

The Hermitage Whittlesey LLP

The Hermitage

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Overall summary

The Hermitage is registered to provide accommodation for persons who require personal care for up to 24 people. Nursing care is not provided. There were 24 people living in the home when we visited.

This unannounced inspection was carried out on 18 February 2015. The last inspection took place on 15 August 2013, during which we found the regulations we looked at were being met.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People were safely administered with their prescribed medication. However,

Summary of findings

we did note that whilst the staff member was administering medication the room to store medication was left open and that people's medication could have been accessible to anyone in the home.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the home were employed after all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager told us that there were no applications currently submitted to the relevant local authority's but they are aware of who to contact should they need to submit an application.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed, and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. These included appointments with a GP,

hospital outpatient services, visits from district nurses and community psychiatric nurses. People were consistently supported with their health care needs in a timely manner. Risk assessments were in place to ensure that people were safely supported with potential health risks.

People were provided with a varied menu and had a range of healthy options to choose from. People with complex health care needs, including those people with diabetes, were supported with a diet that was appropriate. There was a sufficient quantity of food and drinks available at all times.

People's care was provided by staff in a caring and compassionate way. People's hobbies and interests had been identified and were supported by staff in a way which always involved people to prevent them from becoming socially isolated.

The home had a complaints procedure which all staff were aware of. People were supported to regularly raise concerns before their concerns could turn into a complaint. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

People were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, completing annual quality assurance surveys and attending meetings. The provider sought the views of a wide spectrum of other organisations as a way of identifying improvement. Where people suggested improvements, these were implemented promptly and to the person's satisfaction.

Summary of findings

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 not always safe.

People were safely supported with taking their prescribed medicines. However, people were placed potentially at harm as medication was not being stored safely and securely at all times.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Requires Improvement



Is the service effective?

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled in meeting people's assessed needs.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards DoLS. An appropriate request had been submitted to the local authority to lawfully deprive a person of their liberty.

Referrals were made to appropriate health care professionals in a timely manner.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet.

Good



Is the service caring?

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them. People's privacy and dignity was preserved by the staff at all times.

Good



Is the service responsive?

The service was responsive.

People, including their relatives, were involved in their care assessments and reviews of their care.

A range of social interest activities and hobbies were in place for people to access throughout the week. People were supported by staff to pursue their hobbies and interests to prevent social isolation. People were supported to access the local community or be involved in it.

Good



Summary of findings

Regular reviews of people's care were completed to ensure that people's individuality was put first. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Is the service well-led?

The service was well-led.

The values of the home about always ensuring that people came first and foremost were adhered to by all staff.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the home.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

Good



The Hermitage

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 18 February 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with two health care professionals and received information from two local GP practices.

During the inspection we spoke with eight people living in the home, three relatives, the registered manager and four care staff. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at three people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

Is the service safe?

Our findings

We asked people if they felt safe living at The Hermitage. None of the people we spoke with had any concerns about their personal safety. One person said, “I couldn’t be better looked after anywhere.” A relative we spoke with told us, “This is a very caring and good home and I know that [family member] is always in safe hands.”

Staff we spoke with showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. A person told us, “I do not worry about anything and the staff are really very helpful and kind.” One staff member said, “I have received training in safeguarding and I would report any concerns to my manager.” Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information file were kept in the staff room.

We saw that people’s individual risk assessments had been completed and updated. These risk assessments included falls, moving and handling and nutrition. During our inspection we observed staff using equipment to support people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

We observed care staff safely administer people’s medication. We found that care staff had been trained so that they could safely administer and manage people’s prescribed medications. The temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature.

Medication administration records showed that medicines had been administered as prescribed. This meant that people were provided with the support they needed with their prescribed medication in a safe way.

However, we did note that whilst the staff member was administering medication the room to store medication was left open and that people’s medication could have been accessible to anyone in the home. This placed people potentially at harm as medication was not being stored safely at all times..

People told us, and we saw that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be added to the roster where a particular care and support need was identified. One person said, “The staff always help me with what I need and never hurry me.” We saw that staff responded to the call-bell in each room and people told us that staff responded quickly when they used their call-bell. We observed that people were attended to by staff as quickly as possible.

Staff told us that there was a good level of staffing and the provider told us that if staff rang in sick or were absent then it was possible to arrange cover with the use of members of the home’s staff

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at two recruitment records and we saw that appropriate checks had been carried out prior to the person starting work in the home. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

We found that regular and up-to-date checks had been completed regarding equipment such as the home’s water supply and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

One person told us, “The staff look after us really well here,” and another person said, “I dreaded the idea of moving into a home but the staff have made this move very easy and comfortable for me and they have all been lovely and I couldn’t have been looked after better.” Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about her family member’s care. Another relative told us that, “The staff are very good in letting me know how things are and they are always good at answering questions.”

Staff told us they had regular supervision and ongoing support. One staff member said, “The registered manager organises training and we get refreshers throughout the year.” We saw that forthcoming dates for training sessions were displayed in the staff room. This ensured that staff were kept up to date with any changes in current care practice.. The staff we spoke with told us that they received an induction to ensure they were aware of their responsibilities when they had commenced working in the home.

Staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. The registered manager told us that there were no applications currently submitted to the relevant local authority but that they aware of who to contact should they need to submit an application.

We observed that lunch time was a very sociable occasion, with lots of cheerful interaction between the staff on duty and people having their lunch in the dining room. We saw that a menu was displayed and that people were offered choices of meals should they not wish to have the main meal choice. We saw that people were offered choices of

drinks. One person said, “The food is very good and I can always have something else if I want.” Another person told us that, “The food is good, the meals are nice and the food is always hot.” People told us, and observations we made, confirmed to us that people received regular snacks and drinks throughout the day.

We spoke with the cook who told us about any special diets required, including meals for people with particular dietary needs. We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. One person told us, “They got some different foods in for me when I did not feel very well.” People’s weights were recorded and the registered manager told us that any changes to their normal weights were acted upon and advice from the person’s GP and a dietician was sought where necessary.

We saw that people’s care and support records were reviewed and daily care records were completed to record the care and support received. We saw documented any significant events that had occurred during the person’s day including any appointments with health care professionals. This showed that people could be assured that their health care was monitored and appropriate referrals and actions were taken when necessary.

There were records in place regarding visits and support that people received from external health care professionals. We saw that people had regular appointments with GPs, chiropodists and community nurses which demonstrated that people were supported to access a range of health care professionals as required. A relative told us that the staff had kept them informed of any health care issues affecting their family member.

Two local GP practices that we contacted were positive about the way staff had proactively dealt with people’s health care issues and that staff were regularly in contact and provided good quality information to GP’s. This showed us that people’s health and care needs were well monitored and effectively responded to by staff at the home.

Is the service caring?

Our findings

People told us that the home was very comfortable, staff were very caring and sensitive in the way that care and supported was provided. One person said, “The staff are very good and very kind and caring and I couldn’t wish for better.” We observed staff interactions with people and found they spoke to people and supported them in a kind, unhurried and dignified manner at all times.

We saw that staff knocked on people’s bedroom and bathroom doors and waited for a reply before entering. Relatives that we spoke with were very positive about the care their family member received and one relative told us that, “My [family member] is really happy living at The Hermitage and their health has improved since living there.” Another relative told us that, “The atmosphere in the home was cheerful and very homely.”

People were supported to take part in interests that were important to them during the week including board games, crafts and visits from music entertainers. We saw a very cheerful scrabble club session being held in the dining room involving people living at the home and their friends from the local town. One relative told us that, “I have seen that people’s birthdays are always celebrated which is really good.” Another relative said they had attended events in the garden that had been organised in the home during the warmer months of the year.

During our inspection we saw a lot of warm, positive and gentle interactions between staff and people living at the home. We noted any requests people made for assistance were responded to quickly by staff. For example, we saw staff gently assisting a person to go for their lunch and also

to go for their appointment with the visiting hairdresser. We observed that when people requested a drink, it was made as soon as possible. We also saw that people were taken to the bathroom as soon as they requested assistance and were not kept waiting for long periods of time. One person told us, “I have nothing to complain about at all, they all treat me very well and make sure I have everything I need.” Another person told us, “The staff speak to me very nicely and are cheerful and friendly.”

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. We saw staff engaged with people in their rooms and communal areas and they always enquired whether people had everything they needed. We saw a member of staff helping a person to go to their bedroom and gently reassured them whilst assisting them to use the staircase. One relative told us that, “This place has a very happy atmosphere and the staff are kind and helpful.”

People were able to see their friends and relatives without any restrictions. One person said, “My family and friends visit often and there are no time limits on visits.” A relative told us that, “The staff are always welcoming and offer us lunch and a cup of tea which is really welcoming.”

We also saw that people were provided with information as to how to access independent advocacy services where necessary and appropriate. Advocates are people who are independent of the service and who support people to make and communicate their wishes

A relative said, “The staff and owner always keep me aware of anything that affects or could affect my [family member]. Another relative said that, “The care is top class and they give my [family member] a lot of attention.”

Is the service responsive?

Our findings

We spoke to people about the planned activities in the home which they said were good and varied. The provider showed us a programme of activities displayed in the hallway which recorded a number of forthcoming events including, quizzes, music sessions and professional entertainers. One person told us that they had particularly enjoyed the 'Elvis' entertainer who had recently visited the home.

People said that they went out regularly to have meals in the local town's cafes and hotel. We saw that people were pleased to visit the hairdresser who regularly provided services in the home. We observed that people were free to use the communal lounge and to spend time in their room if they wished.

We saw that the people living in the home and the visitors interacted very well with staff and staff offered encouragement. We spoke with a friend of a person living in the home and they told us that they took them out on their regular shopping trips. Another relative said that, "We can visit whenever we like, and we are always made to feel very welcome. One member of staff described the home as, "One big happy family."

Care plans included information about people's preferences, including how they wanted to be addressed, the times that they wanted to get up or go to bed and what was important to them. We saw that guidelines for staff regarding people's personal care needs were in place along with details regarding people's daytime and night time routines. Daily records showed that people made choices about their care to ensure that their personal care needs were met. We also saw individualised information in place including any allergies, personal interests and family contacts. This information helped to personalise people's plan of care and inform staff about the person.

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike."

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

People's care plans had been reviewed regularly and changes had been made to people's care needs where this was required. We saw that nutritional assessments were recorded along with monthly weight records. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health and care and support needs.

A relative said, "We have never had the need to complain and if we have any concerns I would be confident that they would sort things out straight away for [family member]." Another relative told us that, "The staff keep in touch with us and always ask that everything for [family member] is being done."

We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. We saw that no complaints had been received in the past 12 months. A copy of the home's complaints policy was displayed and was available to people living at the home and their relatives. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider.

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, "I feel I can talk to the staff and the manager any time and they respond quickly if there is anything I am not happy about." Another person said, "The manager and staff always ask me if there is anything that I need." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager.

We saw that there were arrangements in place to ensure that the day to day management tasks were being completed. We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the registered manager and staff were aware of their legal responsibilities.

All staff we spoke with told us that they felt very well supported by the registered manager and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the owners and registered manager.

One member of staff told us that they had been supported and mentored by a more experienced member of staff when they commenced working in the home. They said they found this to be very helpful and reassuring. Many of the staff we spoke with had worked at the home for many years and one member of staff told us, "I love my job and working here - it's just like a big family and everyone works really well together as a team."

Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to medicines administration and health and safety checks including water temperatures and fire safety checks. Rotas for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and

hygienic condition. One relative said, "The home is always clean and they keep my [family member] bedroom spotless." This demonstrated to us good management as well as infection control and hygiene standards.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that, "I can't think of one thing that I am not happy about. I don't think I would change anything." All staff told us they enjoyed working at the home that they were supported by the provider, registered manager and their colleagues. The registered manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were aware of their roles and responsibilities.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the six monthly surveys that had been carried out which included positive comments about the care and support provided in the home. We saw that a newsletter was produced four to five times a year which also provided news and updates and any forthcoming events for people and their relatives.

One person told us that, "They [staff] are always checking on me and [ask me] if there is anything I feel could be improved." A relative told us how happy they were with the care and support provided to their family member and said they, "Felt lucky they [their family member] were living at the home".

The management team and all staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Staff said that they felt they would be supported by the registered manager to their raise concerns. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon immediately."