

## Woodlands & Hill Brow Limited

# Hill House

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection took place on 28 and 29 September 2015 and was unannounced. Hill House is registered to provide accommodation with nursing care for up to 60 older people who may experience dementia. Nursing care is provided to people across three floors. People who experience dementia are accommodated on one of two 'Safe' units which are located on the ground and first floors. At the time of the inspection there were 54 people living at the service.

The service had a registered manager. 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 had not always fully completed people's fluid charts as required, although they had identified when people were not sufficiently hydrated and referred them to the

# Summary of findings

GP for further assessment. There were discrepancies between stocks of some medicines and the number there should have been if medicines had have been administered as prescribed. This created a potential risk people may not have received these medicines. We have made a recommendation that the provider refers to best practice guidance in relation to standards of record keeping.

People and their relatives told us the service was safe. Staff had undergone relevant training and understood their role in relation to safeguarding people. The provider had reported safeguarding incidents to the local authority and CQC as required.

Staff had completed a range of risk assessments in order to identify and manage risks to people in relation to areas such as mobility, falls and skin integrity. When people experienced a fall they had been monitored, the GP was informed and their care plans updated where required. Risks were discussed with people and their relatives so they could make informed decisions about how to manage them. Staff understood the risks to people and followed guidance to ensure their safety.

There were sufficient staff deployed to meet people's care needs and arrangements were in place to meet any shortfalls. Staff were deployed according to people's needs and the skill set of individual staff. Staff had undergone the required recruitment checks. The recruitment process had been effective at identifying unsuitable staff.

Medicines were safely ordered, stored and administered. Where people's medicines were administered covertly legal requirements had been met. Staff had guidance in place for the administration of people's 'as required' medicines. Nurses received regular updates on their medicines training. People received their medicines safely.

Staff underwent an induction to their role and received on-going training. Care staff were supported in their daily work by more senior staff and expected to undertake professional qualifications. Nurses received a range of training opportunities to enable them to evidence their on-going fitness to practice. In addition to the provider's in-house training staff undertook training in collaboration with external agencies on topics such as hydration and

falls. Staff received regular supervision and received an annual appraisal of their work. People were supported by staff who underwent a range of training to ensure people's care was based on best practice.

Where people lacked the mental capacity to make specific decisions, staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions made were in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been submitted for people where required. People's liberty was only restricted when this was legally authorised.

People were offered a range and choice of nourishing foods during the day. Risks to people from malnutrition had been identified and managed effectively. If people were at risk their foods were fortified to ensure they received sufficient calories. Staff understood people's dietary requirements and preferences.

People were supported by staff to access a range of health care professionals as required in response to their identified health care needs. Staff had good working relationships with external health care professionals and ensured their guidance was incorporated into people's care plans.

The provider had given consideration to people's needs in the design of the building and in particular to the needs of people who experienced dementia to ensure the environment was suitable for them, for example, in the positioning of pictures to orientate people.

People and their relatives told us staff were caring. Nursing and care staff were encouraged to build relationships with people and their relatives. Staff encouraged the families of people who experienced dementia to complete life history books to enable them to understand more about the person's life and their personal interests. Staff understood people's care needs and preferences. They supported people to express their views and to make choices. Staff had undergone relevant training to ensure they understood how to uphold people's privacy and dignity. People and their relatives told us staff applied this training in the provision of people's care. Staff were observed to provide people's care in private.

# Summary of findings

People's care needs had been assessed on their admission to the service. They had a named nurse who was responsible for their care planning. They ensured the involvement of the person or their family in their care plans and regular reviews of people's care were completed. People had care plans which detailed how their identified needs would be met. There were processes in place to ensure staff had up to date information about changes in people's care needs and to ensure people were checked upon regularly. People were encouraged to participate in a range of activities across the week to ensure their social care needs were met.

The provider had a process in place to enable people to make both verbal and written complaints. Records demonstrated people's complaints had been investigated, actions taken and feedback provided.

The provider audited a range of aspects of the service on a monthly basis. The results of the audits were then reviewed by the senior management team in order to identify any trends and to identify areas for improvement. The provider used a national safety tool to monitor the risk of people experiencing harm. They had also

developed clinical pathways for staff to follow with an external professional to promote effective care for people based on evidence based practice. The views of people and their relatives were sought through meetings and feedback forms. People's feedback about the quality of the service had been acted upon.

People, their relatives, staff and professionals all provided positive feedback about the quality of the management of the service. Management was visible at all levels of the service, the registered manager was readily available to people. The registered manager wished to step down from their role. During the handover period to the new manager, the provider had identified issues with the new manager and as a result they were in the process of replacing them. This had placed additional pressure on the registered manager which may have contributed to the issue we identified with the quality of some records.

There were processes in place to enable staff to have the opportunity to meet with the provider and to raise any issues as required. People's care delivery was underpinned by a clear set of values which staff learnt about during their induction.

# 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 safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There were sufficient staff to keep people safe and to meet their needs.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

The provider had a comprehensive training programme designed to ensure staff had the knowledge required to deliver good care. They worked in partnership with other organisations to ensure staff were trained to follow best practice in the delivery of people's care. Staff applied current research in the delivery of care to people who lived with dementia to improve their experience of the care provided.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in the person's best interests.

People were supported to ensure they received enough to eat and drink and their weight was monitored to protect them from the risks of poor nutritional health.

Staff supported people to maintain good health and to access health care services as required.

The needs of people who experienced dementia had been taken into account in the design of the service.

Good



### Is the service caring?

The service was caring.

Staff developed positive and caring relationships with people.

People were supported to express their views and to make decisions.

People's privacy and dignity was maintained in the provision of their care.

Good



### Is the service responsive?

The service was responsive.

People's care needs had been assessed prior to them being accommodated by the service. People had care plans in place to address their assessed needs.

Good



# Summary of findings

People were able to participate in a range of daily activities tailored to their needs.

The service had a complaints policy which people had used to make any verbal or written complaints. People's complaints were addressed and responded to appropriately.

## Is the service well-led?

Not all aspects of the service were consistently well-led.

The standard of record keeping in relation to people's fluid charts and the accuracy of some medicines stocks required improvement to ensure people's records were complete and accurate at all times.

The provider had a range of systems in place to enable them to deliver high quality care. The views of people and their relatives on the service were regularly sought and acted upon.

The provider promoted a positive culture based on clear values which staff displayed in the delivery of people's care.

The service had clear and accessible leadership. The registered manager wanted to step down from their role and there had been issues identified during the handover to the new manager. The provider had identified this and was taking action.

**Requires improvement**



# Hill House

## Detailed findings

### Background to this inspection

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

The inspection took place on 28 and 29 September 2015 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection concerns had been raised by whistle blowers regarding the food, staffing and equipment.

Before the inspection we spoke with a GP for the service. During the inspection we spoke with five people and four people's relatives. As many of the people who lived on the two 'Safe' units experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) at lunchtime on the ground floor 'Safe' unit to enable us to understand their experience of the care provided.

We spoke with the registered manager, the home manager, the general manager, the provider, four nurses and two care staff. We spoke with the training manager, the cook, a member of housekeeping, two activities staff and the resident liaison manager. During the inspection we spoke with the Community Matron and a physiotherapist. After the inspection we spoke with a Community Psychiatric Nurse. All professionals spoken with provided very positive feedback on the quality of the service people received.

We reviewed records which included nine people's care plans, seven staff recruitment records, three staff supervision records and records relating to the management of the service.

The service was last inspected in 2013, and no concerns were identified.

# Is the service safe?

## Our findings

People and their relatives told us the service was safe. Staff told us they had undergone safeguarding training, and this was confirmed by records. Some new staff were due to complete this training as part of their induction. Records showed staff had reflected upon their safeguarding training within their supervision sessions. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. They understood people may not have physical signs of abuse but instead there may be changes to the person's behaviour. The service had correctly reported three safeguarding alerts in 2015 to the local authority as the lead agency and had taken appropriate actions to ensure people were safeguarded against the risk of abuse. People were kept safe as staff had received relevant training and understood their role in safeguarding people from abuse.

People's care plans stated how many staff were required to support them with their care or to move them safely. Staff had documented what equipment was required to move people safely and equipment was available as required. Records showed when people experienced a fall they had been monitored in accordance with the provider's post falls protocol. A body map was completed if the person sustained an injury and a record sent to the GP for their review. The service maintained a falls register which noted the date and time people had fallen, their activity at the time, injuries and action taken to reduce the risk of repetition to the person. A person's records showed they had been identified as being at high risk of falls. Methods to manage this risk had been discussed with them and their relative. The person had declined to follow one of the recommendations made by staff, but records demonstrated the risks had been fully discussed and the other methods being used to manage this risk to the person. Risks to people from falling had been managed safely.

A person had been identified as at risk of skin breakdown through the use of a pressure sore risk screening tool. There was guidance for staff about how to manage this risk to them, for example how often they needed to be re-positioned to maintain their skin integrity. Where people required pressure relieving equipment this had been provided. Records demonstrated checks had been

completed on people's pressure relieving mattresses to ensure they were set correctly. Risks to people from the development of pressure ulcers had been identified and managed safely.

Staff were aware of risks to people. A person was seen to approach the hot pans in the kitchen area on one of the 'Safe' units during lunch service. Staff were observant of this risk to the person and gently guided them away. The registered manager told us "I check myself people are safe." They told us they went round each morning to check on people's safety. Staff understood the risks to individuals and took steps to manage them.

The GP and staff told us there were sufficient staff. A person said "If I ring the call bell they come quickly." Two people's relatives commented they thought there could be more staff at weekends. We checked the staff rosters and there was the same staffing level at weekends as during the week. The General Manager told us the provider aimed to staff the service with 12 care staff and three nurses in the morning, the care staff then dropped by one to 11 in the afternoon. Overnight there were two nurses and five care staff. Rosters demonstrated this level of staffing was provided apart from three days in September 2015 when the number of care staff had been below this level. The General Manager informed us that as they did not use agency staff this shortfall had been managed by deploying additional nurses to work alongside care staff, and records supported this. People were supported by sufficient staff and there were arrangements in place to manage any shortfalls.

A nurse told us that although the provider liked all staff to gain experience of working on the 'Safe' units, there were key staff who were based there to give people continuity of care. They told us "These residents need to recognise you. Then they feel safe and you can do more for them." Supervision records demonstrated senior care staff worked alongside newer care staff on shifts to act as a role model and 'Buddy'. The provider deployed the workforce taking into account people's needs and staff skills.

Staff had undergone recruitment checks as part of their application process. These included the provision of suitable references, full employment histories, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was

## Is the service safe?

evidence the registration numbers of nursing staff had been checked in September 2015 to assure the provider they were all still registered to practice with the Nursing and Midwifery Council (NMC). The provider gave us an example of how they had terminated the recruitment process for an applicant following the receipt of unsatisfactory references, which records confirmed. This demonstrated their recruitment process had been effective at identifying applicants who were unsuitable to work with people.

The GP told us there were no issues with people's medicines. A person's relative said there had been no problems with their medicines. There were processes for the safe ordering and disposal of medicines. Medicines were stored safely. There were daily checks on the fridge and clinical room temperatures to ensure they were within a normal, safe range. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We checked stock levels for three controlled drugs and they all reconciled with the records. Staff were observed to administer a controlled drug safely. Staff were observed to sign people's medicine administration records (MAR) once they had administered their medicine. People's medicines were administered whilst they were eating their meal. One person declined their medicine until they had finished their meal and another person did not want all of their medicine. This was brought to the attention of the

registered manager and the General Manager who informed us they would review the timing of medicine rounds. People's medicines were ordered, stored and administered safely.

Seventeen people were receiving medicines covertly, without their knowledge. People's capacity to consent to this had been assessed and a best interest decision made in accordance with the requirements of the Mental Capacity Act 2005. There were guidelines in place for staff with regards to the administration of these medicines, including their preparation. When people lacked the capacity to consent to their medicines legal requirements had been met.

People's 'as required' medicines were documented on a separate MAR. The chart contained details of the medicine, when it was required, what it was for, the maximum dosage in 24 hours, circumstances when to call the GP and possible side effects. There were clear processes in place for the management of PRN medicines.

Nursing staff told us they updated their medicines training regularly. A medication training update course was run quarterly. The lead nurse for medicines assessed nurses' medicine administration competency. They described to us the actions taken following the last medicines error which occurred in December 2014 to ensure people's safety. There were processes to ensure nurses' competency was assessed and that learning took place following medicine incidents.



# Is the service effective?

## Our findings

Staff told us they had completed an induction into their role when they started working for the provider. They had undertaken either the Skills for Care Common Induction Standards (CIS) pre April 2015 or the Care Certificate post April 2015. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. Staff underwent the recognised industry standard induction to ensure they had the skills required to provide people's care effectively.

Once staff had completed the required dementia care standard within the Care Certificate, they were able to access three further levels of dementia care training from the provider to ensure people's care was provided on best practice. Staff completed a two hour course, then a day course and finally a four day course. The Community Matron told us "If I have really challenging patients I try and get them into Hill House as their dementia expertise is very good." Staff and people's relatives were also supported in their understanding of dementia care by the dementia care lead nurse. On the second day of the inspection the dementia lead nurse who championed good dementia care, led an information day for people and their families on dementia care. People who experienced dementia were served their meals and drinks using red plates and cups. This decision was based on research which indicated people living with dementia often find colour, and contrasting colours helps them with eating. People who experienced dementia were cared for by exceptionally trained and well supported staff whose practice was underpinned by research

The provider had taken into consideration the needs of people who experienced dementia when designing the layout of the building and décor. On each of the 'Safe' units there was a toilet with a bright yellow door located opposite the lounge. This made it easier for people to identify and readily locate the toilet. On the ground floor unit there was seating overlooking the children's play area to enable people to watch the children at play. Interesting pictures were placed at the lounge end of each unit rather than near the door to encourage people to move along towards the lounge. There was a tapestry on the wall with an arrow woven into the design to show people which direction the lounge was in and to encourage them to

move towards the lounge and away from the doors leaving the unit. Outside the lift on each floor there was a different scene: water, land and air to assist people with identifying which floor they were on.

The nurse's stations were located on each floor in alcoves rather than enclosed offices to encourage people and their relatives to feel able to speak freely with the nurses. There were a range of seating areas on all units in addition to the lounge so people could find quiet places to sit and relax. There was a visitor's room with a bathroom for people's relatives to use if they needed to stay over, for example if their loved one was receiving palliative care. People on both the nursing and 'Safe' units could access the gardens and outside space. People's needs had been taken into account in the design of the service.

A staff member told us "They (the provider) are so hot on training. You are expected to come." Other training opportunities included courses on sensory loss, Parkinson's awareness, stroke awareness, palliative care, continence care, and tissue viability. Staff records showed nurses had been asked to identify their specific training requirements and external agencies had been approached to meet these, for example a dietician to provide nutritional training. Records from a staff meeting held in June 2015 demonstrated the focus of the provider's training was on reflective practice. This is the capacity to reflect upon actions taken to enable continuous learning. People's care was provided by staff that had undergone a range of training relevant to the care they provided which they were supported to embed into their practice.

The Training Manager told us nearly all staff were being supported to undertake a further qualification. Records showed out of 41 care staff 34 had achieved a National Vocational Qualification (NVQ). Ensuring all care staff underwent NVQ level two training was an objective within the provider's business plan. Nursing staff had competency booklets to complete which covered general, clinical and long-term competencies to ensure they were able to evidence to their professional body their on-going fitness to practice. People's care was provided by staff who were supported to undertake professional development and to update their knowledge.

Staff supervision records demonstrated staff had received regular supervision. Staff told us, and records confirmed

## Is the service effective?

that they had also received an annual appraisal of their work to enable them to reflect upon their practice across the year. People were cared for by staff who were supported in their work.

A person told us “Staff seek my consent.” Staff were heard to ask people for their consent before they provided their care. Staff told us they had completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which records confirmed. The MCA 2005 provides the legal framework for when people have been assessed as lacking the capacity to make a decision for themselves. Staff had completed an assessment of people’s decision making capacity, in order to identify areas they might struggle to make decisions about, and actions staff could take to support the person to make the decision for themselves. When people had been assessed as lacking the capacity to make a specific decision this had been recorded and a best interest decision made involving relevant parties. This included for example MCA assessments in relation to the administration of covert medicines, consent to their care plan, consent to medical treatment and going into open spaces. People’s records demonstrated if they had an enduring/ lasting power of attorney, advance decision or involvement of the Court of Protection. These are legal processes designed to protect the rights of people who lack capacity to make decisions. The service followed legal requirements in relation to obtaining people’s consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. They ensure any restrictions upon people’s liberty are made in accordance with legal requirements. Records showed applications had been submitted for 24 people. The provider had identified which people required a DoLS application and submitted them.

People and their relatives provided positive feedback about the quality of the food. One commented “The food is very good; but then we do have a meeting with the catering staff to say if there is anything wrong; and they listen to us.” Another relative commented “The food always looks and smells lovely.” We observed breakfast, lunch and supper across the different units. Each meal was seen to be appetising and well presented. People were able to eat as much as they wanted. People were seen to enjoy a range of choices for their breakfast from cereal to a full cooked breakfast. At lunchtime people were offered an alternative

if they did not like the main course and at supper people could choose another hot meal or sandwiches in addition to soup and pudding. The Cook told us sandwiches were also available to people overnight if they became hungry along with a variety of other foods. People were offered a range of choices of appetizing foods for each meal.

People had been weighed and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. The nutritional lead nurse produced a monthly sheet of all those identified as at risk based on their MUST score. This was provided to nursing, care and kitchen staff to ensure all staff across the service were aware of who was at risk from malnutrition. The GP and the Community Matron both said staff were good at ensuring people received sufficient nutrition. The cook told us how they fortified foods with high calorie products such as cream to ensure people received sufficient calories. Risks to people from malnutrition were managed effectively.

The cook confirmed they received a list of foods required for each person. They told us when people were first admitted they tried to meet with them and their family to discuss their food preferences. Staff were able to tell us who required a specific diet. They told us one person required gluten free meals and how this was managed. We saw at supper this person’s meal was wrapped separately to ensure this person received the meal they needed. Staff understood people’s nutritional needs.

The Community Matron told us “They are a leading light in the falls and hydrate project, very clear audits are in place, and audits are acted on.” The provider was sharing their learning with other local services. In the lounge there was a hydration station supplied with a range of drinks to which people could help themselves. Staff knew who was at risk from dehydration. Staff managed the risks to people from dehydration.

Staff told us they had a good relationship with visiting health professionals. The GP and physiotherapist came weekly and the chiropodist six weekly. The optician and dentist had visited recently. Records showed when people had been identified as having a particular medical need a referral to the relevant professional had been made. People’s care plans demonstrated where guidance had been received from other services, for example from the Community Mental Health Team (CMHT); this had been

## Is the service effective?

built into people's care plans. The Community Matron said "Their communication with other disciplines is extremely good and they have a good relationship with CMHT and the Parkinson nurse to name but two." A person told us "They

have a doctor come once a week and he knows most people personally." The GP told us staff were "Good to work with." People had been supported to maintain good health and to access external health professionals as required.

# Is the service caring?

## Our findings

People and their relatives told us staff were caring. One person said “I think they are caring”, and a relative told us “They all love Mum to bits and they always come and talk to me if there are any concerns.” They told us staff were “Very caring.” The physiotherapist told us “Staff care” and that all staff down to the newest gave people positive encouragement and praise.

A member of nursing staff told us when people who experienced dementia first moved in they were often frightened, angry or aggressive and staff had to accept that. They told us they provided care staff with guidance about how to manage this. They said “We have to allow people time to build trust in us.” The registered manager told us all care staff were keyworkers to at least one person to enable them to build a relationship with the person. The role of the keyworker was to ensure staff built a relationship with the person and their family. Staff told us people all had a life history book in their bedroom which people’s families were asked to complete. This was a book compiled to capture memories and stories about the person’s life. Staff told us they used people’s books as a source of discussion with people about their past and interests. One said “We sit and talk with people to get to know them.” Staff were encouraged to build relationships with people from the point they were admitted to the service.

At lunch one person kept getting up and on one occasion they approached another person who did not want to interact with them. Staff intervened calmly and sensitively, diverting the person’s attention and gently guiding them back to their meal when they were ready. Later a person raised their hand to a member of staff. The staff member appropriately used humour to divert the person and diffuse the situation. The person immediately forgot what had happened and settled. Staff on the ‘Safe’ units understood how to respond to people’s behaviours.

A person was heard calling out, care staff immediately went to them and bent down to their level to speak with them and offer reassurance. Staff were observed to respond to people’s questions promptly, for example providing reassurance about what was happening. Staff used touch with people appropriately; a staff member placed their hands on a person’s shoulders. A staff member was making

people drinks, they told people what they were giving them and enquired after their welfare as they did so. Staff demonstrated their care and respect for people in their interactions with and responses to people

Staff told us the care staff were all expected to read people’s files, as this helped staff to understand people. Staff were able to tell us about people’s interests and passions. They told us one person had really enjoyed cricket so they ensured they were able to watch matches on the television when they were broadcast. People’s care plans provided staff with guidance about how to communicate with people. One person did not like receiving personal care and their care plan said the way to manage this was to distract them through singing which they liked. A Community Psychiatric Nurse (CPN) we spoke with confirmed staff did this. People’s care plans showed their care preferences had been documented. One person’s care plans noted how they preferred to wear their hair and their clothing preferences, to provide staff with guidance. A person told us they were often involved in their care. They also said “I can go to bed and get up when I like.” Staff were heard on the ‘Safe’ units to ask people what they would like with their meal and showed them the options available, to support them to make an informed choice. Again at supper time staff showed people the sandwiches and told them what the fillings were to enable them to choose and exercise choice in areas of life which they could make decisions about.

A person told us “The girls are polite to me.” A person’s relative told us people’s dignity and privacy were maintained. Staff told us they had completed person centred practice, dignity and diversity training, and this was confirmed by records. Staff were observed to knock and wait before entering people’s bedrooms. A care staff member told us how they maintained people’s privacy and dignity when providing people’s care. They told us they always asked people if they needed to use the toilet rather than telling them it was time. They also said they checked the gender of staff people preferred to help them. Another staff member told us they knocked upon the person’s door and ensured people were covered when they provided personal care. When a staff member assisted a person to take their jumper off in the dining room, they were mindful of the need to maintain the person’s dignity whilst assisting them. Staff ensured people’s privacy and dignity were maintained during the provision of their care.

# Is the service responsive?

## Our findings

People and their relatives told us their care needs were well met by staff. One person told us “I am looked after quite well here” another commented “They understand my needs.”

People’s records demonstrated their care needs had been assessed prior to them being offered a service. Where people had been referred from other agencies such as Social Services the provider had obtained a copy of their assessment to inform their care planning for the person. People’s care plans addressed their needs in relation to a variety of areas. These included communications, continence, daily life, death, emotional support, medical needs, medicines, mobility, nutrition, personal care, skin and sleeping. People also had a one page care plan summary for care staff. This provided a brief overview of the person’s care needs for care staff at a glance. Staff had access to clear guidance about people’s care needs.

Staff told us everyone had a named nurse who was responsible for their care plans. A person told us their care plan was discussed with them. People’s relatives also told us they had been involved in their loved ones care planning and ongoing reviews. Staff confirmed people’s care was reviewed monthly and where possible people’s families were involved. Records showed people and their relatives had been encouraged to sign their agreement to their care plan to demonstrate their involvement and agreement. Care staff confirmed they maintained contact with people’s families through face to face contact, by telephone or by email. People and their relatives were involved in their care planning and their input was encouraged through regular contact with staff.

Where people had chronic health conditions such as diabetes for example, their identified care needs to manage their health condition were documented within their care plans. Records showed where a person had a wound, there was a treatment plan in place and staff were required to reposition the person regularly. We spoke with a person who confirmed staff were treating their wound and repositioning them as required. People’s individual needs had been assessed and care plans developed to ensure staff had guidance about how to meet them.

The dementia lead nurse for the service told us a person’s life history record had revealed they had an office

background so staff had provided them with papers they could sort. The information gleaned from this person’s life history work had been used to plan their care. They also told us they tried to gain an understanding of people’s behaviours, in order to understand why people were behaving as they did. The Community Psychiatric Nurse told us staff were well motivated to work with them and provided regular feedback on people. They confirmed that staff tried to understand the reasons for people’s behaviours. People had behaviour care plans in place where required to provide guidance for staff about how to manage people’s behaviours which could challenge staff. Staff understood people’s need for purposeful activity. In addition to ‘rummage’ boxes which can help people living with dementia to reminisce, there was a flower barrow filled with artificial flowers for people to arrange at will. People who experienced dementia received individualised care.

People’s care plans contained relevant information about how to support people’s independence. A person’s nutrition care plan contained guidance for staff about how to encourage the person to eat, through praise and documented food preferences. Staff were seen to assist a person with a mouthful of food and then to place the fork in their hand to encourage them to feed themselves. People were encouraged to maintain their independence.

There was a staff handover between shifts to ensure staff coming on shift had access to relevant up to date information about people. Staff were aware from the handover how people had been, for example, they knew who had not slept well. People were checked regularly throughout the day and the provision of their care was documented on ‘Rounding charts.’ This is when staff carry out regular checks of people at set intervals to ensure people receive attention on a regular basis. There were processes in place to ensure staff received sufficient information about people’s care needs and to ensure these were met.

A relative told us “The Activities co coordinator is fantastic.” The activities schedule demonstrated people were able to participate in a range of activities to ensure people had stimulation seven days a week. This included for example, exercises, quizzes, news discussions, art and craft, music, films and crosswords. The hairdresser visited at least twice a week. Activities were held both on the ‘Safe’ units and in the main lounge to ensure all the people had the

## Is the service responsive?

opportunity to participate. Activities staff told us in addition to the scheduled activities the vicar came weekly and on Saturday a volunteer played the piano for people. They told us they arranged an external trip on a weekly basis using a local taxi. They also organised an annual day trip which this year was to the seaside. People were able to take part in a range of activities.

The provider had a complaints policy which encompassed both written and verbal complaints. The complaints record demonstrated when people had made either a written or verbal complaint it had been investigated and feedback provided to the complainant. The monthly quality and compliance report provided an analysis of complaints and the actions taken. Some people's relatives told us there had been issues with the laundry. The registered manager

confirmed there had been issues with laundry. They informed us in response they had hired more laundry staff. The General Manager told us they were also training up staff to enable them to complete more than one role. This gave them the flexibility to deploy these staff to the laundry if required. The issue of laundry had also been discussed with families at the residents and relatives meeting of 12 May 2015. The minutes from the July 2015 monthly quality and compliance report noted a complaint had been received in relation to a person's laundry. This had been addressed with staff to reduce the risk of repetition. The provider was aware that laundry was an issue for some people and their relatives. They had listened to feedback and had taken action in response to this issue.



# Is the service well-led?

## Our findings

Where required people had fluid charts in place to enable staff to document and monitor their fluid input and output. Staff had not always fully completed or totalled these to provide an accurate picture of what people had drunk over a 24 hour period. Sometimes people's fluid intake had been documented elsewhere in their notes which meant it was not always easy to assess if they had reached their required target amount. Records showed that staff had still correctly identified when people were at risk of dehydration and had sought a medical review for them by the GP. The community matron and the GP confirmed they had no concerns about people's hydration or staff ability to identify when people were at risk from dehydration. People's care had not been negatively impacted upon, but the quality of these records required improvement to ensure they accurately documented the care people received. The lack of clear and accurate documentation in relation to fluids could potentially have resulted in staff not identifying that they had not received sufficient fluids.

Stock levels for a sample of homely remedies were checked. Homely remedies are non-prescription medicines used for minor conditions. There were discrepancies between the recorded amounts on people's medicine administration records which had been signed for as administered and stocks of soluble Paracetamol and Paracetamol. Although this had not impacted upon people's care, these records were not accurate. The monthly medication audit of 20 August 2015 had identified that nursing staff had signed for laxatives which people had not always taken. As a result of the audit actions had been identified to reduce the risk of repetition. The quality of record keeping in relation to some medicines needed to be more robust to ensure people's safety.

In addition to medicine audits the provider audited a number of aspects of the service on a monthly basis. There was an infection control report which reviewed types of infection people acquired, treatment required and the outcome. There was a monthly family communications report which assessed if the named nurse or keyworker had spoken with the person's family across the course of the month. There was a nutrition and weight loss audit and a call bell response time audit. A monthly falls report identified the number of witnessed, unwitnessed falls people experienced, the time of day people fell, how many

falls people experienced and where they fell. There were also details of the actions taken to manage the risk of repetition. People's care plans were audited in order to identify any areas for improvement. In addition there was a quality and compliance monthly report which reviewed complaints, compliments and safeguarding for the month. The provider and the management team held a monthly audit and management meeting to review the outcomes from all of the audits and reports. The service used the NHS Safety Thermometer monthly. This is a tool which enables services to measure and monitor local improvement with regards to people's experience of harm free care. The provider had a business plan for the year based on objectives which built on their values. For example, the training objective was for all care staff to attain a National Vocational Qualification level two. Audits had been used by the provider to identify areas for improvement, for example within people's care planning documentation. There were robust processes in place to enable the provider to monitor the quality of the service people received and to identify areas for improvement.

The general manager told us they were continually reviewing how they provided people's care to see if any improvements could be made. As a result they had worked with the community matron to draft clinical pathways on chest infections, urinary tract infections and catheter related urinary tract infections to ensure staff had consistent guidance to follow. The community matron confirmed this, and informed us the plan was for the service to pilot these and then to be involved in their roll-out to other local services. The service worked with external professionals to identify areas of practice which could be improved for people.

The resident's liaison manager told us they reviewed the feedback the service received on-line monthly. People were also sent a feedback form after they had initially viewed the service. People were then given a questionnaire following their admission. In addition the resident's liaison manager met with the person and their family regularly following admission to seek their feedback on how they were settling in. Any issues raised through people's feedback forms were then reviewed. For example, a person had raised an issue about laundry; this person's clothes were now being laundered separately until they could be labelled. There were regular residents meetings, the last one was held on 15 September 2015, when people's views on the winter menus were sought. Feedback was also sought from

## Is the service well-led?

people on new staff. The minutes from the 14 July 2015 meeting demonstrated people had commented that they were not satisfied with the new crockery. The September 2015 minutes demonstrated that in response more new crockery had been purchased. The provider told us a person assisted them with interviewing staff. We spoke with the person who confirmed this telling us “I help with the interviews, and I say what I think afterwards.” They also said “We have residents meetings here and are asked for our opinions.” The provider had processes in place to seek and act upon people’s feedback about the service.

The provider’s values were based on the acronym GREAT which stood for Good communication, Reputation, Economy, Achieving quality and Training and staff. The training manager told us staff learnt about the provider’s values during their induction, and staff confirmed this. The registered manager and the General Manager told us the provider did an annual presentation to staff at Christmas on the progress of the service over the year; this included how they were applying their values. Staff were observed to be applying these values in their work particularly in the areas of communication, quality and training. People’s care was underpinned by a clear set of values.

The provider did not hold staff meetings; instead staff were invited to meet with them in small groups over coffee. Records confirmed all staff had been invited to meet with the provider over the past three months. An incident that had occurred demonstrated staff felt able to raise issues about the service which impacted upon people with the provider as required. There was a culture of openness; staff were provided with the opportunity to speak out.

People and their relatives told us the service was well led. A person told us “I know the manager and I like her, she talks to me; I am happy here, I am well looked after.” A person’s relative commented “Yes the service is managed well.” Professionals also told us the service was well managed. The GP said “The management seem good.” The Community Matron told us “It is very well led – starting with

the owner who knows every resident, meets the relatives frequently and is very visible. The General Manager is also very proactive and spends a great deal of time looking at the monthly audits to see what can be altered or adapted as a result of the information gleaned.” The Physiotherapist told us “They are open to feedback and change what they can.” Staff also confirmed the service was well led. One commented “You can ask why decisions are made” and said “Management is not done to you.” Another told us “There is good support from management and the provider.” The provider had achieved the Investor in People Gold award, for staff excellence. The provider had also been a finalist in the Inspire Service Excellence Award which is based on the quality of service offered. They had also won the category Employer of the Year in 2011. The registered manager was observed to be constantly out on the floor across the inspection. They told us they did a ‘Walk around’ every morning and received a handover about people from staff. The registered manager and the General Manager told us they both had an ‘Open door’ policy so staff could drop in and speak with them as required. The provider had an office in the service and was on-site daily. The provider had appointed a new manager to replace the registered manager who wanted to step down from their post. The General Manager told us the handover from the registered manager to the new manager, had not worked out as planned. This had placed additional pressure on the registered manager which may have contributed to the issue identified with the quality of some record keeping. The General Manager informed us the registered manager would remain in post whilst another manager was sought for the service. Whilst management was visible there had been issues with the recruitment of a new manager which the provider was taking action to address.

**We recommend that the service seek advice and guidance from a reputable source, about the completion of records in relation to people’s care and medicines.**