Hampshire County Council

Hindson House

Inspection report

Warwick Road
Winkleberry
Basingstoke
Hampshire
RG23 8EA
Tel: 01256 332215

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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?	Good

Overall summary

This inspection was unannounced and took place on the 2 and 3 December 2015.

Hindson House is a residential care home which provides residential respite care for up to six adults with physical and learning disabilities. The care home comprised of one floor, was wheelchair accessible and set in its own secure gardens. Over the two days of the inspection six people were used the service.

Hindson House has 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.

Recruitment procedures were not fully completed to ensure people were protected from the employment of unsuitable care staff. This is a requirement of the regulations to ensure that appropriate checks have been completed for new staff which include obtaining a full employment history from the time they left full time education. The provider however obtained suitable

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references to ensure care staff's suitability for their role. New care staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely. There were sufficient care staff employed to ensure that people's individual needs were met.

Relatives of people using the service told us they felt their family members were kept safe. Care staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and managed. People were supported by care staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale care staff sickness and fire or floods. Fire drills were documented, understood by care staff and practiced to ensure people were kept safe. The registered manager and deputy manager were also trained care staff who were able to be deployed to deliver care if required.

People were protected from the unsafe administration of medicines. Care staff responsible for supporting people with their medicines had received additional training to ensure people's medicines were administered, stored and disposed of correctly. Care staff skills in medicines management were reviewed by the manager to ensure they remained competent to continue.

People, where possible, were supported by care staff to make their own decisions. Care staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005. The service worked with people, relatives and social care professionals when required to assess people's capacity to make specific decisions for themselves. Care staff sought people's consent before delivering care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

Care staff received an effective induction into Hindson House and completed the provider's mandatory training to ensure that they had the skills and knowledge required to support people effectively.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their care plans and were understood by care staff. People at risk of malnutrition and dehydration were assessed to ensure their needs were being met.

People's health needs were met as the care staff and the registered manager promptly engaged with healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications had been submitted to the relevant supervisory body to ensure people were not being unlawfully restricted.

Care staff demonstrated they knew and understood the needs of the people they were supporting. Relatives told us they were happy with the care provided. The registered manager and care staff were able to identify and discuss the importance of maintaining people's dignity and privacy at all times. People were encouraged and supported by care staff to make choices about their care including how they spent their day.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist care staff to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. Relatives told us and records showed they were encouraged to be involved at the care planning stage, during reviews and when their family members' health needs changed.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. Relatives and care staff were encouraged to provide feedback on the quality of the service during regular meetings with care staff and the registered manager as well as the completion of

Summary of findings

customer satisfaction questionnaires. Information was made available in alternative formats to allow people receiving the service to express their concerns or complaints.

The provider's values of care were communicated to people and understood by care staff. People told us and we saw these standards were evidenced in the way that care was delivered.

The registered manager and care staff promoted a culture which focused on providing individual person centred care. People were assisted by care staff who encouraged them to raise concerns with them and the registered manager. The provider had a routine and regular monitoring quality monitoring process in place to assess the quality of the service being provided.

Relatives told us and we saw that the home had confident leadership and staff told us they felt supported by the registered manager.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

The provider did not obtain a full employment history of all care staff. The provider could not identify if care workers had any unexplained gaps in their employment which may make them unsuitable to deliver care.

People were safeguarded from the risk of abuse. Care staff were trained to protect people from abuse and knew how to report any concerns.

Contingency plans were in place to cover unforeseen events such as care staff sickness and fire or flooding to ensure people's safety. Peoples individual risks had been identified and recorded. Guidance had then been provided to care staff to enable them to manage these risks whilst maintaining people's safely.

People were supported by sufficient numbers of care staff to be able to meet their needs.

Medicines were administered safely by care staff whose competency was assessed by the registered manager.

Is the service effective?

Good

The service was effective.

People were supported by care staff who had specific training and knowledge to enable them to support their needs and wishes.

People were supported to make their own decisions, and where they lacked the capacity to do so care staff ensured the legal requirements of the Mental Capacity Act (MCA) 2005 were met. Care staff understood the principles of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Care staff knew people's preferences regarding food and drink.

People were supported by care staff who sought healthcare advice and support for them whenever required.

Is the service caring?

Good

The service was caring.

Relatives told us that care staff were caring. Care staff were encouraged and motivated to develop positive relationships with people.

Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured that people's needs and preferences were taken into account when developing their care plans.

Summary of findings

People received care which was respectful of their right to privacy and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed by senior care staff. Care staff reviewed and updated people's risk assessments on a regular basis.

People were encouraged to make choices about their care, including their participation in activities and how they wished to spend their time at the home.

There were processes in place to enable people and relatives to raise any issues or concerns they had about the service. Issues, when raised, had been responded to in an appropriate and timely manner.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which placed the emphasis on care delivery that was individualised, of high quality and sought feedback from people and their relatives in order to continually improve.

Care staff were aware of their role and felt supported by the registered manager. Care staff told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider and registered manager regularly monitored the quality of the service provided. Quality assurance audits were completed to identify where improvements could be made to the home and improve the quality of the service provided

Hindson House

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 inspection took place on the 2 and 3 December 2015 and was unannounced.

Before this inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with one member of care staff and the registered manager. We looked at five people's care plans and associated daily care notes, three care staff recruitment files, care staff training records and five medicine administration records. We also looked at care staff rotas for the dates 4 October to the 14 November 2015, quality assurance audits, policies and procedures, maintenance records, complaints and compliments. During the inspection we spent time observing care staff interactions with people including lunch time sittings. After the inspection we spoke with three relatives and two more members of care staff.

This was the first inspection of this home since registering to deliver care in January 2015.

Requires improvement

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family member was safe living at Hindson House. "I do (feel family member is safe)" another relative told us, "Yes, oh definitely".

Despite people feeling safe care staff recruitment procedures were not always followed by the provider to ensure people were supported by care staff with documented employment histories. The provider did not obtain full employment histories from care staff before they began to deliver people's care. The provider could not identify if care workers had a history of working with adults with social care needs and that any gaps in their employment history could be reasonably explained. This meant that it could not be established if there had been any information or concern why a member of care staff had left their previous employment making them unsuitable to deliver care.

The provided did not have an effective recruitment procedure in place to ensure that care staff provided full employment histories before being employed to deliver care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff had undergone other recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of care staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by care staff who had been assessed as professionally suitable for the role.

People were protected from the risks of abuse because care staff understood the signs of abuse and the actions they should take if they identified these. Care staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. The provider used a national safeguarding policy provided by the Department of Health. This provided information about preventing abuse, recognising signs of abuse and how to report it. Care staff were able to describe physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. This is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Care staff had received training in safeguarding adults and were required to refresh this training annually.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk for example, accessing the community, communication, eating and drinking and money management. Risk assessments included information about action to be taken by care staff to minimise the possibility of harm occurring to people. For example, some people using the service had restricted mobility due to their physical health needs. Information was provided in their care plans which provided guidance to care staff about how to support them to mobilise safely around the home and when they were being transferred between furniture and rooms. Care staff signed people's care plans to state that they understood these risks and we observed them supporting people in a manner which ensured people's safety. Records showed people had received the appropriate treatment which followed their risk management plans. Risks to people's care were identified and documented. Care staff knew how to meet people's needs safely.

Some people who stayed at the home had behaviours which may, from time to time, challenge others. Care staff supported people in a caring manner, and took time to care for people who became agitated or upset. The care staff knew how to distract people or gently remove them from situations which could increase their agitation. Guidance was provided to care staff in people's care plans on how to manage their behaviour. This included what physical and verbal signs to look for, what the possible causes of the frustration or agitation might be, steps to prevent behaviours and what actions staff should take to make sure people were safe. It was clear during our observations that staff were able to manage the situations as they arose and meant that people's care and support was given consistently. Care staff understood how to support each individual's behaviour and protect them from the risk of harm.

Requires improvement

Is the service safe?

There were robust contingency plans in place in the event of an untoward event such as accommodation loss due to fire or flood. Care staff knew the fire drill procedure and this was practised to confirm their understanding of the actions to take in an emergency. If rooms were no longer suitable for habitation then people would be moved to a local residential home within the county to ensure continuity of care. These plans allowed for people to continue receiving the care they required at the time it was needed. In the event of a lack of care staff being available due to sickness care staff would be supported by agency staffing as well as from other homes within the provider group.

People were supported by sufficient numbers of care staff to be able to meet their needs safely. Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs and to keep them safe. Providing respite care meant that the number of people staying at the home would vary. Rotas were prepared approximately 12 weeks in advance so that any gaps in care staff numbers could be arranged accordingly. In the event of sickness the registered manager and office staff were also trained and suitably experienced to deliver care. Before people came to stay at the home people's dependency levels were assessed by care staff by the use of 'pre-stay calls'. This is where care staff spoke with people's relatives prior to their stay and asked if that person's needs had changed in various areas including medication, illnesses and their eating and drinking abilities. This information allowed the registered manager to ensure that sufficient care staff were available to work to be able to meet people's needs safely. Where people needed the support of one member of staff all day and night this was taken into account when planning care staff rotas. Care staff told us that there were always enough of them to support people and meet their needs. Care staff said, "The shifts are well covered, if there are times where staff feel there isn't enough cover the management are very approachable and will get the extra staff" and "Yes there are enough staff".

People received their medicines safely. Care staff received additional training in medicines management and were also subject to competency assessments to ensure they could manage and administer medicines safely. When issues had been raised regarding care staff's ability to administer medicines appropriate action was taken to prevent a recurrence. This involved re-training people, allowing them to follow a more experienced member of care staff as they administered medicines and additional competency checks to establish that member of care staff's suitability. Medicines were handled appropriately, and stored safely securely. Medicines were also disposed of in line with guidance. Regular checks were completed on any controlled drugs and associated records when they were brought to the home for people when they stayed. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs. Controlled drugs medicines stocks were audited at the end of the working shift when they were present at the home due to people requiring them during their stay which records confirmed. Our checks confirmed controlled medicine stock levels were correct and corresponded with the controlled medicines record. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. If people came to stay at the location with additional medicines which had not been appropriately labelled by the pharmacist with details on how often and when to take, care staff sought healthcare professional advice from a GP to ensure the medicines were administered as prescribed. Where people required additional specific assistance in taking their medication, for example through a stomach tube, this was accommodated and healthcare professional support was provided. People were supported to receive their medicines by care staff who received the appropriate, training, guidance and support in order to be able to appropriately manage medicines.

Good

Is the service effective?

Our findings

Relatives we spoke with were positive about the ability of care staff to meet their family members' care needs. Relatives said that they felt care staff were suitably trained and had sufficient knowledge and skills to deliver care.

Care staff knew people well and talked to people in a cheerful manner communicating in a way that was suited to people's needs and allowed time for people to respond. Staff adapted the way they approached and communicated with people in accordance with their individual needs. People's care plans contained guidance for care staff on how to communicate effectively and included information for those who were unable to communicate verbally. During the inspection we saw care staff use different forms of communication, tailored to each individual and respond appropriately to meet people's needs in a way that suited them best. For example, one person staying at home was shown the location of two activities to participate in allowing them to make the decision for themselves. This person's preference was not verbally communicated but their relaxed body language and smiling face made it clear to the member of care staff what they wished to participate in.

People were supported by care workers who received an effective induction into their role at Hindson House. The provider had a work book which supported care staffs' induction called, 'Stepping Forward, Stepping Back'. This was based on the provider's values to promote people's independence. It provided a detailed training guide for care workers which focused on key subjects such as effective communication, the importance of person centred care, the promotion and importance of maintaining people's dignity and the Mental Capacity Act (MCA) 2005. These workbooks supported care staff during their induction and provided opportunities for the provider to test their knowledge. The induction process also included a period of shadowing to ensure care staff were competent and confident before supporting people. Shadowing is where new care workers are partnered with an experienced care worker as they perform their role. This allows new care staff to see what is expected of them.

People were assisted by care staff who received support in their role. There were documented processes in place to supervise and appraise all care staff to ensure they were meeting the requirements of their role. The registered manager also completed observational supervision with care staff to check that they were competent in their delivery of care.

Supervisions and appraisals are processes which offer support, assurance and learning to help care staff develop in their role. Care staff told us and records confirmed supervisions occurred approximately every six weeks. This process was in place so that care staff received the most relevant and current knowledge and support them to be able to conduct their role effectively.

Due to people's conditions they were not always able to have an input into their care and support plans. Care staff told us that people and their relatives were involved with planning their respite care and when people's needs changed this was discussed and documented accordingly with the family of the person receiving respite care.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and care staff showed a comprehensive understanding of the DoLS which was evidenced through conversations and the appropriately submitted applications. All care staff spoken with understood when and why DoLS were required.

People's freedom was not unlawfully restricted without the appropriate authorisation being sought. Some people were subject to some restrictions to their movement including the use of bed rails which prevent people from falling out of

bed. There were records to show that consent had been gained from relatives prior to their use and risk assessments were in place to monitor their usage. The use of bed rails were to be reviewed annually to ensure that there was an ongoing necessity with no lesser restrictive options available to keep people safe.

Care staff were able to describe when a best interest decision would be most appropriate to make a decision on a person's behalf. Best interest decisions are made when someone lacks the capacity to make a specific decision about their life. Records showed that appropriate mental capacity assessments and accompanying decision specific best interest decisions had been held for people when they lacked the capacity to agree to a certain course of action involving their care. During the day we saw people being supported to make decisions such as, whether they wanted to go outside, where they wished to go, what food and drinks they would like and whether they wanted to be involved in any activities at the home.This meant that appropriate actions were in place to support people to make decisions and provide legal consent to care.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support was requested by care staff. We saw that people were referred to the speech and language therapists when appropriate. If information gained during pre-stay calls indicated that there was an additional need for healthcare advice these referrals were made promptly and the provided advice followed. One relative told us that during one respite stay it was believed that their family member had contracted a contagious illness. The home was able to arrange immediate suitable healthcare professional advice, and took appropriate action to prevent any further deterioration of health and to protect the health of those around them.

People were supported have sufficient to eat and drink to maintain a balanced diet. We saw that people had a choice of menu each day and they enjoyed the food provided. People were also offered choices of hot and cold drinks and snacks throughout the day. The home had a full time chef who worked Monday to Friday and they also prepared food for care staff to deliver at the weekends. The food looked appetising; people ate well and were provided with sufficient time to eat their meals at their own pace. Care staff sat with people to eat their meals and it was a social occasion. Throughout the meal times care staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Care staff supporting those to eat were patient, kind and gentle in their approach encouraging people to eat enough to support their ongoing wellbeing. People's care plans detailed what likes and dislikes people had regarding their food and drink preferences and any special dietary requests such as a low residue. This is a diet which is easier for people to digest. Specific dietary needs such as soft foods were catered for appropriately. People were receiving the food and drink they required, and requested, in order to maintain a balanced diet.

Good

Is the service caring?

Our findings

People experienced comfortable and reassuring relationships with care staff. People also indicated that they liked staying at Hindson House through their relaxed body language and facial expressions whilst interacting with staff and moving around the home. Relatives told us that their family members' support was delivered by caring care staff. One relative we spoke with told us, "Oh yes (the care staff are caring) definitely yes". Another relative said, "Yes (care staff are caring) it's just the (positive) atmosphere."

Care staff were knowledgeable about people, their preferences and specific behaviours. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All care staff in the home took time to engage and listen to people. People were treated with dignity as care staff spoke to and communicated with them at a pace which was appropriate to their level and need of communication. Some people used pictures to enable them to make choices about what they wanted to do or eat for example. Care staff allowed people time to process what was being discussed and gave them time to respond appropriately, even if that took additional time. During our inspection care staff spoke with and supported people in a sensitive, respectful and professional manner that included checking whether or not people required any support. Care staff displayed a genuinely caring, compassionate and friendly attitude towards people.

People's care plans included information called 'This is Me' which was written about them and contained information about their families about what was important to them. This included things they enjoyed, such as hobbies, and things they didn't like, for example, the feeling of being left out. Care plans detailed people's preferred night time and waking routine such as what time they liked to be in their nightclothes, how they would prepare for bed and at what time. This meant that people were allowed the choice of maintaining a routine to their daily lives while staying at the home for respite care.

Reassuring and caring relationships had been developed by care staff with people. This had been supported by people's care plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. Some people were not able to communicate verbally. Care staff knew people well and told us how they noticed changes in people's body language. There was clear guidance for care staff about people's body language which detailed the information care staff had given us. For example, one person's care plan noted, 'This is how I show I am happy – facial expressions, happy noises. This is how I show I am anxious or confused – facial expressions and sounds are more aggressive…I may cover my ears with my hands if I want something.' We saw the registered manager respond to this person appropriately when they repeated entered the office and was able to guide them to an area.

People were included, as far as possible, in the planning of their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or wear. Where people were unable to express their views, family members were involved in decision making processes to ensure people's views were represented wherever possible. We saw that daily care and food choices were being offered to people.

People were treated with respect and had their privacy and dignity maintained. Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Care staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to obtain people's trust and confidence.

Care staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Care staff were able to provide examples of how they respected people's dignity and treated people with compassion. People were provided with personal care in their rooms with the curtains and doors shut and care staff knocked on people's doors awaiting a positive response before entering to assist. Care staff understood, respected and promoted people's privacy and dignity.

Good

Is the service responsive?

Our findings

People's care needs had been fully assessed and documented by the registered manager or the deputy manager before they started receiving respite care. These assessments were undertaken to identify people's support needs and care plans were developed outlining how their needs were to be met. Routinely care plans were reviewed six to twelve months depending on the complexity of the person's needs. This was required to make sure they remained current and appropriate to meet people's individual needs. People's individual needs were also routinely reviewed each time a person returned for a stay at the home. People, care staff, relatives and people's care workers were encouraged to be involved in these reviews to ensure people continued to receive personalised care.

When identified that there had been a change in people's health care needs, actions had been taken which were documented appropriately. Records showed that a routine review conducted before one person came to stay at the home had identified that their health had temporarily deteriorated. As a result the level of support they required from care staff had increased. This had been documented and actions taken including the use of a best interest decision to ensure that all possible action was being taken to ensure they were receiving the care that was required.

People received the care they needed and the care staff were responsive to their needs. Care staff took the time with people communicating in a way they understood and the support they gave people was centred on the individual and their needs. For example, during a meal time one member of care staff helped a person who had been ill with their meal. The member of care staff was talking to them softly to keep them relaxed while they ate and as a way of encouraging them to eat and drink more. They showed affection and were wholly focussed on the person's experience.

During the inspection care staff were responsive to people's individual needs, promoted their independence where possible and promoted their dignity. There was a positive team spirit amongst the care staff and a friendly manner towards people. Care staff were observant and noticed if there was a change in someone's body language. Care staff responded quickly when they noticed these changes and spoke with people to reduce their agitation and keep them calm. When one person became disruptive during a meal time they were provided with items which distracted them from their course of action. This was detailed in this person's care plan as an activity they enjoyed and it allowed them to focus their attention elsewhere until the disruptive behaviour had finished.

Specific and clear guidance was provided to care staff on how to manage people living with certain conditions, such as epilepsy. Care plans detailed each of the types of seizures people could experience, what the triggers and physical symptoms of each of these episodes were, what action and medicine should be provided and within what timescale. We saw that care staff carried 'Rescue medicines' which are medicines which can be administered to prevent seizures turning into status epilepticus. Status epilepticus is where epilepsy episodes continue for a prolonged period of time or episodes are repeated without a rest in-between. This becomes a medical emergency as it can lead to brain damage or death. Appropriate procedures were in place to visually monitor those people with epilepsy throughout the day and night. This was to ensure that the rescue medication could be given within the first minute or five minutes of a person's seizure preventing their health from deteriorating further. Care staff were seen to carry these medicines with them at all times to enable them to administer quickly if required.

Relatives we spoke with said that they felt there were not enough activities in order to keep people actively encouraged and engaged whilst staying at the location. They felt a more proactive approach was required with a range of activities identified in advance so that people who were staying at the home could see what was happening. One relative told us, "I think there is enough to do it's whether the staff are being proactive….getting out in the garden and playing games."

We could see that the provider sought to engage people in meaningful activities to keep people occupied in a range of social activities. A recent requirement to ensure the homes mini bus was suitable for managing people safely had limited the number of people who could travel in it. This had an impact on making it harder for external activities to be conducted. The registered manager said that plans were in place to purchase another vehicle which would enable people to go out as a group where possible with all levels of mobility suitably catered for.

Good

Is the service responsive?

Care plans detailed the need to help people participate in activities to encourage them to stay active and prevent them from becoming socially isolated. Care plans detailed people's particular likes and any social interaction needs. One person's care plans stated that they liked to play with sensory toys, enjoy being in and looking at the garden and listening to music. During the inspection we noted that this person had been positioned by the glass doors which led to the gardens and they were sat looking out of the window. They also had been provided with a sensory hand toy which they played with, they were then asked and moved to the sensory room where music played. Another person's care plan detailed the restaurants that they liked to attend on a regular basis, we could see that this person had been regularly taken to the locations which they wished to attend. When possible trips had been organised to a deer sanctuary in the New Forest, national trust locations, to the local shops and people taken for a drive when they wished.

The home also had a sensory room adjacent to the dining room. This was accessible to all and had multi-coloured bumper cushions against the walls to keep people safe and a large beanbag chair. This beanbag chair had weighted arms which people could put across the front of their body to simulate physical contact. This was to assist people with autism to feel comforted. Within the sensory room were projectors and a computer system which produced a large number of interactive games. These were designed to encourage people to move and respond to what was being projected onto the floor. The system ensured that people in wheelchairs were not excluded as the images could be projected onto people's laps allowing them to participate. We saw that this was frequently used during the inspection and provided people with an additional space to go for some quiet time if required.

People and relatives were encouraged to give their views and raise any concerns or complaints. People's care plans included a 'What to do if you want to complain' leaflet. It contained pictures on who people could speak with. It also noted that complaints could be on tape or video therefore allowing people a number of options to express their concerns or complaints. Care staff were aware of the importance of supporting people to raise feedback when required. One member of care staff told us, "We welcome families and individuals to give us feedback so that we can provide the best service possible and where possible will act upon that feedback. We can only become a good service if we listen and act on the feedback given to us".

Relatives were confident they could speak to care staff or the registered manager to address any concerns. One relative told us, "I have been given information (on how to complain) but I would always ring and speak with the registered manager, she's really, really good, she always comes straight back to me so it's always been sorted". The provider also promoted a feedback booklet titled, 'Tell us what you think' which was available to people and their relatives. This included a form to allow people to provide positive and negative feedback. The booklet was made accessible for people with different communication needs to ensure that it was accessible to all. It could be requested in alternative languages to English, large print, audio and braille versions. The registered manager documented complaints and kept these within a folder in the office. Three formal complaints had been made in the last year concerning the uncertainty of the dates of people's respite stays due to previous staffing issues. We saw that these complaints had been raised, investigated by the registered manager and responded to appropriately. Relatives told us they knew how to make a complaint and felt able to do so if required.

Good

Is the service well-led?

Our findings

The registered manager promoted a professional service at Hindson House which was relaxed, happy, open and supportive. They sought feedback from people living at the home and their relatives to identify ways to improve the service provided. Relatives said they were happy with the quality of the service and thought the home was well led. One relative told us, "I do (think the home is well led) yes, the registered manager knows how to talk to her staff…she's very good at organising and getting things done, you know from what you see she gets on well with her staff but within a professional role."

The registered manager was keen to promote a culture which was based on people, relatives and care staff feeling that the home and provided a relaxed atmosphere. a nice place to be which was relaxed. This was reinforced from new members of care staff's initial interviews, through supervisions and appraisals and team meetings. The registered manager promoted an 'open door' policy of always being available to people and care staff solving issues when raised. Relatives told us they could always speak to the registered manager if required. One relative told us, "I have no qualms about approaching the registered manager about any worries, we go straight to her". Another relative told us, "Communication is good (with the registered manager) I emailed her recently to change dates for a stay but they were fully booked…the registered manager rang round people who were coming and did a swap so we could change dates".

Care staff we spoke with recognised and acknowledged the values of the service. One member of care staff told us "It's the vision to promote an environment creating independence for the person and also relaxed and comfortable….the values are that everyone has the freedom of choice…the care that we deliver needs to be of the highest quality that makes people feel empowered and dignified in any situation".

The registered manager actively sought feedback from people and their experiences to identify how the service people received could be improved. Feedback was sought from people and relatives during care plan reviews and from care staff during their team meetings. The provider also used a satisfaction questionnaire to ensure that people could express their views. People and their relatives had taken part in service questionnaires about the quality of the service delivered. The last questionnaire and results had been completed in 2015. People and relatives had returned 23 questionnaires, most contained 'happy' and 'very happy' in the aspects of the care delivery and the quality of the service provided. People and relatives were asked a variety of questions which included the following for example, did the staff support you with your needs and wishes and did you feel respected, how did you feel about the indoor/outdoor activities, were you involved in the menu planning, and did you enjoy the food and choices that were offered. Comments were mostly positive and included, "An excellent facility, wonder staff, I have no worries about my family member being at Hindson House, they seem very happy there," and "I feel at home here and well looked after".

People and relatives were then encouraged to record any areas where the service could be improved. These included comments regarding care staff being available to support people to visit their external groups and clubs. Recent recruitment of care staff had seen more care staff available to support people when they required one to one support when visiting external activity groups. Where relatives had listed activities their family members liked to participate in we could see that this information had been placed in people's care plans and was being followed enabling them to participate in activities that they enjoyed.

The registered manager was a visible presence to relatives, people and care staff. Care staff were positive about the registered manager and the support they received to do their jobs. They told us that the registered manager was open to their concerns and needs. Care staff said that they were able to approach her and were confident that she would be proactive in dealing with issues raised. The registered manager was available for care staff if they needed guidance or support. One member of care staff said, The management team are always approachable,…they will always take the time to talk privately even out of supervision time to listen to our thoughts or issues and is very rarely dismissed." Another member of care staff told us, "I can honestly say I have always felt I can be open and honest with my manager and deputy, they are always open for any comments and new ideas and will support when necessary."

The provider also completed a number of quality assurance audits at the home to monitor the service provision. Home audits included assessing the quality of

Good

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the care plans, cleanliness and infection control and staffing. Any actions from these were then used to complete an action plan for the home. This included an action plan of steps and actions that need to be taken to ensure that the home continues to achieve and maintain quality service delivery. Previous quality assurance audits were viewed. In October 2015 it was identified that there were some outstanding works to be done by the building contractor which included work to the original floor seals around the doors. The corresponding action plan stated that action was on-going and work had been completed in following up with the architect for outstanding works to be completed. Audits on the service provision were completed monthly and sent to the provider allowing them to maintain an overview of the issues affecting any service delivery. This included documented evidence of any incidents/accidents, any on-going safeguarding issues, infection control audits and complaints. It had been identified during a previous infection control audit that fabric tea towels were being used in the kitchen as well as standard non coloured chopping boards required to differentiate between their different uses. This was identified as a potential infection control issue and it was highlighted that action was required to address. We could see during the inspection that disposable paper towels were used in the kitchen along with separate different coloured chopping boards identifying their different uses. This demonstrated when actions where identified through auditing purposes required to maintain the quality of the service provided these were completed in a timely manner.

People and relatives spoke positively of the quality of the care provided. Care staff identified what they felt was high quality care and knew the importance of their role to deliver this. One member of care staff told us, “It’s how individual needs are tailored, respected with the highest of dignity and quality to ensure a safe and happy stay”. Another member of care staff told us, “This is knowing your person as much as you possibly can and being aware of the things you know what’s important to them” Another member of care staff told us, “This is delivering the goals of the service to the highest standard by putting the service users at the centre of everything we do.“ Care staff were motivated to treat people as individuals and deliver care in the way people requested and required. We saw interactions between care staff and people were friendly and informal. People were assisted by care staff who were able to recognise the traits of good quality care and ensured these were followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons.** The provider did not have an effective recruitment procedure in place to ensure that all of the information specified in schedule 3, notably, full employment histories was available in relation to all members of care staff employed.