a full monthly audit in future to provide clear oversight and analysis whilst the registered manager of the Hurst will audit the second home.

People and their visitors told us they liked being involved in the plans of refurbishment and welcomed the opportunity to share their views. Feedback and comments received from surveys and complaints had been taken seriously. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned or were being actioned. For example the garden, communal rooms and meal choices. However there were still areas for the provider to develop to ensure that care plans reflected people's changed needs and people were supported to live a full and active life.

Audits were carried out in line with policies and procedures. Areas for improvement were on-going such as care documentation and social activities. The registered manager said it was an area that they were continuously improving and staff were receiving support in completing records. The improvements to the environment was another area that was a priority of the provider. There had been delays due to funds and then weather conditions, this had impacted on the progress. People and staff were fully behind the refurbishments and improvements and looking forward to the new facilities.

The management structure, staff retention and recruitment at The Hurst remained consistent and the registered manager was in the home six days a week. This had impacted positively on staff morale. People talked of the registered manager in a positive way. One person said, "Really good, listens, I feel I can really talk to him." Another person said, "He's like family, always here, very calm and kind, I think he's knows a lot about how to treat people," and, "I think (the manager) is very good and certainly looks after us all."

We found that some areas of practice had really improved, for example medicine management. The location of the medicine cupboard had moved to a quieter area. This ensured that staff could do audits, check medicines, receive medicines from the pharmacist without interruption. Other improvements included the completion of mental capacity assessments and the introduction of staff competency tests to underpin essential training.

Effective management and leadership was demonstrated in the home. The registered manager took an

active role in 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 remained that the priority was to make The Hurst 'a safe and comfortable home' for people. There were clear lines of responsibility and accountability within the management structure.

Everyone knew the registered manager and referred to him when describing their experiences of life at The Hurst. Staff told us that there was an open and friendly culture in the home. One staff member said, "We can talk to the manager at any time, evening day or night. He works alongside us, the residents come first and we work as a team. Another staff member said, "I really like working here, I wasn't happy at my last job but I feel supported here." Staff told us they would challenge poor practice if they saw it and would tell the registered manager or other senior staff immediately if they had any concerns. Staff meetings had been held regularly over the past year and staff felt informed about changes and plans for the home.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff living and working at the service.

Services that provide health and social care to people are required to inform the Care Quality Commission,(the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.