Bedstone Limited

The Hockeredge

Inspection report

2-4 Canterbury Road
Westgate-on-Sea
Margate
Kent
CT8 8JJ

Tel: 01843831585
Website: www.hockeredge.co.uk

Date of inspection visit:
23 October 2017
25 October 2017

Date of publication:
11 December 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection that took place on 23 October and 25 October 2017.

The service provides accommodation with nursing and personal care for up to 50 people, some of whom may be living with mental health and dementia related conditions. Bedrooms are on the ground and first floor and are all single occupancy. There are communal lounges, a dining room and activity areas on the ground floor. There is a garden to the rear of the property. There were 39 people living at the service when we inspected.

People were living with a range of care and nursing needs, many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff.

We last inspected this service in October 2016. Breaches of regulations were found. We issued requirement notices in relation to safe care and treatment, medicines management and shortfalls in keeping accurate and up to date records. We asked the provider to take action. The registered manager sent us an action plan telling us what action they would take to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found improvements had been made but there were continued breaches of the regulations.

Since the last inspection the registered manager had left the service. There was no registered manager working at the service at the time of this visit. 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 and associated Regulations about how the service is run. There was a manager in post who had applied to register with the CQC and was awaiting their fit person's interview. The manager was supported by a nurse manager, and team of clinical nursing staff and care staff.

The manager told us there was still issues with the electronic computerised system they were using which collated all the information about the care and support that people needed. Information about people had been transferred to the electronic system including care plans and risk assessments. However the system was not formulating all the information needed to make sure there was an accurate account and guidance of the care and support people needed. The manager and other staff had highlighted their concerns to the provider about the electronic system and they were working together to improve its efficiency. In the meantime some records were not accurate.

Risks had been identified and assessed for people's health and welfare but full guidance to make sure all staff knew what action to take to keep people safe and manage risks was not always available. Staff knew people well and were able to explain what action they would take to make sure risks to people were

mitigated. However, when new staff were working or when agency staff were covering there was a risk of people not receiving the interventions they needed to keep them as safe as possible.

Before people decided to move into the service their support needs were assessed by the manager or nurse manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person's care plan was personal to them. The care plans were written to inform staff about how people preferred to be supported and cared for.

Improvements had been made to make sure people received their medicines safely and when they needed them, however there were areas that needed further improvement. These areas included 'as and when' medicines that were given covertly and keeping accurate records of when creams and ointments were applied.

Staff understood how to keep people safe and protect them from the risk of abuse. They were aware of how to recognise and report safeguarding concerns both within the service and to outside agencies such as the local authority safeguarding team. Staff were confident to whistle-blow to the manager if they had any concerns, and
were confident that appropriate action would then be taken.

The management and staff knew how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests Deprivation of Liberty Safeguards (DoLS) had been applied for by the manager when it was necessary.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals were made to specialist teams such as dieticians when it was necessary. The staff were effective in monitoring people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. Staff understood people's specific needs and had good relationships with them. Most of the time people were settled, happy and contented. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. When people became anxious staff took time to sit and talk with them until they became settled. People were encouraged and supported to join in with activities.

People's confidentiality was respected and their records were stored securely.

The complaints procedure was available and accessible. People, relatives and staff knew how to complain and the majority felt confident their complaints would be listened to and acted on. People had opportunities to provide feedback about the service provided both informally and formally.
There were enough staff to meet people's needs and staff had received appropriate training and support to help them carry out their roles effectively. Recruitment processes had been followed to ensure staff were suitable for their role. All staff had received regular one to one meetings with a senior member of the staff team. The registered nurses practises were monitored and they also received clinical supervision from the management team.

Staff had completed induction training when they started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be

able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

There were regular health and safety checks of the environment to make sure everything was in good working order. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People's personal evacuation emergency plans (PEEPS) had been reviewed and updated to explain what individual support people needed to leave the building safely.
People, relatives, visiting professionals and staff felt the management of the service had greatly improved. They said the manager and management team were approachable and supportive and that they listened and took action when they needed to. The manager had full oversight and scrutiny of the service. They knew what was going well and the areas that needed improvement. The manager had sought feedback from people, staff and others involved with the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on whenever possible.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.
It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks were managed so people were not restricted in any way. Risks were identified and staff knew what to do to mitigate risks but guidance on how to mitigate risks was not always clear or available.

Medicines were not managed as safely as they could be.

Staff knew the signs of abuse and how to report any concerns.

There were enough staff to meet people's needs and staff were checked before they started to work at the service.

Is the service effective?

Good

The service was effective.

Staff had received all the training they needed to meet people's needs. Staff felt well supported by the management team.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and their representatives were involved in making decisions about their care and support.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People and their relatives spoke highly of the staff and the management team. They said they were always treated with respect and dignity; and that staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were relaxed in the company of each other and staff.

People were offered varied activities to meet their individual needs and interests.

Complaints were managed effectively and were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not suitably detailed or accurately maintained.

The systems for monitoring the quality of care provided had identified the shortfalls.

The provider had taken appropriate steps to ensure there was oversight and scrutiny to monitor and support the service.

People and staff were positive about the new leadership at the service. Staff told us that they now felt supported by the manager and nurse manager.

Roles and responsibilities within the service were clear.

The Hockeredge

Detailed findings

Background to this inspection

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

This inspection took place on 23 October and 25 October 2017 and was unannounced. The inspection was carried out by two inspectors, two pharmacy 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.

On this occasion we did not ask the provider to complete 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 looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury. The provider had also sent us regular action plans to keep us up to date on improvements.

During our inspection we met most of the people using the service. We spoke with 16 people. We also spoke with five relatives, five members of care staff, the manager, the nurse manager, registered nurses, the nominated individual, the cook and the housekeeper. We spoke with one visiting professional and an activity person who visited the service regularly. Before the inspection we had feedback from other stakeholders who had contact with the service. These included the local safeguarding lead, commissioners, care managers and specialist clinical nurses from the NHS.

We observed the lunch time meal and observed how staff spoke and interacted with people. During our inspection we observed how the staff spoke to and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities.

We reviewed seven care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of

the service was managed.

We last inspected on 31 October and 1 November 2016 when there were breaches of the regulations and the service was rated as Requires Improvement.

Requires Improvement

Is the service safe?

Our findings

A relative said that their relative had been at The Hockeredge for two and a half years. They said, "I visit every day. My (relative) is safe. The whole family feel that". "Everything that they needs is here and they look after them, and care for them, very well." Another relative said, "The Hockeredge is very safe. All of the exterior doors are secure and locked and I know my loved one cannot wander off. That's a huge weight off my mind."

The majority of the relatives we spoke with said they felt very confident that their loved ones were safe and very well cared for. A relative told us, "From the youngest and most inexperienced to the most experienced staff, they all clearly love the residents. They are very kind and patient with people whose behaviour can be both difficult and challenging".

At the previous inspection in October 2016 some risks had not been properly assessed and minimised to make sure people were as safe as possible. At this inspection improvements had been made but further improvements were needed.

Potential risks to people's health welfare had been assessed but there was not always detailed guidance for staff to follow to mitigate the risks. Some people were living with diabetes and required insulin to be administered. Care plans contained information about what type of diet people should eat including reduced carbohydrates and sugar and what may affect people's blood sugar. There were no guidelines about what staff should look for if people's blood sugar became unstable and if they were unwell and what blood sugar levels were normal for each person. Regular staff were able to tell us how they would recognise signs when a person's condition was becoming unstable and what they would do. However, there was a risk especially as the service had new and agency staff working that they would not have the guidance and information needed to take the appropriate action and reduce the risks to people.

Some people had behaviours that may challenge; there was limited guidance for staff about the triggers to the behaviour and how to manage the behaviour. For example, some people made inappropriate comments while receiving personal care. The guidance for staff was to tell the person 'No', there was no guidance about how to possibly avoid the situation or what to do if telling them 'No' did not work. There was a risk of inconsistent approaches by staff if they did not have very clear guidance to follow.

People required support with their continence needs and this included catheters. (A catheter is a tube that is passed into the bladder to help people pass urine). Assessments did not contain information for staff about how to care for the catheter site and what signs and symptoms to look for if the person was unwell or if the catheter was not draining properly. The nurses were able to tell us how they managed the catheter and when they referred to the community nurses for support. There was additional information in the 'Catheter passport', this was a document that has information about the type of catheter used and when the catheter needs to be changed.

Other people were at risk of not drinking enough or for medical reasons their fluids were restricted. People's care plans stated their fluid intake needed to be monitored. Staff were recording the amount people drank

in different records. Some staff were writing the amounts in the daily records and others were writing on a fluid chart. The two records were not being crossed referenced. There was no oversight or accurate record of the amount that people drank to make sure they remained hydrated.

Although improvements had been made, some risks assessments did not contain the guidelines to make sure risks were minimised so people were as safe as possible. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people were managed. For example, when a person was at risk of falling out of bed it had been assessed that bed rails were not an option to keep the person safe as there was a risk they would climb over them. The management team had ordered a full size crash mat to be placed by the bed so if the person did fall they would be protected from injury and skin damage.

Each person had a personal emergency evacuation plan (PEEP) in place, so that people could be safely evacuated from the building in the case of an emergency. There was a fire risk assessment in place and regular checks were completed on fire equipment. Staff completed regular health and safety checks of the environment and equipment including hoists and electrical equipment to check they were in good working order to keep people safe
At our last inspection on 31 October 2016, the provider had not ensured the proper and safe management of medicines. During this inspection we found some action had been taken to manage medicines safely, however further improvements were needed.

Staff used a computerised system (EMAR) effectively for the recording and monitoring of medicines, staff demonstrated good knowledge in its use. Only registered nurses, who were assessed as competent, handled and administered medicines to people. Some care staff had enrolled on medicines training to enable them to support registered nurses to administer medicines in the future.

Repeat prescriptions were ordered from the GP and were dispensed by a community pharmacy in their original containers. Medicines were delivered to the service and there was a process to obtain medicines out of hours if needed. Staff checked that quantities of medicines matched what was ordered against the EMAR system on delivery.

Medicines were stored safely and securely. Liquid medicines were dated when they were opened. Unwanted medicines were disposed of safely. Fridge and room temperature records were maintained and medicines were stored appropriately within the recommended temperature ranges. Some medicines requiring special storage and closer monitoring were handled and stored in line with legal requirements.

Allergies were recorded for all people and medicines had clear directions how they should be administered. We observed people being given their medicines. Medicines were recorded after they were administered on the EMAR system. Staff were caring and took time to encourage each person to take their medicines. EMAR prompted staff to record a reason why a medicine had not been given. Reports of missed or delayed doses could then be produced for audit by clinical staff.

Some medicines were prescribed on a 'when required' basis. Each person had a list of what they could be given. However, there was no guidance for when each individual medicine might be required; for example, the signs a person might show if they needed a pain relief medicine if they were unable to ask. Staff may not be able to identify a person's individual need for each when required medicine.

Staff applied creams and ointments to people, but records were not always completed. The manager could

not be assured that people had their creams and ointments applied as prescribed.

There were some people who were administered medicines covertly (disguised in food or drink). Appropriate assessments had been carried out and signed by clinical staff and best interest meetings included evidence of family involvement in decisions. However, care plans were not in place for all people receiving medicines covertly. The available care plans lacked detail about how medicines were to be administered covertly. Advice had not been sought from the pharmacy regarding crushing of tablets and concealing them in food. Some medicines may not be effective if crushed or dissolved when administered covertly.

One medicine error was reported in the past 12 months and this was investigated, discussed with staff and actions were implemented to avoid it happening again. Management informed us they were planning to visit a local service, which had a similar EMAR system to learn and share good practice.

The arrangements for managing medicines were not a safe as they should be. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting professionals told us, that the safety of people living at the Hockeredge had improved. The safe guarding alerts that had been raised had now been investigated and closed. The number of safeguarding alerts raised at the service had reduced. They had confidence in the new manager and felt that the service was moving in the right direction. The management team reported any concerns and incidents to the relevant local authority safe guarding team and acted on any advice given and took the necessary action to make sure people were as safe as possible

People said that if they were not happy with something they would report it to the manager or a member of staff. They were confident that they would listen and take action to protect them. Some people were unable to communicate using speech, the staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There were sufficient staff on duty. The manager used a dependency tool to monitor how many staff were needed to meet people's needs. The staffing levels were assessed monthly or sooner if needed. The manager told us that at the time of the inspection they had assessed that one and a half nurses were needed per shift, the rota showed that two nurses were on duty. There was a mixture of general and mental health nurses employed, to ensure that people's physical and mental health needs were met. There were contingency plans to cover staff sickness and holiday. Agency staff were used, the manager told us that the same agency staff were used where possible so that they knew how to support people.

Staff were recruited safely. The provider had a recruitment policy that was followed. Staff files included application forms, full employment history, records of interview and references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. All nurses' registration (PIN) numbers were checked regularly to make sure they were still current.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. A relative told us they had chosen The Hockeredge after coming to look around without making an appointment. They said, "I just turned up. They have an open door policy and I liked that, so I just turned up. The staff appear to be very knowledgeable and from what I've seen, the wishes of the residents are their first priority. They seem very person centred and very understanding".
Another relative said "I don't know how the staff do it. The noise levels are sometimes high. People are always talking, shouting; it can be noisy in the main lounge. The staff must have amazing patience and resilience. I take my hat off to them".

Visiting professionals said, "The staff are working better together. The communication has improved between the staff team and management team and with outside agencies" and "The staff are more confident in what they are doing. They are calm and involved with people".

Staff had received an induction when they started work at the service. This included training in essential skills such as moving and handling, mental capacity and dementia and staff knowledge and competency was assessed. New staff shadowed more experienced staff to get to know people and their choices and preferences. Staff met with their supervisor during their probation period to assess their progress and address any concerns they may have. Staff received refresher training regularly, this included all essential training and specialist healthcare needs such as diabetes, falls prevention and managing conflict. Staff training was monitored and when training needed to be updated staff were prompted to complete the required training.

Some staff had not received regular one to one supervision, in line with the provider's policy. Staff told us that they were supported by the management team and were able to speak to them about any concerns they may have. Staff meetings were recorded as group supervisions, when staff were updated on any changes or concerns. However at the time of the inspection, staff had not had the opportunity to discuss their development and training needs with their supervisor. The manager told us that team leaders were being given training in how to supervise staff and that this would enable them to complete a supervision programme. There was a plan in place to complete supervisions and annual appraisals for all staff, some staff had received an appraisal in August 2017. The nurse manager completed clinical supervision for the nurses and discussed their training needs to keep their clinical skills current. This is an area for improvement.

We observed that staff supported people to move around the building safely. Staff were able to manage a difficult situation in the main lounge, when two people had become agitated with each other, confidently and using the training they had received.

People were supported to eat and drink to maintain a balanced diet. Staff knew people well, their preferences and likes and dislikes. People's preferences for eating and drinking were recorded in their care plans. People had a choice of home cooked meals, from a varied menu. People were shown the meal so that

they were able to decide what they would like to eat. People were supported to be as independent as possible, staff ensured that people had the specialist cutlery they needed to eat their meals.

A relative told us, "The food is good here and the staff are so lovely. I always stay and sit with my loved one over lunch and they always offer me to have some too. They are so lovely and really helpful. "

People said that on special occasions, staff decorated the dining room and put the tables together so that everyone sat together to make a special celebration like Christmas. People told us that staff always made a special occasion of birthdays and 'there's always a big birthday cake'.

We observed the lunch time meal. The meal was hot and there were generous portions. There was a pictorial menu on the wall of the choices of the day and the food served matched this. One person requested an omelette and this made for them. The tables were clean and well laid. There were lots of staff members present. Some people required support to eat and drink. Staff assisted people to eat in a discreet and sensitive way, talking to them, giving them time to eat at their own pace. Staff served cold drinks, along with tea and coffee. Everyone said they enjoyed their lunch and that there was plenty of it. One person had not eaten very much, the staff member offered something else and checked if everything was alright. The person said they were not very hungry.

The catering staff knew about people's preferences and any special diets that they required. The cook described how they prepared people's meals and any special requirements. Staff supported people to buy food if they did not want to eat from the menu. One person requested to go out before lunch to buy a ready meal, staff went with them to the shops. Staff explained this was something that they had done when they lived at home and they liked to continue the routine.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. Visiting professional told us that the staff contacted them if they needed any advice or support.

People's weight was monitored and when people lost weight they were referred to the dietician for advice. Staff had referred people to the Speech and Language team (SALT) when people had begun to have difficulty swallowing. Care plans recorded the advice from the health care specialists, we observed people receiving meals as assessed by the specialists.

Staff had referred people to specialist healthcare professionals when their health needs had changed. Care plans showed that healthcare professionals had given advice and this had been followed by staff, for example, people's meals being fortified for example, with cream to add calories. Care staff knew people well and were able to explain the changes in people's care and why the care had changed had been made.

People had been referred to their GP and mental health teams to review their medicines to ensure that they were still effective and appropriate for the person. Staff knew about people's medicines and if they had changed and why.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions, and are helped to do so when needed. When they lack mental capacity to make a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed and meetings with relevant people had been held to ensure specific decisions were made in people's best interest. Staff had received training on MCA and encouraged people to make as many decisions as possible about their care and support.

We checked whether the service was working within the principles of the MCA. There were people who had a DoLS authorisation in place and other applications had been made to the local authority. The conditions on authorisations to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made in line with best practice. Plans were in place to support people in the least restrictive way. Staff told us that they supported people to make their decisions by giving them time to understand the situation. Staff were aware of the relevant requirements of the MCA. The staff understood the importance of asking people for their consent before they provided care and support. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interests meeting had been held.

A visiting professional, who assessed people's mental capacity and DoLS applications, felt that the service had improved. They stated the team leaders knew people well and their behaviours. The assessor said that staff put in place all the things they had asked for and when they had any questions they were knowledgeable about the person and their needs. They felt that the staff were more positive and working together better as a team.

Good

Is the service caring?

Our findings

A relative told us, "I feel very happy leaving my loved one here. (My relative) likes the staff and they are very kind and caring. When we came to look around, they asked all about (my relative). Even the laundry lady knows (my relative) well and chats away as she delivers the laundry".

People and visiting relatives said that the staff and management were all very kind and caring. We observed that the staff and management team were all very friendly and attentive. There were constant interactions with people throughout the day. When the house keeper walked through the lounge they made eye contact, chatted with people and stopped to talk to a person sitting at one end of the lounge on their own. The house keeper noticed that a person's mouth needed cleaning and stopped and attended to the person's needs, very confidently and with great care. When staff were talking with people they bent down so they were at the same level and chatted with them for periods of time, checking if there was anything they needed and if they were alright.

Staff knew people well. They knew about their backgrounds, what they liked to talk about, they made reference to their relatives and spoke about their families. If people were unable to communicate verbally staff were able to recognise signs through behaviours and body language, if people were upset or unhappy. They endeavoured to find out what was wrong and took action to rectify the situation. When one person appeared distressed when sitting in the lounge area, which was noisy the staff supported them to move to quieter area and sat with them until they became settled. Staff knew about people's preferences. For example, they knew how they liked their tea and coffee and which biscuits they preferred.

A visiting relative said, "Ever since I started coming here, the one thing I've really noticed is how good the staff are. They interact really well, they're always kind and caring. They chat to (my relative) and they're very encouraging, without being pushy, at getting them to do the things that they don't always want to do. If they really do not want to do something, they leave it and then go back later when maybe (my relative) is in a better mood. They always get things sorted."
Another relative said, "The staff and managers here are lovely, very friendly and yes, they are very kind and caring. They are always very kind to me when I am here and I see them, every day, being very patient and kind to the people that live here. The care is wonderful and I don't think you could find anywhere better. I would have no doubts about recommending this place."

Another visiting relative said "I don't know how the staff do it. People are always talking, shouting; it's often very noisy in the lounge. The staff must have amazing patience and resilience. I take my hat off to them".

Staff explained things gently and clearly to people. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations with staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. People could decide where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. Staff supported people to express their views and

people were offered choices and were supported to be independent whenever possible. At lunch time staff supported people who needed help with their meal and encouraged people to do as much as they could for themselves.

Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They would sometimes support people to speak for themselves and sometimes speak on their behalf.

People were cared for by staff who respected confidentiality and discretion. People told us, and we observed, that the staff never discussed other people's needs with them and confidentiality was respected. People's care records showed that they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. Records held on computers were password protected.

Good

Is the service responsive?

Our findings

Visiting professionals told us that they had seen improvements at the service. They said that people were receiving the care and support that they needed and the staff responded to people's changing needs in a timely way. Visiting professionals said that any advice they had given had been listened to and implemented.

People and visitors confirmed that they had been as involved as possible with their care plans and that staff treat them with respect and dignity. One person said, "Oh yes, they always tell you what they are going to do and ask if I'm ok. They're very good. I feel involved".

A relative told us that their loved one was very frightened and had been relying on family to make all decisions, and choosing a service had been very stressful as it was so important. The relative said "From what I've seen when I've been here, I think they will be very kind and caring. I turned up today, unannounced with a car full of their personal belongings. Immediately they invited me into the office, made me a cuppa and then the staff unloaded my car for me. Another relative said "We like the staff very much. Nothing is ever too much trouble. They're very kind and helpful."

At the last inspection the provider had not made sure that care and support met the needs of individuals. Care plans had lacked detail and at times were contradictory. Care plans did not consistently reflect the individual needs of people. At this inspection improvements had been made and there was more detailed information and guidance about the care treatment and support people needed. There were still some issues with the electronic system being used but management and staff were overcoming the problems. The personal information had been entered correctly on to the system, so on the whole it gave staff the guidance about how to deliver the care, support and treatment to people. The staff team at the service was more stable and consistent than at previous inspections. They had got to know people well and had good knowledge of the care and support that they needed.

People's care and support was planned in partnership with them. The registered manager or nurse manager carried out an assessment of their needs. People were asked for their views about their needs and how they would like their care to be delivered. People had a care plan written that was based on the findings of the assessment. This included their views about their care and their preferred routines. People received personalised care that reflected their likes, dislikes and preferences. This included people's mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. Relatives confirmed that they had been fully involved in this process and had been asked to share their loved ones likes, dislikes, needs and wants to inform the care plans. Staff were aware of the care plans and the person's needs, but told us as they got to know them more the care plans would be further developed. Relatives were very satisfied with the care and support their loved ones were receiving.

People had an allocated keyworker. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Care plans contained information about when people liked to get up and go to bed, what they like to eat and drink. There was information about

people's life before they came to live at The Hockeredge and the people and things that were important to them. Staff had used this information to form relationships with people.
Care plans had been reviewed regularly by team leaders and the information had been updated to reflect changes in people's care. Some care plans that contained clinical information did not always reflect the needs of the person, for example catheter care, information about people's diabetes and when people received covert medicines. Clinical staff were able to tell us about the care and treatment people needed in these situations but it was important for care plans were up to date for new and agency staff to refer to.

People's care had been planned to meet their specific needs. For example when staff found that it was uncomfortable for a person to have a sling put in position while in the wheelchair, a special sling was sourced that meant that the person was able to sit on it without the risk of skin damage. There were plans in place to support people to keep their skin healthy. Some people required specialist equipment such as special mattresses and cushions. There were systems in place to check that the equipment was set correctly for each person. Staff spoke confidently about people's care needs and knew about changes to people's care following visits from healthcare professionals. One healthcare professional told us that changes they had asked for previously had been updated in the person's care plan.

People who needed higher levels of care had been moved to one area of the building. More staff had been deployed to this area to make sure people were getting the consistent level of support, care and treatment that they needed. There were handover meetings at the change of each shift. Staff told us this kept them up to date with any changes to people's care.

One member of staff was responsible each day for directing the activities for people. There was one planned group activity each day and one to one sessions with people.

The management team had recently appointed a member of staff to champion activities and events at the service. Staff said they were working on organising more activities within and outside of The Hockeredge. People, relatives and staff said that activities at the service had improved. One staff member had recently been to visit a hydro pool to see if would be suitable for people to use. A decision had been made to give this a 'go' and find out if people enjoyed the experience. People had been to the pool and had a good time. Staff were going to arrange this as a monthly activity. Some people did go out on the service's minibus. There had been trips to the local shopping centre and restaurants for fish and chip lunches .The staff were organising a Halloween party and planned to take people to a fireworks display.

There were activities like arm chair exercises, arts and craft and music. Staff encouraged people to continue with arts and crafts that they enjoyed before moving to the service. Staff told us that this had helped people's wellbeing and how they interacted with other people. There was a plan to turn one of the small lounges into a sensory room where people could relax and enjoy different sensory experiences. Staff spent time with people on a one to one basis throughout the day. One person was sitting outside feeding the pigeons told us that they did not really like living at any residential home but said that the staff were very good and did their best to provide activities and stimulation for people. They said that they would like to go out more often. They said "It's so noisy inside so I sit outside in the garden as often as I can. I need to get out more". The manager told us they were introducing and extending activities to meet people's individual requests.

There was an advertised, weekly activities plan. On the day of our inspection, staff played ball games with people. Some people joined in others preferred to watch. There was a visiting massage person who was very kind, caring and gentle with people. She asked them if they would like a massage, where would they like it and was knowledgeable about people's likes and dislikes. People seemed to really like them and enjoy

having shoulders, hands and arms massaged. The massage person was very friendly and chatty people and they responded very positively. We observed them being very careful and gentle with people and constantly checking with them that they were enjoying and benefiting from the massage.

Many of the rooms were very personalised with photos, personal items such as ornaments. One relative said the staff said (my relative) was missing their family very much and they suggested the family brought in lots of photos of family and family occasions/events. They had made a collage which hung on their bedroom wall. The relatives told me "We were very impressed that the staff had noticed that (my relative) missed us and made the suggestion about bringing in lots of family photos." They went on to say that when their loved one first moved to the service, the staff and managers took detailed information about them, their background, likes/dislikes, and they discussed their care plan in great detail. They said, "We would recommend this home, we don't think you could find anywhere better. The care is wonderful."

Two of the people were in their rooms for the duration of our visit confirmed that they chose to stay there. One of them said "I can go to the lounge whenever I want to, but I like my room. Everything I need is here. The lounge is very noisy and I prefer my own company. Sometimes I go down in the afternoon; it depends how I feel."

There was a complaints procedure in place and was assessible to people, relatives and any other visitors. Complaints had been made since the last inspection. Some people felt that their complaint had not been dealt with to their satisfaction but the majority of complaints had been investigated and resolved to the benefit of the people using the service. The manager had adhered to their complaints procedure. They had investigated and responded to complaints and met with people, relatives and other organisations to discuss the issues. Action had been taken to find resolutions and make improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection the provider had not ensured accurate and complete records in respect of each person were maintained. At this inspection improvements had been made but further improvements were needed. The management team recognised this was a shortfall and were working to improve the electronic system were people's records were stored. The manager had recently appointed a care support manager who was due to start work at the service in the next few weeks. Their responsibility would be to make sure all records were up to date and that people's care reviews were up to date.

Records such as fluid monitoring charts were not always completed accurately. Other records such as people's risk assessments for diabetes, catheter care, administering covert medicines and applying cream to people's skin to keep it healthy and behavioural needs were not completed or were not accurate and had not been fully captured or completed on the system. People could be at risk of not receiving care and support appropriate to their needs. The management and staff were aware of this and were working on sorting out the issues.

The provider had not ensured accurate and complete records in respect of each person were maintained. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further work was needed to improve records.

The majority of people and relatives we spoke with thought that the service was well led. People and relatives commented, "The manager and team were all lovely, very friendly and helpful" and "The staff here are wonderful. The manager obviously runs a good ship!" Another relative said "You can see that they all get on well and work as a team. I've found the manager to be very accommodating, very friendly and helpful. I have no complaints at all."

An activities person who visited the service regularly said, "The home is much cleaner now. You can really see the difference. The staff are more attentive and really interact with people. There are now staff in every communal room, it's much better organised. The amount of activities has improved. There is more structure and you are made feel welcome and part of what is going on".

Staff told us, "The manager and nurse manger have done an amazing job. Especially bringing in the champion roles for staff. It makes us feel valued and trusted". "The atmosphere has improved. Management are approachable and the office door is always open" and "It has improved dramatically. Staff knowledge and training is much better. The management have lots of new ideas and the staff morale is much better".

The manager of the service came to post in June 2017 and at the time of the inspection was in the process of registering with the Care Quality Commission.

Staff said that the management were always available and accessible and gave practical support, assistance and advice. All the staff told us how they valued the managers and that they felt valued too. Staff said the managers were always available day and night. They said that the managers worked with them, that they

knew everything that was going on and they were always looking to improve things.

Since the new manager came into post significant improvements had been made in the continuity of care, treatment and support people received and also in the environment. The manager's office had been moved to a more central position so when the management team were in the office they could monitor and oversee what was going on in the main communal area. The management team were now accessible to people, relatives and staff could go into the office whenever they wanted to. Two smaller communal areas had been introduced so when people wanted to be away from the noise and activity in the main lounge or when they wanted to be with their relatives in private they had somewhere conducive to go to.

Staff handovers were held between shifts so all staff were aware of any changes in people's health and care needs. The management team and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. Staff were clear about their roles and responsibilities and received regular feedback from the management team about their performance. Staff were able to describe their roles well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held where staff responsibilities and roles were reinforced by the managers. The meetings were also used to share ideas for improving the service and to give coaching and guidance to staff. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed.

Our observations and discussions with people and staff showed that there was an open and positive culture between people, staff and the managers. The aims and visions of the service were to ensure people were paramount and at the centre of the service and everything revolved around their needs and what they wanted. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to maintain as much choice and independence as possible.

Accidents and incidents were recorded and there was an analysis to look for trends and patterns that would reduce the risk of reoccurrence. Reports were produced so that the appropriate action could be taken when patterns emerged.

There were checks in place to monitor the quality of the service. The manager had oversight of all the audits completed at the service. Regular checks were carried out on key areas, such as, moving and handling equipment, the environment and medicines management. Audits were recorded, analysed and a summary of findings with actions was produced and acted on.

A new rolling twelve month programme of additional audits had been introduced which were based on the CQC key lines of enquiry. The plan also included the manager carrying out mock CQC inspections to maintain oversight of the quality of service and to identify any areas for improvement. This included completing health and safety and environmental reports and meeting with the estates manager to discuss any actions needed. When staff found a maintenance issue they recorded it in a log and the maintenance staff signed and dated when the issues had been actioned and resolved..

The nursing manager and clinical lead had signed up for the Gold Standard Framework Accredited Care Homes programme. This is a nationally recognised accreditation and the service is assessed against 20 standards of best practice relating to end of life care.

People, relatives, health professionals and staff were asked for their views about the service through quality assurance surveys. The registered manager reviewed and analysed the results to establish if any action was needed to improve the quality of the service provided. For example people and relatives said they would like

quieter areas where they could relax . Two quieter areas had been developed where people and their relatives could go to away from the main lounge. In the most recent residents and relative's meeting someone had asked for the return of the 'tuck shop'. The manager had agreed that they would definitely look at getting it back again.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months as required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in their office and on their web-site.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Although improvements had been made, some risks had not been properly assessed and minimised to make sure people were as safe as possible. The arrangements for managing medicines did not always keep people safe as it should. These are continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured accurate and complete records in respect of each person were maintained. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.