

Caring Homes Healthcare Group Limited

East Hill House Residential Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

East Hill House is a residential care home that was providing personal care and accommodation for up to 34 people aged 65 and over.

At the time of the inspection there were 31 people living at East Hill House. The majority of people were living with a form of dementia. The home had a dementia care unit called The Willows in the main house which provided care for up to eight people with more significant needs associated with their dementia. There was a small unit opposite the main house called The Court which provided accommodation for up to 10 people who received food services and some personal care but liked to maintain some independence with staff support.

People's experience of using this service:

Community working was exceptional and led to improved quality of life of people through involvement with community projects and events. We received excellent feedback from people, relatives and external professionals about the activities and engagement with the community. The registered manager prioritised activities that would provide stimulating experiences for people and enable them to feel valued and part of their community. Care plans were detailed and contained good information for staff to help them meet people's needs.

The home was well led by a management team that were motivated to provide an inclusive environment for people. The registered manager had good oversight of the service where any concerns were identified and acted upon without delay.

We have made a recommendation that the provider and registered manager evaluate the impact of the service initiatives to ensure they achieve exceptional outcomes for people.

People were supported with kindness and compassion. People and their families were involved in the planning of their care and developed positive relationships with staff.

People told us they felt safe and well cared for. People received medicines safely by staff who were competent to give them. People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse. When things went wrong the registered manager investigated and staff learned from this and changed practices. People were protected from infection by staff who had completed training in infection control procedures.

People were supported to eat and drink and monitored to ensure they were nourished and hydrated. The provider had effective systems in place to maintain staff skills and knowledge through training and development.

Rating at last inspection:

The service was rated good at the last inspection published on 20th October 2016.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect in line with our inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

East Hill House Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors and one 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. The expert on this inspection had experience of people living with dementia.

Service and service type:

East hill house is a care home. People in care homes receive accommodation and personal care. The Care Quality commission (CQC) regulates both 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 was an unannounced comprehensive inspection.

What we did:

Before the inspection we reviewed the provider information return. 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 that we held on the service such as notifications, these are events that happen in the service that the registered provider is required to tell us about.

We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who had a contract in place with the registered provider.

During the inspection we undertook a tour of the premises along with the registered manager.

We looked at five care plans of people living in the service and five staff recruitment records.

Records in relation to the management of the home were looked at these included, quality assurance audits, staff training, safeguarding, complaints, incident information as well as maintenance and safety checks.

During the inspection we spoke with six people at the home, five relatives, eight staff members, the registered manager, the regional manager for the provider, a social worker and a Dementia Community Champion for Alzheimer's Society.

We asked the registered manager to send us some policy documents and the staff training matrix, this information was received after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe in the home, a person said, " I feel very safe here, the staff are always around checking things are safe for us to use, at night the staff check me to see I am comfortable, it is reassuring to me to know staff are there if we need them
- The provider demonstrated they had systems and processes in place to protect people from abuse.
- People benefitted from staff who had completed training to enable them to recognise and act to protect people from abuse. Staff we spoke with understood their roles and responsibilities in keeping people safe.

Assessing risk, safety monitoring and management

- People were safe because risk was assessed and managed. Staff knew about the risks to the people at the service, and how to mitigate them.
- Peoples care records included risk assessments which guided staff about how risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking and moving and handling.
- People and their families were involved in decisions about how risk should be minimised. Their preferences were acknowledged, and people were not unduly restricted.
- People had access to a nurse call system in their room to seek assistance; some people used sensor alarms by their bed which activated the call system if triggered. This gave assurances to people at risk of falling that staff would be alerted as they started to move about and so would go to assist them helping to reduce risks to people from falling. .
- New technology was being used in the service for assessments and monitoring of incidents. This allowed the registered manager to have an overview of incidents in the home. Incidents were analysed, and measures were put in place to avoid similar things happening again. The registered manager could also monitor incidents remotely when not in the home and provide support to the home if needed.
- Where pressure relieving equipment was used there were records showing it was checked daily. People requiring pressure relieving mattresses were also given pressure cushions for sitting out during the day to help reduce the risk of pressure wounds.
- People would be safely supported in the event of a fire as staff had been trained and personal evacuation plans were completed for each person in the home. People knew what to do in the event of a fire and some people told us they had been involved in a fire drill.
- Health and safety information was displayed appropriately where required to assist staff. There was hand washing guidance above hand washing sinks, infection control information displayed in staff areas, evacuation procedures display throughout the home.
- Medical devise safety alerts are acted upon, communicated to staff and filed
- Appropriate servicing of equipment and premises was completed and monitored through the quality systems.

Staffing and recruitment

- The provider had systems and processes in place which ensured robust recruitment checks were completed before any new staff started work at the home. Staff files confirmed application forms had been completed, references from previous employment had been obtained, and disclosure and barring service (DBS) checks carried out. DBS checks help providers reduce the risk of employing unsuitable staff.

Using medicines safely

- People received their medicines from staff who had been trained. In addition staff had their competency checked annually to ensure they had the required knowledge to administer medicines.
- Staff followed the service's policy and procedures for safe management of medicine This included ordering, administration, storing and disposal of medicines.
- Where people were prescribed medication on an 'as needed' basis there were protocols in place to guide staff to ensure that the medicine was administered when appropriate.
- We observed a medicine round, Staff communicated effectively with people, and supported them to take their medicines safely in their own time.
- Some people had their medicine administered covertly, this means that it was hidden in food or drink to make sure they did not refuse to take it. Where this was the case the decision to do this in the persons best interest was taken by appropriate people and recorded in their file.
- Medicine charts had been signed. One chart recorded that there were 5 of a particular type of tablets remaining. However, on counting we found there to be six tablets remaining. This indicated that one dose had been missed. We brought this to the attention of the registered manager who advised they would investigate and would incorporate a daily count to prevent a recurrence. All the other stocks that we checked were correct.
- We also found the medication fridge was not working. The registered manger told us they had ordered a new fridge and were awaiting its arrival. This had not impacted on people as at the time only three items were stored in the fridge. Pharmacist advice had been sought and the items did not need to be stored in the fridge.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. We observed them following good infection control practice.
- There was an up to date infection control policy in place.
- The service was clean and tidy and odour free, the registered manager had effective systems for prevention and control of infection in place
- Staff told us they were provided with personal protective equipment (PPE) and had received training when to use PPE.
- There were colour coding systems in place to deal with soiled laundry that staff followed to reduce the risk of cross contamination.
- On the day of inspection some people were cared for in their room as they were unwell, staff were observed using PPE when preparing to give personal care, visitors were made aware of the infection risk by staff before entering the area, this was an example of good practise in preventing the spread of infection.
- Clinical waste procedures were in place. The home had a secure area to dispose of clinical waste, however we found that the area was not locked. We pointed this out to the registered manager who secured the area immediately. We checked, and the area was secured.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences.
- Risk assessments and care plans were reviewed and updated where necessary following incidents to try to prevent recurrence.

- The registered manager reviewed and analysed information around incidents, accidents and near misses, to identify any trends and put actions in place to minimise future risks when required.

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

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

- Pre-admission assessments were carried out to ensure the service was able to meet the person's needs.
- Care plans were detailed for each identified need people had, staff had a good understanding of each person and how to deliver their care and meet their needs.
- Peoples protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability, religion when planning care.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs, all staff had received induction training prior to commencing employment at the service.
- We viewed staff training records, each member of staff had an individual training record and had completed the training the provider considered to be mandatory.
- Staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- The registered manager had a training matrix in place to enable them to identify who had completed training and who required training updates. Staff showed me the training matrix on the staff board and said, "We all know when we are due update training as the manager keeps the training matrix up to date and displays it on the notice board."
- Staffs work performance and training needs were reviewed at formal supervision meetings with the management team.
- The registered manger ensured staff received specific training to care for people's needs, for example; staff received a variety of training to assist them to understand and deliver better support to those living with dementia. Examples of such training included; 'sundown syndrome', 'inspire my world' and 'dementia care'.
- The registered manager encouraged staff to develop skills to benefit people in the home through the provision of training opportunities and participation in community groups. The registered manager said, "I support anyone who is able to spread their wings, I am proactive in staff development, for example everyone in the home has completed the care certificate, everyone has dementia training including the administration staff, after all we are all carers."

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

- We carried out an observation at lunch in the dining room and found that there was a relaxed unhurried atmosphere throughout the meal.
- People were supported and encouraged to eat where appropriate. People were given a choice of what to eat and we observed that a menu for the day was on each table. Staff also brought the choices available so people could choose for themselves, the menu was consistent with the food being served on the day of inspection.

- People in the dining room interacted with each other and staff encouraged people to communicate by involving them in conversations.
- Drinks and snacks were accessible all day and offered to people during our inspection.
- People were involved in menu planning, the chef carried out an annual review and incorporated people's choices in the menu. The chef said, "if needed I will go down the road to the shop to get people food they want to eat as long as they enjoy their food."
- The registered manager told us when people were going out the chef prepared a lunch box for them to take with them to ensure they had food and drink when they are away from the home.
- People's weight was monitored on a weekly or monthly schedule depending on their nutritional assessment. The chef told us they provided fortified diets for people at risk of malnutrition.

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

- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- People were supported to access appointments with a range of healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made when required, and care plans reflected the advice and guidance provided.
- Staff knew people living at the service very well and were able to quickly respond to people's changing needs. One person's care plan showed that after a fall their needs were reassessed, and equipment introduced to meet the needs of that person in a safe effective way.
- Care plans identified specific medical conditions. Staff were given detailed instructions on how to care for and help support people to manage their conditions. For example, people living with diabetes.

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

- The design and decoration of the service met the needs of people living at the service, some areas of the service needed redecoration. The registered manager told us there was a plan in place to upgrade the facilities in the home for example the redecoration and converting shower rooms into wet rooms.
- People benefited from having a selection of communal areas and a room dedicated to activities. This meant people were able to spend time in quieter or busier areas dependent on their wishes. It also meant that it was possible for them to spend time in private with their families and friends. People told us they sometimes used the room when they wanted to get away and sit quietly doing their own activity.
- The service had a large garden to the rear of the home, people told us that they used the garden in the warmer weather a lot., The activities person said, "During the warmer weather we like to take people into the garden and do some gardening activities with them, some people really enjoy it, I would like to develop raised flower beds in the garden to encourage more people to participate in gardening activities."
- One person told us, "I had an En-suite bath in my room, I was no longer able to use the bath, so the provider changed the bath to a walk-in shower, now I can manage to shower when I want, they did this very quickly."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff had received training about MCA and understood how to apply this legal guidance when they supported people with their decision making.
- At the time of this inspection four people had DoLS authorisation in place and a further five people were waiting authorisation, we saw that the registered manager had chased up these applications.
- We observed staff asking for consent before supporting people and understanding their needs. For example, staff asked people if they wanted to mobilise and if they wanted any support. Staff asked people if they were comfortable and they asked them if they wanted to join in activities.

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

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

- The staff were caring, staff spoke with people with kindness and compassion. They were affectionate towards people and knew what was important to them.
- People received care from staff who developed positive, caring and compassionate relationships with them. One person told us, "I'm well taken care of."
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.

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

- The registered manager told us that there were two people living at the home who sat on interview panels for new staff. They said "They form part of the recruitment process and give us feedback on the person being interviewed, this gives people in the home a voice in who cares for them."
- People and relatives were informed about future plans and activities in a news letter sent out via email to families, some were posted if email was not available.
- People were invited to monthly residents meeting in the home, one person said, "Yes, I have attended the meetings, the registered manager is always there, and they ask us how they can improve the service given to us, suggestions we make are normally followed up."
- People were involved in day to day decisions and in regular reviews of their care. People told us they felt listened to.
- People and family were invited to planned care plan reviews, relatives said, "We get invited to a meeting with the manager and staff to talk about my relatives care, we are asked if there is anything within the care plan that we would like to change and what the home could do better to improve my relatives care."
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids to aid their communication.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who enthusiastic and engaging with people
- One person said, "They have given me a large do not disturb sign to hang on my door which I use when I feel I want some privacy and time on my own."
- One person said, "the hairdresser comes in once a week on a Wednesday. I get on well with her and could not do without her, it makes me feel good to have my hair done."
- A relative said, "My relative had requested to move rooms recently so they could have more peace, they also had a need to have more in-depth personal care, the staff are very discreet about it here."
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone

who represents and acts on a person's behalf and helps them make decisions.

- Staff showed genuine concern for people and ensured people's rights were upheld.
- People's confidentiality was respected, and people's care records were kept securely.
- People's independence was encouraged without compromising their safety. People's care plans showed what aspects of personal care people could manage independently and what they needed staff support with.
- We observed staff knocking on people's door before entering the people's rooms.
- The registered manager allocated staff to carry out a dignity observation sometimes it could be an administrator or a gardener to ensure dignity is seen from a non-carer background.
- People could make choices about their care and be as independent as possible. A social care professional told us, "Staff had a good understanding of the people and their requirements, and they respected people's wish to remain as independent as possible with support from staff, they helped people to achieve this."

Is the service responsive?

Our findings

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

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

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

- People received exceptional person-centred care. Their care and support not only met their healthcare needs, but staff ensured their support went beyond that and was highly individual to people. This included activities provision which was a focus for the service and provided excellent outcomes for people in reducing social isolation, loneliness and low mood. Staff spoke to us passionately about activities and told us it was not uncommon for most of the people in the service to be out enjoying themselves at an event. People in the home regularly participated in dementia friendly groups, coffee mornings, group meetings, and days out for example to the zoo, parks and a vintage car show. One person attended a dementia festival with staff and gave a talk about what it was like living with dementia and living in a care home. The registered manager told us, "it was good to see a person from our home feeling comfortable enough to talk to people, we are very proud of them".
- The registered manager demonstrated their commitment to people being involved in their community. They told us, "I've tried to engage with the community and to be involved in it. I think that's helped me to help people living here. For example, People were in danger of isolation and I felt that their days were being wasted by not getting out and about, we have a mini bus at East hill house that we use to take people on outings and to community events". For example, many people participated in a charity walk to raise money for Alzheimer's Society. We observed photographs that showed people had enjoyed this, one person told us they attended the dementia café and had made friends with people outside of the home and reconnected with the community as a result of this.
- People's individual psychological and social needs were explored and known to staff who supported people in a skilled way. One person loved to dance and we observed the person teaching a member of staff how to dance. Both the person and staff member were elated during the dance and laughed together. There was an atmosphere of joy and comfort within the home because people were happy. Needs were also met through other activities including board games, music therapy, flower arranging, art and pictures. These created enjoyable experiences for people and photographs were taken that demonstrated this. The service was also using technology to provide more variety in activities. We observed people using an interactive screen to play games, one person was completing a jigsaw on the screen and was happy to explain how it worked to us. Another person told us that they liked using the screen as there were many different activities they could enjoy.
- The registered manager told us that people living in the home had become pen pals with children from the local school and received cards and letters from them. The school children visited people in the home regularly which people enjoyed. The local primary school invited people to the school to listen to children read in small groups, the registered manager told us this made people feel involved and included in the community. The registered manager said, "it had been a great success when people returned they told other people about the children and what they had been reading, this created good conversations between

people, the school often rings to see if anyone is available to listen to the children reading". Special events were also organised within the home for example, summer fairs, gardening, strawberry picking and baking events which everyone was encouraged to participate in if they wanted to. One person told us, "We have activities in the garden one activity was the butterflies that were brought in and shown to us another was the barbeque." Staff told us about an outing called 'Trips with chips' where people went to the beach and had a fish and chip supper. □

- The service had gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate those activities. One person was actively engaged in knitting hats for premature babies in hospital, this was an activity she was doing at home and used to post the hats to the hospital. Since moving into East Hill house staff took the person to the hospital to hand deliver the hats. The person was delighted. Another person said they had always wanted to ride in a stretched car. The home arranged for a stretched car to pick the person up from East Hill house as a surprise and to make it feel like an extra special occasion. The home had arranged for the person to have their hair done and then stop off at a local pub where their family had been asked to meet the person. The person was delighted and said, "you have made my day and I am a very happy person, it's not every day you get to fulfil the dream of a 99-year-old person."
- People benefitted from being supported by people with similar interests. Staff's completed a hobby sheet which gave an overview of their interests. This was used to pair people and staff who had similar interests which prompted interesting meaningful conversation. For example, one person liked horses and they were paired with a staff member who had a horse. The staff member bought the horse to East Hill to meet the person. Another person loved old cars and so their paired staff member arranged for some old cars to come to the home, so the person could see them.
- The registered manager told us they were aware of the positive impact that pet therapy had on people. They arranged for a breeder of dogs to bring the puppies to the home to meet people each time they had a litter. People were even involved in selecting one that belonged to the registered manager but came into the home to see people regularly which they were delighted by. The registered manager said, "Pets can pull withdrawn people out of their shell, provide mild activity through walking and grooming the pet, and offer a way to feel needed and connected with the world, pet therapy can also help with Alzheimer's sundowners syndrome."
- The home was awarded a wheelchair accessible mini bus by the provider in recognition of the home's achievement over the year. A person living at the home was actively involved in obtaining transport for the home along with the registered manager and staff, the registered manager said, "A resident representative had tears on delivery day, we have named the mini bus after the person, in their honour as they have spent the last five years by my side as registered manager helping and supporting me to obtain a wheelchair accessible vehicle."
- East Hill house has a separate building within the grounds which is part of the same registration as the main home for people who wished to remain independent with minimal support. People in this unit received food services from the main home and some people received personal care. We spoke to people in this area and they told us they felt it was like living at home, one person said, "This is like being on holiday, I have my own rooms and en-suite facilities, can make a drink on my own if I want, have people to assist me if I ring the bell, staff come over quickly, if I need help I press this button and someone comes, I can come and go as I please as long as I tell someone, if I feel lonely I just go over to the main home and talk to other people and join in with activities."
- A person said to us, "It's like a breath of fresh air, activities are good and always happening, we went on a four hour mystery tour. No agency staff, everyone walks through and introduces themselves to you, I cannot praise them enough." Another person told us, "The registered manager is so nice, but everyone is the same, it is so different to where I used to be, I can't recommend these enough and what a team I wish I had come here straight away."
- One person living at the service communicated using only hand signals. Staff were aware of the importance of gaining and listening to their views. A member of staff told us, "The person can read so staff write

information down for them as a method of communication."

Improving care quality in response to complaints or concerns

- The registered manager told us that any complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us they had every confidence that the registered manager would resolve concerns promptly. A person told us, "I feel confident that the registered manager would deal with any problems". We reviewed the complaints register and found complaints had been dealt with appropriately in a timely manner and responses sent to the complainant.
- The registered manager went the extra mile in ensuring people and relatives had the opportunity to provide any feedback, not just complaints. They were approachable and regularly available to speak to people along with the deputy manager and head of care. They held an evening clinic every month to support people and relatives should they have any concerns. There was also a tablet computer by reception where people, relatives and professionals could leave feedback at any time. The registered manager encouraged people to use this and the technology triggered reports for them to review regularly. There were also residents' meetings, care planning reviews and satisfaction surveys.

End of life care and support

- Staff assisted people to make memory boxes and scrap books which contained photographs and personal memories. These boxes were given to relatives when people passed away. The registered manager and deputy manager told us families were really pleased and comforted by the photographs and memory boxes. We observed compliments from relatives of people who has passed away at the service praising staff for their kindness and understanding at the end of the life of their relative.
- East hill house is currently implementing 'Namaste care'. This means connecting with people in the end stage of dementia through comfort, sensory stimulation, and often just being present in the moment. The home is hoping to have a designated Namaste room established during planned redevelopment.
- We observed a good example of end of life care planning in one person's care plan but in other care plans only basic information was provided on end of life care. The registered manager told us they were working on new care plans for end of life care to give staff a better understanding of people's wishes at the end of life.

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

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

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

- Staff were committed to delivering good person-centred care with meaningful activities. This ethos was driven by the registered manager in all of their work. Staff were proud to work in the service and felt valued. Managers and staff fully understood their roles and their shared responsibilities for ensuring people experienced the best possible quality of life. A culture of inclusivity, respect and compassion was embedded within the service, this made people feel involved and in control of their care. When asked to describe how they felt about the care they received, one person told us, "I am very, very satisfied". A relative said, "I think the service is exemplary. Really, I don't know where we would be without them. I can't speak highly enough of them." Other comments from relatives included, "The registered manager and the staff were absolutely amazing", "Getting to know the people at East Hill House has been one of the few silver linings to the cloud of my relatives deteriorating health" and "I can relax as I know my relative is being looked after well."
- East Hill House won a national award for best dementia care home in the national dementia care awards in 2017. They were also shortlisted for this award and best activities in 2018. The home had to go through a selection process, submit written evidence and then attend an interview panel prior to winning the award. A staff member won Best Activities Co-ordinator in the dementia care awards in 2018 and was a finalist for the Newcomer of the Year for the Hampshire Care Awards in 2018. The home had also been regularly featured in the provider's magazine to demonstrate examples of best practice to other homes.
- Staff told us they were happy with the support the registered manager gave to them. A member of staff told us that since joining the home the registered manager had supported her during her level five care qualification by giving them individual coaching.
- The registered manager was approachable to staff, people and relatives and showed compassion and a desire to maximise people's wellbeing. A member of staff said, "since working at the home the registered manager had gone out of their way to provide support and reassurance to me and they have provided me with encouragement to improve my knowledge and understanding of care practises." The registered manager told us, "I give a lot of time and effort and my work means everything to me. I always check, have I done enough for everyone, have we implemented enough innovative strategies, do I need to explore further opportunities to enhance the lives of people living in the home." The service had already implemented innovative technology, for example with the interactive screen, and had further plans to use new ways to support people for example with 'Namaste Care'.
- A social worker told us, "People have recently moved to East Hill from a home recently closed. I am impressed by the registered manager and staff's professionalism from my first meeting. They have been professional, courteous and kind. People have settled into the home very quickly, one day I came over to see a person that had moved to find they had gone out with staff, another time I came in and people were

having a cocktail night." We heard from several relatives how grateful they were for the care the service gave their family members. One relative told us, "They've been a life saver, they have put our minds at rest."

- The registered manager and assistant manager led by example. They provided good leadership through a governance system where any concerns were addressed openly and honestly. The registered manager understood responsibilities under duty of candour for example, when an incident had occurred in the home we saw letters to people and family advising them of the incident, the investigation and the outcome.

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

- The registered manager fully understood their responsibilities under the Health and Social care act 2008 and associated regulation, they were aware of what incidents to report to CQC. Notifications had been made appropriately. The registered manager ensured all staff were aware of their responsibilities and accountability.

- The registered manager was regularly involved in the induction of new managers into the provider due to their knowledge and understanding of dementia care and systems within the company. The registered manager also provided mentoring and coaching to new managers.

- The registered manager had a continuous oversight of what was happening in the service, risks were identified and acted on to monitor safety and quality of the service people received. The registered manager was committed to making improvements when any concerns were identified. Weekly and monthly management reports were produced to give the registered manager an overview on how the service was performing and to highlight any actions that required attention. Staff meetings were called to discuss improvements when required. People's records were comprehensive and updated and kept under review to ensure they were accurate. However, some records did require archiving to make the current records easier to view.

- Policy and procedure documents were available for staff to aid the smooth running of the service, for example there were up to date policies on safeguarding, whistleblowing, complaints, infection control and risk assessments.

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

- Feedback was regularly sought from people, relatives and professionals on how to improve the service. We saw evidence of what they said and what we had been done as a result displayed in the home.

- People were included in the interview process when new staff were employed. This demonstrated their views on the staff that were employed to support them were valued.

- One member of staff told us they took a lead role in delivering training to staff and relatives in 'My World' - bronze level. This is dementia training that is delivered every 3 months. The home invited relatives to get involved in this training to give them a better understanding of their relative's condition. Staff told us they thought the training had improved relationships between people and their relatives as they now knew more about the condition and had a greater understanding about people's reactions and behaviours.

- The registered manager had arranged for people, relatives and staff to attend the first East Hampshire Dementia festival. The registered manager was involved in the planning of this event and said "It would be good to invite people from the home, so they can get involved and receive information and advice from people at the festival". A report received after the festival stated that over 300 people had attended the event.

- The keyworker system had been implemented to support people to voice their opinions about their care. A key worker is a nominated care worker who the person feels very comfortable with and sees often. The introduction of a keyworker system had also reduced the risk of less frequent care tasks from being overlooked because each key worker had a in depth knowledge of the persons support needs and wishes.

- Records and feedback received from relatives demonstrated that the service was inclusive the registered

manager said, "we have a person who likes to be alone most of the time but since we have had the interactive table this person now shows other people how to work it and helps people with dementia work the table, the table has brought people together no matter what their health needs are, it is amazing to see everyone with different care needs working and communicating together". The service always consulted and involved family members in care decisions, as appropriate. One relative told us, "We are absolutely involved in decisions about care, even things like taking people to the dentist and arranging a hairdresser. Nobody ever does anything off their own back without checking. They always check first." Another relative told us "The registered manager has always taken care to keep us informed and consulted when decisions have had to be made."

Continuous learning and improving care

- The registered manager had introduced a continuous feedback system where people and health professionals are asked to complete a survey when visiting the home on a computer tablet, this information was then analysed to enhance the experience of people using the home. This showed they were forward-looking, motivated and continuously looking for ways to improve. Other examples included individual activity planning, involvement with community-based services, developing dementia training and including families in training to give family members better understanding of their relative's condition.
- The registered manager had also actively sought to create stronger links with the community for the benefit of people using their service, for example, local schools, community library, Alzheimer's society, Namaste care.
- The registered manager had completed leadership courses including an Institute of Leadership and Management (ILM) accredited Future Leaders Program, Inspiring my World Dementia Leadership and a Level 3 award in Coaching.
- The registered manager constantly thought of new ways to improve the service. They spoke of further ideas to enhance people's care experience. They told us, "I thought to have a DVD so when we welcome new clients, we'd have our faces to introduce the whole team - a bit about what we do and our service, this is something we are working on!"
- In response to staff indicating that at times attending all the training in person was difficult to achieve, the registered manager had arranged for staff to have access to a range of training. Now e-learning training as well as class room training was available
- Staff are encouraged by the provider to give high quality care with the introduction of a voucher system to encourage staff performance that is awarded every month called caring stars.

Working in partnership with others

- The home was a hub for dementia care in East Hampshire and held information signposting local services that could support people and their relatives.
- The home worked in partnership with East Hampshire District council, Alzheimer's society and local businesses to organise the first dementia festival in the area, the home felt proud to be the only care provider to sponsor the event. People benefitted from 28 different market stalls showcasing what support was available in the local community for those living with dementia, their carers, the public and local businesses. Contact with community resources and support networks was exemplary. We spoke to one external professional who told us that their work supporting people living with dementia was only possible due to the support they had received from East Hill House.
- East Hill House was the founder member and organiser of Dementia Friendly Liss. The purpose of this was to increase the awareness and understanding of the local community in how to support people living with dementia. The home had provided dementia friendly sessions to local businesses and community groups.
- The service had strong links with many local support groups for people living with Parkinson's disease and dementia. Specialist nurses visited the home to review people and guide staff on best practice.
- The deputy manager had been invited to some local services and businesses to advise them on how to

become more dementia friendly, for example the local GP surgery. This demonstrated that the service was respected by local services as a specialist in dementia care and support.

- The home provided the venue for a dementia support group for under 65s. People, staff and relatives attended these events. They had a monthly meeting and activities included tennis lessons, bike rides and a trip to the local pub to play skittles.
- The registered manager attended dementia care support meetings to keep up to date with legislation and guidance. They also said they networked with registered managers of other agencies that delivered high quality care and discussed policies, guidance and shared good practice. This ensured the service was continually improving, following best practice guidance and promoted staff's performance delivering high quality care.
- The registered manager also sought best practise guidance from other sources for example, oral health assessment tools were derived from NICE guidance and information and guidance was obtained from Alzheimer's society.
- Further events were planned, for example, the home had been invited to attend the Hampshire Care Association to assist other activities co-ordinators and share learning on how to get involved with the local community, create links and how this has had a positive impact on people's wellbeing whilst living in East Hill House.
- The service worked very well with local GP surgeries and a wide range of health care professionals.

We recommend that the provider and registered manager evaluate the impact of the service initiatives to ensure they achieve exceptional outcomes for people.