

## The Hermitage Whittlesey LLP

# The Hermitage

### Inspection report

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18 November 2019  
22 November 2019

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

The Hermitage is a residential care home providing accommodation and personal care in one adapted building to 19 older people at the time of the inspection. The service can support up to 24 people.

### People's experience of using this service and what we found

Staff followed the systems in place to monitor and manage people's risks and keep people safe from avoidable harm. Staff used their training and knowledge to prevent the spread of infections. People had either a risk assessment in place to ensure it was safe for them to take their own medicines or staff who had been trained and competency checked, managed and administered people's prescribed medicines safely.

Staff received training and appraisals from the management team that helped enable them to do their job well.

We have made a recommendation about the formal recording of the content of staff supervisions meetings.

The service was well managed by a registered manager and a management team. Motivated staff were encouraged and supported to give people a good-quality service. Checks were made to assess the quality of care being given including unannounced visits by the management team to the service. However, staff did not always record these checks, or any actions required.

We have made a recommendation about the formal recording of all governance checks and improvement actions to evidence the quality of the service provided.

Staff treated the people they supported kindly and with compassion. People had positive opinions of the staff who cared for them. Staff promoted and maintained people's privacy and dignity. People enjoyed the activities that went on at the service. Links were established with the local community and people from the community were encouraged to attend events held at the service.

People were supported to eat and drink enough amounts and were involved in making decisions about their care. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in care records for staff to follow.

No complaints had been received but people and their relatives told us they knew how to raise any concerns. People and their relatives were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests

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

#### Rating at last inspection

The last rating for this service was good (report published 20 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Hermitage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals such as the Joint Emergency Team (JET) who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager [by telephone], assistant manager who is also the provider the administrator who is also a part owner, and three care workers. We also spoke with two visiting health professionals.

We reviewed a range of records. This included three people's care records. We looked at the staff training matrix, the compliments file, surveys and external medicine audits. We also looked at records relating to the management of the service, including policies and procedures.

#### After the inspection

As the registered manager could not be present during our visit to the service on 18 November 2019 we carried out a telephone interview with them on 22 November 2019 to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person told us, "You are safe [here], if I was at home I wouldn't feel as safe." Another person said, "The newsletter informs us of how to raise a concern if I needed to raise one. I have not had to do so."
- Trained staff demonstrated their understanding of how important it was to keep people safe from poor care or harm including the process to follow to raise concerns. One staff member said, "I would report to my manager. I can report to the CQC, there are posters out in the hallway giving you telephone numbers regarding whistleblowing. I would whistle-blow because I have a duty of care to the residents."

Assessing risk, safety monitoring and management

- Staff had access to people's risk assessment guidance within their care records. These gave staff information on how to monitor risks to maintain people's safety without removing their independence.
- Trained staff in fire safety were aware of the evacuation process they would go through in the event of an emergency such as a fire.
- Staff supported people's wellbeing by making sure there was equipment and technology such as care call bells and pressure relieving equipment in place.

Staffing and recruitment

- The management team completed recruitment checks on potential new staff members. This was to ensure they were suitable to work with the people they supported.
- There were enough staff on the day of inspection to support people's care needs promptly. A person told us of a time when they quickly needed staff support. They said, "Staff came straight away when I rung the call bell."
- The assistant manager told us that although not documented, staffing levels were determined by looking at people's care and support needs and the input needed from staff.

Using medicines safely

- To maintain people's independence there were risk assessments in place to identify if they could safely self-medicate. A person said, "I self-medicate, it keeps me independent. The staff order my repeat prescriptions for me." Risk assessments also detailed whether people needed full support from staff to manage their medicines safely. This included any 'as and when needed' medicines such as pain relief.
- Trained staff administered people's prescribed medicines. The registered manager told us that staffs' competency to administer medicines safely was checked annually. Staff administered, stored and disposed of people's medicines. To check staff were administering and storing medicines safely external audits including a pharmacy audit were carried out.

### Preventing and controlling infection

- People told us, and we saw the service was clean with no unpleasant odours. A person said, "[The] room is cleaned regularly, every day."
- Staff confirmed they had training in food hygiene and infection control. This helped their knowledge on how to prevent the risk of spreading infections.

### Learning lessons when things go wrong

- The assistant manager gave an example of action taken when things had gone wrong or needed improvement. A staff member confirmed, "Extra checks are now in place to prompt staff of the importance of signing [medicine administration records]."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team met with potential new people to the service. This initial assessment helped ensure that staff had the right skills and knowledge to meet the persons care and support needs.
- The assistant manager told us, staff used up to date guidance and best practice to support people. They demonstrated to us that oral health guidance and support was due to be discussed with staff soon. This was to help promote and maintain people's oral health well-being. A person confirmed that, "Staff support me with my oral healthcare by prompting [me]."

Staff support: induction, training, skills and experience

- The management team supported staff with on-going supervisions. Staff said the management team had an open-door approach where concerns or suggestions could be discussed quickly. However, the registered manager told us these discussions were not documented.

We recommend that the provider considers to formally document to evidence staff supervisions and what was discussed during these meetings

- The registered manager confirmed that new staff completed an induction programme which included the completion of the Care Certificate. This is a nationally recognised induction training programme.
- Staff had their knowledge to deliver effective care developed through a training programme, competency checks, on-going supervisions and appraisals. However, staff had not been trained in equality and diversity. The registered manager told us that they had added this to their training programme and there was an expectation for staff to complete this training as soon as possible.

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

- Staff monitored people's weight and encouraged people to eat and drink enough to promote their well-being.
- The chef catered for people's dietary needs. People told us that although the menu only listed one option, they could ask for alternatives and this would be made for them. One person said, "I like the food. It used to be a bit iffy, but it is great now. I can't eat certain food due to my [health condition] but the chef will adapt the menu for me and if there is something I don't like they will get me an alternative." Another person laughed and told us, "The food is so nice I eat the lot!"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff involved external health professionals such as chiropodists, occupational therapists and the GP to promote and maintain people's well-being. A relative said, "We were involved with [family member] a couple of weeks ago to discuss an occupational therapist referral following a fall. [Family member] might need other equipment."
- During this inspection two visiting health professionals spoke positively about the service provided by staff. One health professional told us, "[Staff] do feedback concerns to the [GP] practice. Staff listen to advice given. If they notice something that is not quite right they are proactive."
- However, the assistant manager told us they struggled to get an NHS dentist to visit people at the service. They said, "If people needed to see a dentist as our residents are private we would speak to the family." A person confirmed, "If I need to see a dentist then my family would arrange this."

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

- The environment was adapted to meet people's needs. To support people's mobility needs, there was a stair lift and a passenger lift to help people reach the first floor.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The assistant manager confirmed that nobody living at The Hermitage lacked the mental capacity to make day to day or larger decisions for themselves.
- People and their relatives told us staff gave people living at the service choices. A staff member confirmed they had MCA training and said, "People have freedom of choice and we have to listen to what they want."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection staff were very kind and compassionate towards the people they supported.
- People and their relatives gave very positive feedback on care given by staff. One relative said, "Staff don't just do their job, they go the extra mile and know how to handle [person]. They are good at persuading [family member] to take care of themselves... They don't do this in a bossy way." A person confirmed, "I can't fault any of the [staff] they can't do enough for you."

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

- Staff communicated to people and involved them in decisions about their care and support needs. People and their relatives confirmed that staff knew and respected them and their family members well. A relative said, "It is the small things that matter."
- People and their relatives told us communication with the management and staff team was very good and helped them feel involved. A relative said, "Communication is very good, excellent." Another relative told us, "[Family member] is involved in decisions around their care and communication is very good...Facebook and the newsletter are a great way for our family that live overseas to see what [family member] is up too and comment on. They feel involved."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity by not discussing people's support and care needs in front of other people. Staff also knocked before entering a person's room.
- A person told us, "I moved in permanently on [named date]. My mobility is getting more affected but I'm keeping as independent as possible...Staff when helping me with dressing or personal care they always try to protect my privacy and dignity."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew the people they were caring for very well. People confirmed that staff got to know them, what their wishes were and their likes and dislikes. A person said, "Staff really know me, and my likes and dislikes and I think that is what matters." Another person told us, "I am really happy here and staff support me to do what I can do for myself and I try."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information such as newsletters were available to people in large print to aid with their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain their hobbies and interests such as reading, quizzes and needlecraft. External entertainers also entertained people at the service. The assistant manager on occasions brought their dog into the service. We saw that the dog and people living at the service were all very pleased to see each other.

- A relative told us about the activities their family member took part in. They said, "There is enough for [family member] to do here, they colour, they do cupcakes, there is always something going on. There are carol singers at Christmas, and local schools bring children in to sing."

Improving care quality in response to complaints or concerns

- The assistant manager told us they had received no complaints about the service. A relative said, "We have been given information on how to raise a complaint."
- Staff had received compliments about the care and support they have given to people.

End of life care and support

- Nobody currently using the service was on end of life care. A care assistant told us how staff would work when needed alongside district nurses and the persons GP to try to make sure they had a dignified death in line with their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks, including provider unannounced visits to monitor the quality of the service provided were carried out. However, these checks were not formally documented including any actions required.

We recommend that all quality monitoring visits and audits of different areas of the service are documented formally including actions to be taken wherever improvements are required.

- Staff told us the management team listened to their suggestions on how to improve the service. A staff member gave an example of when additional external training was sought. They said, "I feel supported by the management team who are there for you. If you come with a suggestion you are listened to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives, and visiting health professionals spoke positively about the registered manager and the service staff provided. Surveys were carried out to gather feedback on the service. A relative said, "[Family member] was initially in for respite. After two weeks they said why would I want to go home. I don't have to think about food or laundry I don't have any of that here. I have made lots of friends. If I want quiet time I can have it... It's lovely, friendly, and comfortable. It has a lovely vibe. Thank goodness [family member] ended up here."

- A visiting health professional said, "I have a very good opinion of the place it has a good vibe, staff are friendly, and people are cared for... I would be very happy if my [family member] was cared for here."

- Staff told us they felt very supported and joked that this was the reason very few staff left the service. Staff could describe to us the values of the service. They also told us there was an expectation for them to deliver a high standard of care. A staff member said, "The values are to provide good quality care in a homely environment...I would have someone I care about cared for here, because it's a lovely home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The provider and registered manager had displayed their inspection rating clearly in the entrance to the

service for people and their visitors to refer to. However, it was not in the correct format. Staff corrected this during the inspection.

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

- The provider and management of the service were working hard to establish links within the local community. Examples included fundraising events, supporting local charities and holding car boot sales and village fetes at the service.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GP's, and chiropodists. This helped make sure people received joined up care and support. A visiting health professional said, "Staff promptly produce a weight chart which shows people's weights. Not all staff at care homes are able to do this. I think that is really good and that communication is good."