

Sevaline Care Homes Limited

# Hurstead House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This was an unannounced inspection which took place on 19 November 2014.

We had previously carried out an inspection in June 2014 when we found the service had breached four of the regulations we reviewed. We made compliance actions that required the provider to make the necessary improvements in relation to: care and welfare of people; cleanliness and infection control; and staffing. In addition we issued a warning notice to the provider in relation to a

breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to the lack of quality assurance systems for the service. Following the inspection in June 2014 the provider sent us an action plan telling us what steps they were going to take to ensure compliance with the regulations.

We revisited the service on 15 September 2014 to check that the provider had taken the required action in relation

# Summary of findings

to the warning notice. We judged the requirements of the warning notice had been met. This was because improvements had been made to the quality assurance processes in the service.

On this inspection we found the provider had made significant improvements to the service. This meant all legal requirements we reviewed were met, including those outstanding from our previous inspection.

Hurstead House Nursing Home is registered to provide accommodation for up to 30 people who require support with personal care or who have nursing needs. At the time of our inspection there were 17 people living at the home.

There was no registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 owner of the home had submitted an application to the CQC to register as manager of the service; this application was still being considered at the time of our inspection. This meant the owner was in the position of 'acting manager' at the time of our inspection.

We found some improvements needed to be made to the way medicines were administered in the service in order to ensure people always received their medicines safely.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. However improvements needed to be made to ensure people were not subject to restrictions which had not been authorised under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Care records we reviewed included an assessment of individual's capacity to make particular decisions. This should help ensure people's rights were upheld.

At the time of our inspection we found work was underway to refurbish much of the home. However, we noted some improvements still needed to be made to the signage and lighting in the home, particularly to meet the

needs of people with a dementia. We were told this had not previously been considered but, following our observations, would be included in the refurbishment programme.

Although we received conflicting information from some people who used the service and some relatives about staffing levels in the service, we found the numbers of staff on duty were appropriate to meet the needs of people who used the service at the time of our inspection. The increase in the number of domestic staff on duty in the service had led to an improvement in the cleanliness of the environment.

People who used the service told us they felt safe in Hurstead House. One person told us, "I feel safer here than at home. I have panic attacks and staff stay with me to calm me down. Staff will spend time with me." Another person commented, "I feel safe here because of the presence of staff to help me."

Staff had received safeguarding training and were able to tell us what action they would need to take if they had any concerns about the care people received in Hurstead House. All the staff we spoke with were confident that any concerns they might raise would be taken seriously and acted upon.

Care records we reviewed contained good information for staff to follow in order to help ensure people received the care they needed. All the care plans we looked at had been regularly reviewed and updated to record when people's needs had changed.

There were systems in place to provide staff with support, induction, supervision and training. Staff told us they enjoyed working at Hurstead House and considered they received the training and support they needed to effectively carry out their role.

People's health needs were assessed and staff ensured appropriate services were in place to meet these needs, including dieticians and speech and language therapists. Where necessary, staff provided support and monitoring to ensure people's nutritional needs were met. All the people we spoke with made positive comments about the quality of food in Hurstead House.

# Summary of findings

We observed positive interactions between staff and people who used the service. People told us staff treated them with dignity and respect and were always kind and caring.

An activity coordinator had been employed to work in the service. People spoke positively about the events and activities which had been arranged for them. We found individualised activity plans were also in the process of being completed with people. This should help ensure people's interests were reflected in the activities provided in the home.

There were processes in place to gather the views of people who used the service and their relatives regarding the care provided in Hurstead House. People told us when any concerns had been raised, these had been dealt with promptly by the acting manager.

People who used the service, relatives and staff spoke positively about the leadership displayed by the acting manager and the positive impact this had had on the atmosphere in the home. Quality assurance processes in the service were sufficiently robust to demonstrate that the acting manager was regularly reviewing how the service could be improved.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. This was because improvements needed to be made to ensure people were protected against the risks associated with the unsafe management of medicines in the service.

Improvements had been made to the cleanliness of the service and to the measures to prevent the risk of cross infection.

Although we received conflicting information from people we spoke with about staffing levels in the service, we found there were sufficient numbers of staff available to meet people's needs.

**Requires Improvement**



### Is the service effective?

Some areas of the service required improvement to ensure the care people received was effective.

People were cared for by staff who knew them well and had the necessary skills for their role.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005. However improvements needed to be made to ensure that people were not subject to restrictions which had not been legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to monitor and review people's health and nutritional needs. People were positive about the quality of the food in Hurstead House.

Improvements needed to be made to ensure the environment was appropriate for people with dementia related needs.

**Requires Improvement**



### Is the service caring?

The service was caring. People told us they were treated with kindness and respect. This was confirmed by the positive interactions we observed between people who used the service and staff during our inspection.

Care plans we reviewed contained a good level of detail about people's life histories, interests and preferences. This information is important in supporting staff to develop caring and meaningful relationships with people who used the service.

**Good**



### Is the service responsive?

The service was responsive to people's needs.

People told us they always received the care they needed. Care plans and risk assessments were regularly reviewed and updated to ensure staff had the information they needed to be able to respond to people's needs in an appropriate manner.

**Good**



# Summary of findings

An activity coordinator had been employed to work in the service. People spoke positively about the events and activities which had been arranged for them.

There were systems in place to gather and act upon the views of people who used the service.

## Is the service well-led?

The service was well-led.

An acting manager was in place at the time of the inspection who had applied to register with CQC. People who used the service, relatives and staff all spoke positively about the leadership displayed by the acting manager and the positive impact this had had on the atmosphere in the home.

Quality assurance systems were in place in the service. This meant the acting manager was regularly reviewing how the service could be improved.

**Good**



# Hurstead House Nursing 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 checked 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 19 November 2014 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor in the care of people with a dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential and nursing care services.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We also contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England. All the organisations we contacted stated they had no current concerns about Hurstead House.

The local authority commissioning team told us there was still a restriction in place on any new admissions to Hurstead House as a result of the findings of our inspection in June 2014. However, they advised us no concerns had been raised at the most recent quality assurance visit undertaken by the local authority.

We spoke with five people who used the service and three relatives. We also spoke with a total of eight staff; these were the deputy manager, two registered nurses, three care staff, the activity coordinator and the owner of the service who was acting as manager at the time of our inspection.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observation Framework for Inspection (SOFI) observation during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for seven people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

One aspect of the service was not safe. This was because improvements needed to be made to the way medicines were administered in the service.

On arrival at Hurstead House for this inspection, we noted medicines had been placed in medicine pots in the clinic room for two people who used the service; these pots had small pieces of paper in them with the names of people for whom the medicines were intended. We noted there were also two unlabelled pots containing liquid medicines left on the surface. We were told by the nurse on duty that they had not been able to administer the medicines as the two people for whom they were prescribed were still asleep. However they recognised that the practice of leaving medication in pots to be administered at a later time was an unsafe practice as it meant there was a risk people who used the service might be given medicines, which had not been prescribed for them.

People who used the service told us they received their medicines as prescribed. Comments people made to us included, "I usually have medicines on time. I've been able to take my medicines by myself" and "They give me my nebuliser if I need it. I also can ask for it. I didn't used to feel I could ask for it but now I can because the staff attitudes have changed. The staff seem a lot happier." In contrast one relative told us, "[My relative] gets their medication on time a high percentage of the times. This does cause problems for my relative and myself. Sometimes staff have forgotten to give their medication and I notice it affects my relative. Sometimes the qualified nurse is busy in other places and my relative has to wait for their medication." This meant there was a risk people did not always received their medicines as prescribed.

We looked at the Medication Administration Record (MAR) charts for all the people who used the service. We found these were fully completed and provided evidence that medicines had been administered as prescribed. The deputy manager told us they were aware of the NICE guidelines regarding best practice for the management of medicines in care homes. They told us, a result of these guidelines, where appropriate the nursing team had involved people who used the service in making decisions about taking responsibility for their own medicines. Care records we reviewed confirmed this to be the case.

Qualified nursing staff were responsible for administering medicines in the service. We were told there was no system in place to provide refresher training for nursing staff regarding the safe administration of medicines. There was also no process in place to check the competence of nursing staff to administer medicines safely.

We noted the policies relating the administration of medicines in the service required review. The acting manager showed us the plan in place to review policies the week following our inspection.

We noted there were protocols in place relating to the administration of 'variable dose' medicines and the self-administration of medicines. Records we looked at showed regular medication audits had been completed; these had not identified any inaccuracies between the MAR charts and the stock of medicines held for people who used the service.

### **We recommend that the service considers the NICE Guidance in relation to the management of medicines in care homes.**

At our inspection in June 2014 we found a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not taken the appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people who used the service.

On this inspection we found improvements had been made. On our last inspection care staff had told us they did not have the time to undertake all the duties expected of them, including cleaning and laundry tasks due to staff shortages. On this inspection we noted there were two domestic staff on duty throughout the day. This meant care staff were no longer required to undertake cleaning duties when they were on shift. As a result we observed staff were able to spend time with people and respond promptly to any requests people who used the service made for assistance.

Seven of the staff we spoke with told us staffing levels in the home were appropriate. One member of nursing staff told us they thought an additional member of care staff would be helpful on the evening shift.

People we spoke with gave conflicting views about the staffing levels in the service. Three people we spoke with

## Is the service safe?

who used the service told us they felt staffing levels could be further increased. One person commented, “I didn’t used to think there was enough staff but at the relatives and residents’ meeting last month I brought this up. The manager said that he covered the regulations. I feel for the girls who are rushed off their feet. It still seems a bit of a problem from my point of view. Another carer would make all the difference”. Other comments people made to us included, “Sometimes I have to wait a bit for staff, it just depends...The girls [staff] talk to me when they have time” and “I think staff are very willing but they are very short staffed”. In contrast another person who used the service told us, “There are enough staff at the moment. There’s always someone there”. This view was confirmed by a relative who told us, It’s never taken very long for staff to attend to [my relative]. There seem to be plenty of staff about.”

We discussed the comments about staffing levels with the acting manager. They told us they had not reduced staffing levels following the restriction on admissions which had been put in place by the local authority. As a result they were confident there were sufficient numbers of care and nursing staff on duty at all times to meet the needs of the people who used the service, although no specific dependency level assessment tool was used.

At our inspection in June 2014 we found a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people were not protected from the risk of infection due to a lack of guidance for staff to follow. People were not cared for in a clean, hygienic environment.

On this inspection we found significant improvements had been made to the cleanliness of the home. We noted there were two domestic staff on duty during the inspection. One member of care staff told us, “The cleaner is now back and this has made a big difference; it’s a lot cleaner now.”

We found a system of checks had been introduced to ensure all cleaning tasks had been completed to the required standard. The acting manager had introduced infection control policies and procedures in the service and a lead person for infection control had now been identified. These measures should help ensure staff understand their roles and responsibilities in relation to the prevention of cross infection.

Following the inspection we received a copy of the most recent infection control audit for the service, which had been completed by the local authority; this confirmed that the compliance of the service with infection control measures had greatly improved.

People who used the service told us they felt safe in Hurstead House. One person told us, “I feel safer here than at home. I have panic attacks and staff stay with me to calm me down. Staff will spend time with me.” Another person commented, “I feel safe here because of the presence of staff to help me.”

Staff we spoke with told us they had completed safeguarding training. They were able to tell us what action they would need to take if they had any concerns about a person they were caring for. Staff told us they were also confident to report any poor practice in the service and considered they would be listened to and taken seriously should they do so. We noted in-house ‘refresher training’ had been organised for staff to help ensure they understood their responsibilities to protect people who used the service.

We saw staff had access to the safeguarding policy and procedure produced by the local authority. We noted the safeguarding policy and procedure for the service required updating to ensure it reflected the information which was contained in the local authority procedure. We raised this with the acting manager who showed us a plan they had in place to update all policies and procedures in the week following our inspection. They told us they would ensure the safeguarding policy was prioritised within this process.

We reviewed the care records held for seven people who used the service and found that risks to people’s health and safety had been identified. Care plans which provided directions for staff to follow about how to manage these risks were also in place and had been regularly reviewed. Identified risks included those related to falls, nutrition and skin integrity. This should help ensure people who used the service received safe and appropriate care.

We looked at the policies and procedures relating to the recruitment of people to work in the service. We saw that, in the main, these met the requirements of the current regulations. However, we noted the application form for the service included the requirement for potential staff to document their employment over the previous ten years rather than to provide a full employment history as



## Is the service safe?

required by law. We discussed this with the acting manager who assured us the application form would be updated to make it clear to applicants that they must provide details of all previous employment.

We looked at the files held for three staff who were employed in the service. These provided evidence that the acting manager had completed the necessary checks before people were employed to work in the home. We also noted that since our last inspection a system had been introduced to ensure that nursing staff employed in the service were registered with the National Midwifery Council. This should help protect people against the risks of employing staff who were unsuitable to work with vulnerable people.

The acting manager informed us they were continuing to rely on agency staff to ensure there was always a qualified

member of staff on duty in the home. However, we saw evidence that, wherever possible, the same agency staff were used. This should help provide consistency of care for people who used the service.

We saw arrangements were in place to ensure equipment used in Hurstead House was regularly checked and serviced; this included equipment relating to fire safety. A personal evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service.

A business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency. However we noted this required updating to include the correct details for all staff employed in the service. The acting manager told us this would be completed as soon as possible.

# Is the service effective?

## Our findings

At our last inspection in June 2014 we found a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the planning and delivery of care did not ensure people's individual needs were effectively met.

On this inspection we found improvements had been made, although further improvements still needed to be made

All the care files we looked at contained care plans which were fully completed and had been regularly reviewed. This should help ensure people received effective care.

People who used the service told us they considered staff had the necessary skills, knowledge and experience to meet their needs. One person told us, "Staff are really good. Nothing is too much trouble for them."

Relatives we spoke with told us they were confident in the skills and knowledge of staff. One relative commented, "I'm happy that [my relative] is clean and tidy. [My relative's] skin integrity is good. I think staff have the skills and training to look after [my relative]."

Care staff we spoke with told us they had completed an induction when they started work at Hurstead House and that this had involved a period of shadowing more experienced staff. This should help ensure they were able to provide effective care to people who used the service.

All the staff we spoke with told us they had received training in a range of topics relevant to their role. These included safeguarding vulnerable adults, infection control, moving and handling, and fire safety. We saw a programme of in-house refresher training was provided in the service. This should help ensure staff continued to update their skills and knowledge.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We therefore asked the acting manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action the acting manager took to ensure people's rights were protected. At the time of our inspection no applications for DoLS authorisations had been made by the service. The acting manager told us they were not aware of recent changes to the law regarding when people might be

considered as deprived of their liberty in a residential care setting. However the deputy manager was able to demonstrate an awareness of the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests. It is important for all staff to understand how to ensure people's rights are protected and the necessary authorisations sought should restrictions need to be put in place to ensure people receive the care and treatment they require.

All the care staff we spoke with demonstrated and awareness of the principles of the Mental Capacity Act (MCA) 2005. This legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. Information was also on display on the staff noticeboard regarding the principles of the MCA and action which staff should take if they had any concerns about the capacity of a person to make their own decisions. The acting manager told us they planned to organise an external speaker to attend the service in order to deliver further training in the MCA.

Staff were able to give us examples of the day to day decisions they supported people to make, for example the clothes people chose to wear or the food they wanted to eat. One person who used the service told us, "I don't make decisions about my choice of care. Staff do try their best but there's a limit in a care home environment and I do appreciate any freedom of choice I have within that limit. Within a limit I get some choice."

All the care records we reviewed included an assessment of people's capacity to make day to day decisions. We noted these assessments had been regularly reviewed. This should help ensure people's right to make their own decisions was upheld.

All the people we spoke with told us the food provided at Hurstead House was of good quality. Comments people made to us included, "The food is good and I have a choice. I get variety and sufficient to eat and drink", and "I like the food here. They have a menu and you can pick what you want."

We saw there were systems in place to ensure people's nutritional needs were kept under review. People who used the service told us they were aware that staff were monitoring their weight and nutritional intake. One person

## Is the service effective?

told us, “I’m a poor eater. They weigh me. They tell me to eat more because I’ve lost weight. They give me milk drinks.” Another person told us, “I do get weighed once a month.”

We observed people were provided with drinks on a regular basis during our inspection and jugs of water or juice were available for people to access drinks independently where they were able to do so.

During our observations at lunchtime we noted staff provided assistance to people who needed support to eat. We saw staff were unhurried in their approach and offered encouragement and reassurance as necessary to help ensure people receive adequate nutrition.

Care records we reviewed showed referrals were made to relevant health care services to address any changes in people’s needs; this included GPs, dietician and speech and language therapists. One person who used the service told us, “Staff will always get the doctor if I am not well, no matter what time it is.”

At the time of our inspection we found work was underway to refurbish much of the home. We found that, since our previous inspection, changes had been made to the layout of the main communal area in order to provide improved dining and seating arrangements for people who used the service. We also found flooring had been replaced in some areas of the home.

However, we noted some improvements still needed to be made to the signage and lighting in the home, particularly to meet the needs of people with a dementia. We discussed this with the acting manager who told us they would seek the involvement of a professional with specialist knowledge in this area and incorporate any advice received into the refurbishment programme for the service.

**We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more ‘dementia friendly’.**

# Is the service caring?

## Our findings

All the people we spoke with told us there had been significant improvements in the attitude and approach of staff since our previous inspection. One person who used the service told us, “The attitude of staff has changed. It used to be unpleasant. If a member of staff got niggly it made me feel uncomfortable. Now I like all the staff and they treat me well.” A relative commented, “The staff we have now are lovely. One by one the staff who were a bit lazy and needed direction have left and we have good staff now.”

All the people we spoke with told us staff knew them well and were aware of their wishes and preferences regarding the care they received. Comments people made to us included, “Staff know me well. When I have a migraine they let me sleep if I need to,” and “I’m always awake early. I wait till they [staff] come and get me dressed. I’m usually down in the lounge by 8.30am. The staff know I like going early to bed too. I’m usually in bed by 6 o’clock.”

During our inspection we observed positive interactions between all staff who were on duty and people who used the service. We saw staff responded promptly to requests for assistance from people and provided the required support in a caring and unhurried manner.

Staff we spoke with demonstrated a commitment to providing safe and effective care for people who used the service. They were able to tell us about people’s needs, wishes and preferences and how they would provide person centred care. One member of staff told us, “We treat people like we treat our own family.”

During our inspection we noted relatives of people who used the service were made welcome in the home. At lunchtime we observed visitors were provided with a meal

and enabled to sit with their relative during the lunchtime period. This meant, if relatives so wished, they were able to provide support and encouragement to their family member to eat a meal.

Care plans we reviewed contained a good level of detail about people’s life histories, interests and preferences. This information is important in supporting staff to develop caring and meaningful relationships with people who used the service.

Records we looked at showed people who used the service, or where appropriate their relatives, had been asked if they wanted to be involved in reviewing the care and support they received in Hurstead House. Although the people whose care files we looked at had indicated they wanted to be involved in the review process, it was not evident from their records that they had done so. We discussed this with the acting manager who told us informal discussions were held with people who used the service prior to reviews taking place; they told us they would improve the process for recording these discussions in order to ensure people’s views about the service they received were recorded and acted upon if necessary.

The fact that people who used the service were asked about their care was confirmed by one person we spoke with during the inspection. They commented, “Staff talk to us when they are reviewing care plans.”

The acting manager held regular meetings with people who used the service and their relatives. We looked at minutes from the most recent meeting and saw that people had been offered the opportunity to comment on the care and treatment provided in Hurstead House. We saw that positive feedback about staff had been given in this meeting by both relatives and people who used the service. One person who used the service had told the meeting that, ‘although the carers were busy, they felt they were well looked after by kind and patient staff’.

# Is the service responsive?

## Our findings

At our last inspection in June 2014 we found a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the planning and delivery of care did not ensure people received care which was responsive to their needs.

On this inspection we found improvements had been made. All the care files we looked at contained care plans which were fully completed and had been regularly reviewed. This should help ensure staff were able to respond appropriately to people's needs.

All the people we spoke with who used the service told us they received the care they needed. Comments people made to us included, "Staff come straight away when I need them" and "I used to be very cold in my bedroom. I had to get relatives to buy and bring in a heater. The new manager and owner got the heating sorted out and the bedroom is lovely now."

Care records we looked at showed people's needs were assessed before they were admitted to Hurstead House. This should help ensure staff were able to provide people with the care they required.

All the care files we reviewed contained good information about people's needs, wishes and preferences. We noted, where relevant, care plans included guidance for staff about how to best support people who might present with behaviour which could challenge others. This should help ensure staff would be able to respond appropriately to people's needs.

Care staff we spoke with were able to tell us about people's needs, risks and interests. They were also able to tell us about the techniques they would use to engage people in activities or discussions as well as to provide support and reassurance. This indicated they were able to respond appropriately to the needs of people who used the service.

On our inspection in June 2014 we were concerned about the lack of activities for people who used the service. At this inspection we found the situation had improved. We were told a part time activity coordinator had been appointed to work in the home. People who used the service told us this had made a positive impact on the level and range of activities available for them. One person commented, "We have plenty of things to do." Another person told us, "I

chose what I do during the day. We have activities. I'm making all the covers for the relatives' Christmas invitations. This is the first Christmas we have been asked what we would like to have for Christmas. I feel it's the first time I've been involved and had my say."

We spoke with the activity coordinator who had recently been appointed to work in the service. They showed us the plan of activities they had put in place for people who used the service, having consulted with them about what they would enjoy. They told us they were also in the process of compiling individualised activity plans for all people who used the service. This should help ensure people were offered the opportunity to engage in activities, which were meaningful to them.

The acting manager told us that, in addition to the activity coordinator, they were intending to involve more volunteers in the service as this would offer people who used the service more opportunities to engage in activities both inside the home and in the local community.

We asked the acting manager how they ensured they offered people the opportunity to comment on the service they received. They told us they had started to spend time informally with individuals who used the service; they told us this meant people now felt more comfortable to express their views about the service. This was confirmed by our observations during the inspection and by the comments people made to us.

We noted regular meetings had taken place between the acting manager, people who used the service and their relatives. We saw that these meetings had been used to inform people about the planned refurbishment programme in Hurstead House. Records we looked at showed people had also been given the opportunity to raise any concerns or make any comments about the care provided in the service. We saw that, where necessary, the acting manager had taken action to address any concerns raised. This provided evidence that they had listened to the views and opinions of people who used the service.

The acting manager told us they planned to send out their annual satisfaction survey to people who used the service and their relatives before the end of the year. They told us they anticipated the responses would be positive due to the changes they had implemented in the service and the encouraging feedback they had already received from visitors and people who used the service.

## Is the service responsive?

People we spoke with who used the service told us they would be confident to raise any concerns with the acting manager and were confident they would be listened to. One person told us, "I would feel comfortable now complaining when I wouldn't have been able to before. I've got used to the new manager and I can talk to my key worker too."

We noted that since our last inspection the acting manager had introduced a system to record any complaints received at the service and the actions which had been taken to resolve the matter. At the time of this inspection no complaints had been received.

# Is the service well-led?

## Our findings

At our inspection in June 2014 we found the provider did not have effective systems in place to monitor the effectiveness of the service. We took enforcement action against the provider and revisited the service in September 2014 when we found improvements had been made to the quality assurance systems, which meant the relevant regulation had been met.

At the inspection in June 2014 we found there had not been a registered manager in place since 1 April 2014. The owner informed us at that time that they planned to apply to the CCQ to register as manager and at the time of this inspection their application was in the process of being considered.

On this inspection we found the acting manager had made continued progress in monitoring the quality of the service. We saw audits had been regularly completed regarding infection control, health and safety and medication. There were records to demonstrate that fire safety equipment was tested and serviced regularly. Evacuation procedures were practised regularly by members of staff. This should help to ensure that appropriate action would be taken in the event of a fire or other emergency.

We noted there was a system in place to record any repairs or maintenance work, which was required in the service. Although staff told us faulty equipment was always replaced, we noted several repairs had been noted as requiring completion on more than one occasion. We discussed this with the acting manager who told us these repairs had been overlooked by the maintenance person who was also responsible for the refurbishment programme in the home. The acting manager told us they would bring the outstanding repairs required to the attention of the person responsible as a matter of urgency.

We discussed the refurbishment programme which was in place with the acting manager. They told us about the

significant investments they had made to improve both the fabric of the building and the internal environment. We saw that improvements had been made to the kitchen and laundry areas; these improvements would help ensure people who used the service were better protected from the risks of cross infection. The acting manager informed us that the refurbishment programme was planned to be completed by the end of December 2014.

People who used the service spoke positively about the improvements which had been made to the internal environment. One person commented, "It's a lot better. There is more space in the lounge now."

People who used the service, relatives and staff all spoke positively about the leadership displayed by the acting manager and the positive impact this had had on the atmosphere in the home. Comments people made to us included, "There's been a massive change since the new owner has arrived. This is because he's taken an active interest and the staff are not afraid anymore. They are more relaxed", "The home has changed. I've been here two years. This last six months the home has got better" and "The manager/owner is supportive and helpful. I always have a chat with him when I visit."

The acting manager told us they had improved their communication with staff since our last inspection and considered that, as a result, staff were now much happier in their employment at Hurstead House. This was confirmed by our discussions with staff who told us they enjoyed working at Hurstead House. They told us they received good support from senior staff in the service and were able to approach them for advice or support when necessary. Records we looked at showed regular staff meetings took place. These were used as a forum to discuss planned changes to the service. Staff we spoke with told us they were able to contribute to these meetings and their views were listened to by the acting manager.