

Hooklands Limited

# Hooklands Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

Hooklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hooklands Care Home provides accommodation for up to 27 people who require personal care and may be living with dementia or other long term conditions. The home is situated on the coast in Bracklesham Bay. The back garden leads directly onto the beach behind, with sea views from the lounges, dining area and some bedrooms of the service. There is a lift to access bedrooms on the first and second floors. At the time of our inspection nine people were living at the home.

This was an unannounced inspection which took place on 8 January 2018.

At the last inspection conducted on the 14 and 17 August 2017, this service was rated as 'Inadequate' which placed it in 'special measures'. Services in special measures are kept under review and if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At the previous inspection we found five breaches. Three continued breaches in relation to, the safe care and treatment of people, lack of appropriate training or supervision for staff to suitably carry out their duties and a lack of systems and processes to effectively monitor the quality and safety of the service provided. Two new breaches were found in relation to the safeguarding of people and the cleanliness and suitability of the premises.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'safe, effective, caring, responsive and well-led' to at least 'good'. We found that positive improvements had been made to all key questions during this inspection.

Since the last inspection, the provider applied to deregister the 'nursing' registration for the service, which means that only people with needs that can be met safely and appropriately in a residential care home can now be accommodated at Hooklands Care Home.

At the time of this inspection there was no registered manager in post. However, a new manager had been appointed who had been in place for three months. 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. The new manager was in the process of applying to become the registered manager for this service and we had received an application from them.

The new manager had introduced many positive changes since the last inspection. New staff had been appointed and a new call bell system had been installed by the provider. Medicines were stored and administered safely and people's records were held confidentially in a locked room. We recommended that the manager ensured that medicines for people continued to be monitored closely to ensure improvements are embedded in practice. People were safeguarded from abuse. Staff had received training and the local social services department had lifted the contract 'suspension' with the service which enabled the home to admit new people to live there. New audits had been introduced which meant that the service was now effectively monitoring the quality and safety of the service provided to people. A consultant had also been appointed by the registered provider to support the new manager in their role. The consultant also completed audits to ensure an independent view was provided of the service. The manager was proactively working through actions arising from these audits at this inspection.

There were suitable numbers of appropriately skilled staff deployed at the service. Staff morale was very positive with staff working well together as a team. Staff felt that the new manager was approachable and supportive. At the time of our inspection no agency staff were used. Safe recruitment processes were in place. Staff were rewarded for their achievements with a new initiative implemented called the 'Purple Heart Employee' of the month award. We saw a poster in the lounge and staff meeting minutes which demonstrated which staff member was employee of the month.

Staff were receiving on-going training in various topics, including, safeguarding adults, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), fire safety, falls prevention, medicines management and infection control. Staff administering medicines had had their competency checked by a senior member of staff. Medicines had been audited by an externally commissioned consultant. Accidents and incidents were monitored by the manager with any trends recorded and acted upon appropriately.

People had access to healthcare as they needed it and a nurse practitioner visited the home from a local doctor's surgery on a weekly basis to provide on-going support.

People were engaged in activities of their choice with a dedicated activities coordinator supporting this. We saw a person going outside of the service with support from staff and another person was engaged using a 'light board' which they clearly enjoyed.

People told us that they usually enjoyed the meals at the home which were brought in from an external company. This meant that people's choices of foods were limited at times. We were told that a new system of 'home cooked foods' was being introduced the week following the inspection which meant that people would have more choices of foods.

Staff treated people with dignity and compassion and displayed respect and kindness towards people living at Hooklands Care Home.

We did not find any breaches of regulation at this inspection.

Whilst there had been significant improvements at this service, due to the previously identified serious concerns, a period of sustained quality improvement progress with changes being embedded into practice is required before the service can be rated as 'Good' overall.

## 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. However, due to the previous significant concerns identified at this service, this domain cannot yet be rated as 'good' until quality improvements are sustained and embedded in practice.

People were safeguarded from abuse by suitably skilled staff. Staff knew how to raise any concerns of abuse they may have to social services.

Staff were recruited appropriately to meet people's needs safely.

Medicines were administered safely by trained staff. However, we recommended that the service continued to monitor this area closely to embed and sustain improvements.

Risks to people were appropriately assessed and monitored.

Staff wore appropriate protective equipment to manage any risks of infection to people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received scheduled training as part of an on-going training programme. Staff competence to administer medicines was observed in practice. Staff received regular supervision sessions and appraisals were completed on an on-going basis.

Choices of food were sometimes restricted by readily prepared meals being brought in from an external company, although this was in the process of being changed to home cooked meals.

People's needs were assessed and they had access to healthcare as they needed it.

Staff understood the principles of the Mental Capacity Act 2005. Staff sought consent before providing care and support for people.

**Good** ●

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with dignity and respect. Staff communicated positively and appropriately and knew how to involve people with decisions about their care and support.

People felt listened to and their views about the service were heard.

People's records were held securely with confidential data being stored appropriately.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plan reviews with appropriate others who the person wished to be involved with their care.

People were supported to take part in personalised activities and outings.

People knew how and who to complain to, should they wish to raise concerns about the service they received.

End of life care had been provided to people at the home, with support from community healthcare colleagues.

### Is the service well-led?

Requires Improvement ●

The service was well-led. However, due to the previous significant concerns identified at this service, this domain cannot yet be rated as 'good' until quality improvements are sustained and embedded in practice.

The new manager had implemented systems and processes to effectively monitor the quality and safety of the service provided.

Staff felt positive and were complimentary about the management and of working at the service.

The registered provider actively supported the management of the service to continuously develop and improve in line with best practice.

# Hooklands Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected this service within six months of the previous inspection because the home was in 'special measures'. We inspected to ensure that improvements had been made as indicated within the organisation's action plan provided to us as part of our on-going monitoring of the service.

This inspection took place on 8 January 2018 and was unannounced.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. A Provider information Return (PIR) was completed by the provider in July 2017. As this inspection was less than a year since the last inspection we did not request an updated PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Due to the number of safeguarding concerns that had been previously identified, we also reviewed records and minutes of safeguarding meetings to ensure that the registered provider was taking appropriate measures to safeguard people from abuse.

The inspection team consisted of one inspector and an Expert-by-Experience with expert knowledge of dementia care. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed care records for three people living at Hooklands Care Home. Three staff training and recruitment files were also reviewed. During this inspection we spoke with six people and two of their relatives. We spoke with the new manager, registered provider, care coordinator, senior carer, activities

coordinator, maintenance staff, cook and two care staff.

We also spoke with a health professional from the local doctor's surgery, during the inspection.

## Is the service safe?

### Our findings

At our previous inspection on 14 and 17 August 2017, the service was rated as, 'Inadequate' in this domain with a breach of Regulation 12 (safe care and treatment) and Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found significant concerns relating to, the administration of medicines for people, staff recruitment practice were not safe and people were not safeguarded from the risks of abuse. The service was placed in 'special measures'. This meant that we increased our monitoring of the service and ensured that the registered provider gave us an action plan which detailed what they would do to improve the service.

Our findings at the previous inspection resulted in a significant number of safeguarding adult's concerns that had been raised with social services. At the time of this inspection, all, bar one of these cases had been closed by the local social services department and a contract 'suspension' that had been in force since August 2017 had been lifted. This meant that safeguarding concerns had been addressed positively for people and the registered provider was now able to admit new people into the home. The social services team manager had thanked the registered provider for all the, "Hard work that you [registered provider] and the team at Hooklands have put in over the last few months to make significant improvements to the service." They also said, "Your [registered provider] engagement with us [social services] has been exceptional and very much appreciated."

Since the last inspection, the provider applied to deregister the 'nursing' registration for the service. The service no longer provides nursing care to people. Only people with residential care needs can be supported at this care home.

At this inspection, we found that the service was safe. The registered provider and new manager had addressed the previous breaches of regulation. We did not identify any breaches of regulation during this inspection. The new manager had implemented systems and processes to keep people safe from risks of harm. People told us they felt safe. One person said, "Yes, I feel safe, where I live makes me feel safe". Another person said, "Yes, because I don't feel any threat". People felt the staff supported them to stay safe. One person said, "All people are lovely". Staff knew how to report any concerns they may have about abuse to the local social services department. Safeguarding adults training was in progress for staff.

There were sufficient numbers of suitably skilled staff deployed and staff were recruited safely and appropriately. The manager told us how they were currently providing over the required number of staff needed to meet people's individual needs. Nine people lived at the home when we inspected. There were three care staff on duty as well as the care coordinator and the manager. The additional staffing enabled the manager to develop robust systems and processes into daily practice while the home continued to develop and improve the quality of services provided. The manager confirmed that no agency staff were being used. This meant that people were supported by a consistent staff team who knew people well. Records reviewed for staff evidenced that appropriate recruitment processes had been followed. The manager had requested Disclosure and Barring Service (DBS) checks for new staff. Staff files included two references, their completed application form, their interview questions and answers, the relevant job descriptions and their



contracts of employment. This ensured that people were supported safely by staff who had been recruited safely.

People received their medicines safely. We asked people if they received their medicines on time. A person told us, "Yes, yes, [medicines] given on time". We observed a senior member of staff administering lunch time medicines for people. This was done safely and appropriately. The member of staff asked for consent from people before giving them their medicines. They had checked the MAR (Medication Administration Record) for people to ensure that they were giving the correct medicines to the correct people, when they needed them and as prescribed for them. We checked training records for this staff member. They had completed medicines management training and a senior member of staff [care coordinator] had completed an observed practice of their competence to administer medicines safely to people.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Controlled drugs (CDs) were stored and monitored safely. We checked the stock of pain relief patches for one person against the CD monitoring book. In this book, two staff members sign to evidence when the stock levels are checked for people's CDs and when these medicines are given to people. The stock was accurate and the CD book had been completed correctly. We saw that no room thermometer was evident in the room where medicines were being stored. This was addressed immediately by the manager. This ensured that the safe storage temperature of medicines was monitored effectively.

People had received a review of their medicines which the manager told us had resulted in unnecessary medicines no longer being prescribed for people. At the time of this inspection there were no medicines being prescribed on an 'As required' basis to manage people's behaviours that may challenge. This was a positive improvement for people.

Systems and processes were in place to manage risks and actions were taken to minimise risks to people. We saw a medicines audit that had been completed by a consultant. The audit stated that the medicines fridge was not maintaining a constant temperature. This was discussed with the manager and registered provider. Following the inspection the manager told us that a new fridge was purchased. To sustain and embed the improvements in practice, we recommended that the manager closely monitored medicines management which ensured medicines were given safely to people.

The new manager had implemented a range of audits across the service which included audits for accidents and incidents for people, safeguarding, complaints, care plan audits, quality assurance, infection control and health and safety. Daily health and safety audits were completed by maintenance staff. A 'Lead' senior staff member had been identified to support the regular completion of infection control audits. Staff used protective equipment appropriately to minimise risk of infection to people. The environment was clean and a planned programme of works ensured that stained carpets were replaced on a rolling basis. Records showed the manager had recorded accidents and incidents, monitored the occurrence of accidents and incidents to establish if any trends were evident and had taken action to address concerns as they arose. For example, one person had a self-inflicted minor bruise on a finger, gained through repeatedly banging their hand down onto the table in their room. This had been addressed promptly and appropriately with sponge material being attached to the top of the table to prevent further injury to the person. The risks of falls were also addressed within the audit system implemented by the manager. Actions were taken if people had fallen. An "Alternate Observation Audit" was completed by the manager which included the manager's observations of people and their daily experiences at the service.

Risks to people were now managed safely and consistently. Records for people contained detailed personalised risk assessments for different areas of risk identified. Actions plans had been implemented to address any areas of risk. For a person who had injured their finger by banging their hand on their table, we saw that this was documented as a risk in their risk assessment. Appropriate referrals had been made to healthcare professionals including, the falls prevention community team. When a person was identified as being at risk of falling appropriate equipment had been purchased to keep them safe. A 'sensor mat' was in place for one person who had been identified as being at risk of falls. Wound care for people was managed appropriately. We saw records for one person who received appropriate support from the local community nurses to dress their wound.

Equipment for people was used safely and maintained appropriately in line with legislative requirements. During the inspection staff used equipment with people, such as, wheelchairs, walking sticks and frames and a hoist. Staff spoke clearly and demonstrated a supportive approach when assisting people to transfer. We saw an example of this in the lounge area where two staff members assisted a person to transfer from their wheelchair to their chair. The staff sought consent from the person before transferring them and continuously spoke to the person reassuring them throughout the transfer which was completed successfully and smoothly for the person. Equipment used was serviced appropriately.

The service demonstrated that lessons had been learned and improvements made when things went wrong. The service had engaged and worked positively with local safeguarding social services colleagues and responded appropriately to the previous safeguarding concerns that had been raised for people. Improvements had been made to systems and processes to ensure that risks were managed and monitored appropriately or people. The positive response of the registered provider following concerns being raised at the last inspection had resulted in effective improvements being made to improve the quality and safety of services provided to people at Hooklands Care Home.

## Is the service effective?

### Our findings

On the 14 and 17 August 2017 we identified concerns regarding the number and skills of staff deployed to meet people's needs and the environment and equipment were not always clean or maintained properly. This was a breach of Regulation 15 (premises) and a continued breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We previously found that there was a decline in staff morale and staff had not received appropriate training, supervision or appraisals in their roles. Staff had not received competency checks in any area of their training. This placed people at risk of receiving support from staff that had not been assessed as competent to carry out their roles. Infection control and cleanliness of premises is inspected under the 'safe' domain.

At this inspection the registered provider and manager had addressed these concerns and no further breach of regulation was identified. There was a developmental action plan with planned programme of works which ensured that the premises were being improved on a rolling basis. A number of staff who had worked at the service previously had left their employment at the home. A new manager was in post who worked positively with the team to develop new practices to improve staff training and supervision. No agency staff were used at the service. A relative told us, "The care, with no agency [staff], things look better now."

Staff morale was positive and a new initiative had been introduced by the new manager which rewarded staff with a "Purple heart" and named individual staff members as "employee of the month". The staff member selected received the accolade of the "Purple heart", following nomination from colleagues and people. This was clearly displayed in the lounge area for all people and visitors to see. We saw that the maintenance person had also been nominated for this award. We spoke with them and they were evidently pleased to have had their hard work recognised. They told us, "I've never won anything before". The thread of the "Purple heart" award also fed into staff supervision sessions. The minutes of a staff meeting seen from 28 November 2017, clearly showed the staff member who had been awarded that month. This positively recognised staff achievement which was celebrated by the staff team.

People were supported by staff with the right skills, knowledge and experience to deliver effective care and support to them. The new manager and care coordinator had completed supervisions with all staff at the service throughout November and December 2017. Staff were informed of the agenda for this initial supervision 'round' under the new management structure. The agenda included, "Ethos of the new Hooklands", which was identified under the following areas, "Dignity and respect", "Quality care", "Team work" and "Being effective and efficient." Staff appraisal forms were provided to them at the supervision session. Staff were given an opportunity to discuss any concerns they had and supervision discussions clarified with staff what, "Hooklands needs from you.". Staff felt positively supported at Hooklands and felt that positive changes had been made under new management of the service. One staff member said, "It's good" [working at Hooklands]. They also said, "I like working here, all the team are lovely." Staff also told us how they were listened to when they wanted to implement new ideas. One staff member said they had made suggestions to change the 'morning routine' at the home. They told us, "I was listened to and it changed".

We saw evidence of staff training at the service that the manager was 'rolling out' to all staff. This training included, emergency first aid, moving and handling, safeguarding adults, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia awareness, positive behaviour management, fire safety, health and safety, infection control, falls prevention, prevention of pressure areas, food hygiene and effective report writing and communication. Staff were in the process of completing these training modules as part of an on-going training programme. A new staff member told us that, "I have done a lot of training in December."

We saw on a training matrix provided to us by the manager that seven staff were in progress of completing the Care Certificate. The Care Certificate is a set of standards that set out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should be covered if staff are 'new to care' and should form part of a robust induction programme. The 15 standards include staff developing knowledge and awareness of, equality and diversity, communication, awareness of mental health, dementia and learning disabilities and privacy and dignity for people. The manager told us of a new staff 'Buddy' system that they were setting up to start at the end of January 2018. This new approach was designed to support new staff starting at the service, to pair them up with an existing, more experienced member of staff.

People's needs were assessed holistically. We reviewed the care plan records for people living at the service. Care plans were very detailed and personalised to reflect individual preferences and needs of people. Files contained, 'Knowing me' forms which were completed with personalised information about people's needs including whether people required the use of visual or hearing aids to communicate. Behaviour traits were also clearly recorded in people's documents. We heard a person saying a statement during our inspection which was clearly noted in their records as usual behaviour for them. This supported the accuracy of the records and demonstrated how well staff knew people. A relative told us, "Yes, they [staff] took time to know her [relative] and us and the support provided is first class".

Technology had been used to support the delivery of effective care to people that promoted independence. A new call bell system had been installed since our previous inspection. We tested the call bell and staff responded promptly. One person had a 'sensor mat' in place to reduce the risk of falls by alerting staff to them when they got out of bed during the night. This meant that technology supported the person to stay safe but also to live as independently as possible, without constant staff supervision and observation needed to prevent them from falling.

People were supported to eat and drink enough to maintain a balanced diet. We observed the lunchtime meal experience for people. During lunchtime, staff served people with a meal that had been prepared by an external company. Staff also took food to people who preferred to eat their meals in their rooms while others were served in the dining room. In the dining area, one person needed staff assistance with eating their meal. We observed staff providing this support appropriately and sensitively. One person was living with diabetes. This meant that their meals needed to be balanced in nutritional content to maintain their sugar levels safely. The manager told us that this person's diabetes was well managed with support from the home and noted that the insulin dose had reduced from twice a day to once daily. For another person, we were told that they previously had a Malnutrition Universal Screening Tool (MUST) score of '2' which would indicate that they were at 'high risk' of malnutrition. Since the new manager has been at the service this person has successfully gained weight and now had a MUST score of '0', indicating a 'low risk' of malnutrition. A person's relative told us, "The food is quite fine. My [relative] enjoys her food. She is very fussy with food, so enjoying it now is good, she has put on weight". This indicates that people are well supported to maintain their nutrition appropriately in line with any dietary requirements they may have.

We spoke with the cook about the meal preparation of the food at the home. They stated that daily orders were received from the outside catering company that were heated up in the home and served to people. This process meant that any last minute choices or changes to people's meals were accommodated by staff buying an alternative from a nearby convenience store. They [cook] also informed us that this system would be changed from 15 January 2018 and the foods provided at the home would be cooked internally, offering more flexibility and choice to people. The manager confirmed this change. We asked people for their views of meals provided at the service and asked if they had enough to eat and drink. One person told us, "No, I just eat what happens to be on the menu". Another person said, "Drink yeah, food I am a bit fussy, they [staff] give me what I want". We observed a relative staying for lunch with their husband. We asked them if they often stayed for lunch at the home. They told us that, "[staff] Always offer it."

People had regular access to healthcare services and received on-going healthcare support. We spoke with a healthcare professional during the inspection. They told us that they visited the home on a weekly basis and said, "They [management team and staff] are doing a very good job" and that the management, "Have put a lot in place to change how things were previously." The health professional also stated that they, "Have a lot of faith in the [management]" and commented on how well staffed the service was. The manager told us that they had requested for people's medicines to be reviewed when they started their new role at the service. This had a positive impact on people due to medicines previously prescribed for the management of behaviours that may challenge, no longer being required. We also saw evidence of referrals being made to falls prevention specialists when people were at risk of falls.

The premises had been improved to support people's needs and preferences since the last inspection. Signage had been put up to indicate to people where the toilet facilities were located. Bedrooms had been redecorated and carpets were being replaced on a rolling programme. One person who was living alone on the top floor of the service at the previous inspection had since been relocated to the lower floor where they were now more able to integrate with others living at the home. A seating area was provided on the patio outside of the lounge area where we saw plant pots filled with seeds that the manager told us people had chosen to plant with support from staff. The garden still required work to be done to improve the outlook and enjoyment for people who may wish to sit outside. This was acknowledged by the manager and registered provider who told us that they were in contact with a local college for student volunteers to come and support the redesign of the garden by the summertime. This would greatly improve the premises for people living there.

People were supported to live in least restrictive ways when they lacked the mental capacity to make best interest decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act 2005 in practice and people were asked for their consent to care and treatment. For example, one staff member told us that people who lacked the mental capacity to make specific decisions, may have a designated person who would hold a "Power of Attorney" which would allow them to make decisions on the person's behalf. Records showed that mental capacity assessments were completed in people's best interests when they may be unable to consent to specific decisions about their daily lives due to a lack of mental capacity. A person told us, "Yes, always they [staff] ask my permission". Another person said, "Oh yeah I always give them [staff] permission". We observed staff

seeking consent from people before giving people their medicines, before supporting people to mobilise and before entering their rooms or supporting people with mealtime assistance. Staff received training regarding MCA and DoLS. At the time of the inspection we saw records for one person which evidenced that a DoLS had been applied for, but hadn't yet been authorised by the local authority.

## Is the service caring?

### Our findings

The service was caring. People were treated with respect. People's relatives were happy with the service provided. One relative told us when asked if their relative was treated with respect, "Yes they [staff] all spend time with her [relative], they make her comfortable. They make sure she's got what she needs. They always ask her what she wants. She is always given options to choose from". Another relative said, "Staff absolutely fantastic, always available, there is a good relationship [between staff and their relative]".

The staff and people living at the care home had been through positive changes with the new management over the months since our last inspection in August 2017. No agency staff were used at the time of our inspection which meant that people were supported by a consistent staff team with continuity of care provided to them. New systems and processes had been implemented by the new manager to ensure that people received a personalised service by staff who knew them well. The new manager showed us that they had implemented a 'key worker' role for staff. The role profile required staff to, "Promote personalised care through a thorough understanding of the person, their needs and requirements and act in their best interest." We saw records for people that contained personalised information about their needs, wishes and preferences. One example of this was a document called, "My life before you knew me", which detailed personal histories for people. This helped staff to understand people's needs and past lives. We saw that confidential records for people were now stored appropriately, in a locked room.

People were listened to and involved in making decisions about their care and daily life choices. A residents meeting had taken place which had largely been focused upon foods and people's choices. This had resulted in a new whiteboard being purchased for the kitchen with people's choices being noted upon this. People told us that they made choices about their daily lives. We asked people if they chose what they wanted to wear each day. One person said, "The staff help me to choose, but I will tell them what I want to wear".

Visitors were made to feel welcome by the staff and people were able to receive visitors in the home when they wanted to. A person's relative told us that staff "always invited [relative] to have a meal" with their relative at the home. People were able to spend time with their relatives in different areas throughout the home, including the main lounge and dining rooms, one of the small lounge areas, a seating area in the garden, or the person's bedroom if private conversations were preferred.

Staff all wore a uniform which varied in colour depending upon their role within the home. They also had name tags on which were clearly visible. This meant that people would be able to identify the staff member they required assistance from.

We observed staff treating people in a kind and compassionate manner throughout the inspection. Staff adapted their communication styles with people, treating people as individuals in line with their communication needs, which ensured that staff were understood by people. For example, staff came down to the eye level of people before addressing them. When people were given their medicines staff asked them for their consent and demonstrated a sensitive and caring approach. Staff supporting people to move

communicated clearly and concisely, with patience and compassion, which ensured that moving and handling techniques were used appropriately with the person clearly understanding what staff required them to do in order to move safely.



## Is the service responsive?

### Our findings

At our previous inspection on the 14 and 17 August 2017, we found a continued breach of Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The concerns surrounded a lack of action taken by the service to effectively assess and mitigate risks for people and a high number of agency staff being used to cover vacant shifts and records were incomplete for people. This previously placed people at risk of receiving inappropriate or inconsistent care from staff who didn't know them well.

At this inspection the service was responsive to people's individual needs and preferences. Agency staff were not used and risks for people were assessed and mitigated appropriately and safely. For example, a person at risk of falls had been referred to the falls prevention community health team and the manager had purchased appropriate equipment to mitigate the risk of falling for a person. A new call bell system had also been purchased and installed at the home since the previous inspection. "Knowing me" documents completed with people contained information about people's communication and sensory needs. People's relatives told us that staff communicated well with them about their relatives needs and when their needs changed. People were involved in the care plan reviews with their relatives. One relative said, "Yes, yes with my [relative]. Staff will communicate with us and the communication with them is open and they will keep us posted". Another relative said, "They [staff] know his likes and dislikes, he enjoys his own manual chair and staff know that".

Activities had significantly improved for people since the last inspection. A personal activities coordinator had been appointed who told us that they enjoyed their role. We asked them what they liked. They said, "Everything, the caring, the being there for somebody." The registered manager told us that "Activity interest" sheets had been implemented for people that detailed their past lives, present and future ambitions. This information was used to devise personalised activities. For one person, it had been identified that they enjoyed working with their hands. The manager told us of how they had purchased a 'mechano' set for them and that they had, "Spent all morning building and dismantling the mechano car". We observed one person sitting for long periods in the lounge area. Staff were mindful of this and provided the person with a 'light board' which enabled them to engage in a stimulating activity which the person appeared to enjoy. The manager told us that relatives had commented about the improved engagement of people at the home. One relative was reported to have said that the, "Spark is back in mum's eyes," since the new manager and staff had positively encouraged them to get out of bed each day and engage with activities in the home. This had also resulted in the person verbally communicating with others. Records demonstrated that personalised activities were documented for people. We also observed one person taken out in their wheelchair, on a one to one basis with a member of staff, to have a coffee in a nearby café by the sea. A relative told us, "[person's name] physical activity has gone down because of age, but she has more stimulation available, and they encourage her to do things by herself". We asked a person if they were happy with the service they received. They said, "Yeah, absolutely very happy". We saw an outdoor seating area in the garden. The manager showed us plant pots that they told us had been filled with seeds by people living at the service which they could take to their rooms once they had started to flower, should they wish to do so. The manager told us that each month was themed for people, with January being, "Green month". This

meant that some activities were focused on the 'outdoors'. We saw a poster on the lounge wall indicating the theme for the month.

People's changing needs were managed safely and clearly recorded in their care plans. An example of this was for a person living with diabetes. Their insulin had been decreased following improved management of their diabetes. The changes were clearly reflected in the care plan. The manager had also ensured that staff had guidance to help them to better understand diabetes, including the signs and symptoms of hypoglycaemia. Hypoglycaemia occurs when the level of glucose present in the blood falls below a set point. This can be dangerous for people if not managed appropriately. The person also received appropriate on-going support from a community district nurse.

People and their relatives knew how to raise concerns and complaints and felt confident to do so. There was a policy for complaints. We spoke to relatives and asked them if they knew how to raise concerns. One relative said, "I will speak to them [management], the relationship with staff is good and open and honest". We asked people if they felt they were listened to and if their voices were heard in the service. One person said, "Oh yeah, I think they [staff] do". The new manager reviewed the complaints log on a monthly basis. One complaint had been received regarding staffing levels at the home. This had been addressed with new staff employed and agency staff no longer used.

We saw that care plans for people contained advance care plans, which included their individual choices and preferred place of death. The manager told us that they had recently supported a person at the end of their lives at the home with support from the community district nurses. "Time to think" medicines were put in place which had been arranged by the manager and community nursing team. These are medicines to manage any pain people may have at the end of their lives. Training for end of life care was in the process of being sourced by the manager for staff.

## Is the service well-led?

### Our findings

At the previous inspection on the 14 and 17 August 2017, we found six breaches of Regulation. The breaches included a continued breach of Regulation 12 (safe care and treatment), Regulation 17 (good governance) and Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were as a result of a failure to manage or mitigate risks for people, unsafe management of medicines, lack a systems and processes to effectively monitor the quality and safety of the service provided and a lack of appropriately trained or skilled staff being deployed to meet people's needs effectively and safely. New breaches in relation to Regulation 13 (safeguarding people from abuse), Regulation 15 (premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 were also found at the previous inspection for parts of the premises and equipment not being clean or appropriately maintained, a failure to appropriately investigate concerns of abuse and for a failure to notify us of significant events including safeguarding people from abuse.

At this inspection we found that the service was well-led. The requirement actions for the previously identified breaches had been met at this inspection. The manager had submitted an action plan to us which provided an on-going update of the progress they were making and positive actions they were taking to improve the service. The new manager had introduced effective new systems and processes to audit and analyse various aspects of the service including, care planning, medication, accidents and incidents, health and safety and infection control. We saw evidence that the manager had taken appropriate actions when accidents and incidents had happened and we had received statutory notifications informing us of significant events at the service. New staff had been appointed and no external agency staff were used. Staff received training and supervision in their roles and some staff had taken on 'expert' or 'lead' roles in key areas, including the role of an activities coordinator. A new buddy system was implemented to support newly appointed staff with more experienced staff at the home. The premises were improved, with additional signage for people, areas in the home had been decorated and carpets were being replaced on a rolling programme of works. We saw an environmental action plan for on-going planned work and improvements to the service. Medicines were safely and appropriately stored, managed and administered to people. Audits of medicines had been completed by the consultant at the service with actions addressed by the manager. People were safeguarded from abuse with a regular, familiar staff team who knew people well and positive new leadership.

There was no registered manager in post at the time of this inspection. The previous registered manager had left the service in October 2017. The new manager was in the process of becoming the registered manager for this service. We had received an application from them. 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.

Staff, professionals, people and their relatives all spoke very positively about the changes to the service, the staff and of the new management. A person's relative said, "The staff are doing a fantastic job. The

improvement is massive compared to last year. We are confident that [relative's name] is well looked after". A person told us that, "They [staff and management] look after us very well". We spoke to the staff about the changes in the service and the management. A member of staff told us, "I like working here, all the team are lovely". They also said, "I have no concerns with management, [name of manager] will sit and listen to us". We were also told that a member of staff "had no faults with management at all". Health and social care professionals spoke highly of the new management at the home. The manager and provider engaged "exceptionally well" with external health and social care professionals as indicated by social services. A social services team manager who was addressing the previous safeguarding concerns at the home stated that the registered provider and new manager had worked, "Hard" to make, "Significant improvements" to the service "Over the last few months". We saw a newly devised handover record which was completed on a daily basis for people at the home. This enabled staff to have accurate up to date information about people's needs in the service. The manager also reviewed aspects of the service on a daily basis to ensure that they were fully aware of the day to day culture within the home.

Staff were supported with clear, visible leadership with the new manager and care coordinator supporting the management of the service. Staff had received supervisions with a clear agenda which ensured that they all understood what was expected of them in their roles. A supervision and appraisal schedule was now in place. Staff achievements were recognised and rewarded with the new "Purple heart" staff member of the month scheme.

People felt supported by the staff at the service. One person's relative told us that, "Staff are very understanding and we communicate very well". People's views of the service were captured at residents' meetings and the manager was developing and revising the quality assurance surveys for people which would enable people's views to be captured and analysed regularly. A relative confirmed that their relative attended the residents meeting. They said, "My mum attends". The manager had clear objectives and responsibilities outlined to them by the registered provider. This ensured that the manager worked to achieve common goals of the organisation. We saw evidence of the manager's "2018 Priorities", which had been agreed with the manager and the registered provider. A consultant had been appointed by the registered provider to undertake audits of the service as well as mentoring the manager in their new role.

The new manager understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of duty of candour. Duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. The manager had appropriately managed historic safeguarding cases at the start of their role at Hooklands Care Home and had worked openly and transparently with the local social services department to address and resolve any safeguarding concerns raised with them. This resulted in the service being removed from the social services contract "suspension" list, enabling the service to take new people into the service.

Whilst there had been significant improvements at this service, due to the previously identified serious concerns which placed the service in 'special measures', a period of sustained quality improvement progress with changes being embedded into practice is required before the service can be rated as 'Good' overall.