

Hurstcare Limited

# The Hurst Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

The Hurst Residential Home is registered to provide accommodation and support for up to 29 people who live with mental health difficulties including depression, anxiety, alcohol dependency and personality disorders. Peoples ages ranged from 40 to 80 years old. Some people also lived with health problems, such as diabetes, brain injury and mobility problems. The service also provides people with short term care (temporary) before they return to live in the community. There were 16 people living at the home during our inspection.

### People's experience of using this service and what we found

The registered manager had made significant improvements to the governance and oversight arrangements, implementation of systems and processes to safely assess and manage risks to people, including with their medicines. Care plans and care delivery was more person centred, however not all people were motivated to engage in activities or life skills and there was a risk of isolation that could impact on their mental health. The registered provider had plans to introduce more person-centred life skill activities. The improvements made at this inspection, needed more time to be sustained, maintained and fully embedded into the culture of the service.

People received safe care and support by sufficient numbers of staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I feel safe here, they look out for me." Another said, "It's my home, I feel safe." Improvements to care plans and risk assessments meant peoples' health, safety and well-being were protected. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

Staff had all received essential training to meet peoples support and care needs. Further service specific training was being arranged. This will include managing alcohol addiction. There was an induction programme to introduce new staff to the service and during this process they got to know people and their needs well. One new staff member said, "It's really lovely here, the people are all individual and characters and the staff team have been really supportive." People's dietary needs were assessed, and people were provided with a choice of cooked meals each day. Feedback about the food was positive and the majority of people said they enjoyed the meals. There was the opportunity of a fried breakfast three times a week which was enjoyed by people. People's health needs were consistently met with involvement from a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One health professional, "The atmosphere is more positive, there have been improvements, especially in the leadership, communication has improved." People were relaxed, comfortable and happy in the company of staff and engaged with in a positive way. People's independence was considered important by all staff and staff supported them to go out in the community.

People confirmed they were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Further training in end of life care was being sought from the local hospice.

People, their relatives and health care professionals had the opportunity to share their views about the service and the care received by regular reviews and meetings. Complaints and 'grumbles' made by people were taken seriously and investigated. There had been no formal complaints made since the last inspection.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "We have definitely moved forward, we are having meetings and sharing information. We all feel we can contribute and our views are respected." People told us, "It's a happier place," and "I feel much safer now."

Some people were enabled to maintain their independence and make their own decisions and choices about what they did each day. People went out into the community and were able to make friendships.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The service was last rated Inadequate (published in June 2019).

This service has been in Special Measures since 28 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection

Follow up

We have requested monthly progress reports from the provider to understand what they will do to sustain and continuously improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# The Hurst Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people.

#### The service is required to have a registered manager

The registered provider is also the registered manager and is registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Service and service type

The Hurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We did not give the provider any notice of this inspection.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous

inspection report and the action plans sent to us following the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

#### During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during lunch on both days of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 16 people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, area manager and 15 members of staff, including assistant practitioners, senior care staff, care staff, house keepers, and members of the kitchen team.

We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at resident and staff meeting minutes, accident and incident records over a period of four months, training and supervision data. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service whilst improved needed time to be fully embedded into every day practice.

Assessing risk, safety monitoring and management; preventing and controlling infection:

At our last inspection the provider had failed to ensure that care and treatment had been provided in a safe way. Risk of harm to people had not always been mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's care plans had been reviewed and updated and reflected the reason for admission and contained risk assessments in relation to their specific care needs. For example, people who lived with a specific condition that required a soft diet had a care plan and risk assessment that guided staff to deliver safe care.
- People who lived with diabetes had a care plan and risk assessment to manage and monitor risks to their health. For example, one person's diabetic medication had recently changed and staff were monitoring their blood sugar levels three times a day on the request of the GP. When blood sugars were higher than the recommended level, staff took immediate action and contacted the GP. This ensured risk to their health was monitored and mitigated.
- People with behaviours that may be challenging, had clear documentation of how staff managed people's behaviours in a pro-active way. The improved management structures had reduced incidents. Staff told us, "It's a much calmer place, we are much stronger about managing incidents and people respect that." People told us, "I feel safe here now, the shouting has stopped," and "I do feel safe here, staff look after us."
- Staff recorded incidents and completed ABC charts to monitor and manage verbal and physical aggression and self-harm. The Antecedent-Behaviour-Consequence (ABC) Model is an approach that can be used to help people examine behaviours, the triggers of those behaviours, and the impact of those behaviours on negative or maladaptive patterns. This now meant that the risk of behaviours that challenged were managed safely.
- Risks within the environment had been addressed. The home was clean with no odours. This included the kitchen, communal toilets, bathrooms and the lounges. Work to the kitchen was on-going but the improvements were significant and food was stored safely and safety checks completed daily. Protocols for the management of soiled laundry were seen to be followed which meant the risk of cross infection had been reduced.

- Requirements from a fire assessment (25 March 2019) had been addressed. There were detailed fire risk assessments, which covered all areas in the home. People had laminated Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety and legionella. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

## Staffing and recruitment

At our last inspection the provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet peoples assessed needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing levels and the deployment enabled staff to provide the level of support people required and wanted. Comments from people included, "There is enough staff about, I am going out with staff today, they always take me out," and "I get help when I need it, no problems with amount of staff." Staff comments included, "There were problems with staffing, but it's all changed over the past few months and it's much better, we have new staff and they are really fitting in well and we have a full time cook, which has really made things better."
- There were sixteen people living in The Hurst. The rota showed staffing numbers were consistent and there were three care staff during the day and two care staff at night. The deployment of staff had improved and all shifts were led by a shift leader who was a senior and experienced. The registered manager and deputy manager were in Monday to Friday. There was a clear on call 'out of hours' system which ensured that staff felt supported. Staff said, "Work is less stressful, there is now clear leadership, I feel communication has really improved."
- There was evidence of continuing robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

## Systems and processes to safeguard people from the risk of abuse

At the last inspection, not all staff were confident of the safeguarding procedures and this was an area identified for improvement.

At this inspection we found that improvements had been made.

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We have had training and we discuss safeguarding procedures at team meetings,



the manager updates us of any local changes." Another staff member said, "We have a safeguarding folder that contains guidance if we need it." People told us they felt safe. One person said, "I have had meetings with a social worker and everything here is good."

- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

#### Using medicines safely:

- Medicines continued to be stored, administered and disposed of safely. People's medication records confirmed they received their medicines as prescribed. We saw that medicines remained stored securely.
- Staff who administered medicines had had the relevant training and competency checks.
- Staff continued to receive regular medicines competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "I have no worries, I get my medicines." A second person told us, "I get my pills from them on time."
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. There were detailed protocols in place to inform staff why these medicines may be needed. These had recently been updated. One person had been prescribed a medicine for anxiety. The protocol included steps to take before giving the medicine, such as reassurance. This helped prevent unnecessary use of the medicine.

#### Learning lessons when things go wrong

- Any serious accidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following incidents and accidents to ensure people's safety and this was clearly recorded.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. This demonstrated that learning from accidents took place.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

This meant some aspects of the service whilst improved needed time to be fully embedded into every day practice.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured there were enough numbers of suitably qualified and competent staff deployed at The Hurst to meet peoples' individual needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The training programme provided by the registered manager evidenced that training had progressed for all staff over the last six months. Staff had been provided with training in essential areas such as safeguarding, fire drills, fire safety, diabetes, nutrition, food hygiene and infection control. Further training has been booked and included falls, managing behaviours that challenge and alcohol addiction.
- All staff had received supervision. Staff told us, "Supervision has been really good, we are back on track." Supervisions at present were conducted by the registered manager, there were plans that senior care staff once settled in their roles will also take responsibility for some supervisions.
- Staff received an induction and shadowed experienced staff before they worked with people on their own. The organisation used the Care Certificate as part of the induction process to promote good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. One new staff member had just successfully completed their induction and said, "I love it here, the staff have been really supportive. It's my first job in care and I have learnt so much."
- Staff competencies had been undertaken following training, this was confirmed by the staff. One staff member said, "Some of our training is face to face but we also do it on line and then complete a question paper. The manager then will check what we know and watch us to make sure we know what we are doing." Ideas for further training were discussed at supervision and staff meetings.

Adapting service, design, decoration to meet people's needs

At the last inspection the provider had not ensured the service was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The maintenance of the premises had progressed and was safe and clean. Outstanding fire requirements had been actioned and the kitchen refurbishment was on-going.
- The provider and staff were aware that further improvements were required and there was now a plan in place to identify how this was to be prioritised and achieved.
- People's rooms remained personalised and individually decorated to their preferences.
- The garden areas were safe and secure. A smoking and drinking area with seating had been provided, with bins, so people could take responsibility for ensuring it was clear of debris.

Supporting people to eat and drink enough to maintain a balanced diet

- Since the last inspection, a cook had been employed. The cook had a good understanding of peoples' nutritional needs. They were able to discuss who required a soft or masheable diet and who was requiring a sugar free diet (diabetic). Vegetarian options were available at every meal.
- People's preferences were considered and planned for. People told they got the food they liked, and they discussed food and menus at resident meetings. We were able to confirm this from the minutes of staff meetings.
- Feedback from people was mainly positive in respect of the quality of food. Comments received included, "Not bad, lots of choice, we can put ideas forward about meal choices."
- People enjoyed the food and ate all the food prepared. The cook now served the meals in the dining room, which meant people could see the choices available and choose the amount they wanted. People had access to drinks throughout the day and they could help themselves.
- Fluid and food charts were used when required for those at risk of dehydration and malnutrition, and staff therefore had oversight of how much people were eating and drinking. However, no-one at present required monitoring.
- The registered manager kept a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- The service continued to work with other agencies and professionals to ensure people received the care they needed. Multi-disciplinary team meetings were held to discuss people's needs and wishes. We spoke with one health professional who said, "The staff have been good at informing us of changes in behaviour and raised blood sugars, communication has definitely improved."
- The service continued to have links with other organisations to access services, such as the diabetic nurse, the mental health team and language therapists (SaLT). Feedback from these professionals included, "I think they do a good job, they have some complicated people."
- Staff told us how they supported people to look after their health. There was evidence of dental appointments, chiropody clinics, optician appointments and smoking cessation advice clinics.
- People were assisted with access to appointments. People told us, "I am going to the hospital today and staff are coming with me," and "The manager takes me to my appointments."
- Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as their communication, mobility and medicines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Following the last inspection, the registered manager had made the decision to not accept any new

people until they had made the necessary improvements to the service and had sufficient suitably trained staff. Going forward the registered manager stated that they had a new very in-depth pre-admission assessment which meant they would only accept people they could support safely.

- Care and support was delivered in line with current legislation and evidence-based guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with diabetes and nutrition.
- Following the assessments, a referral for extra support might be made. For example, a referral to appropriate healthcare professionals such as speech and language therapists (SaLT)

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.
- There was a file kept by the registered manager of all the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors. One person had previously had their own key, but this had been re-assessed as their condition had changed and a decision specific DoLS referral made. This person still went out, but with health professionals or staff.
- Staff had received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "Some people can no longer make some decisions and we need to support them in the safest way, we have best interest meetings with the family, G.P and involve advocates if necessary."
- One person had a tracker to keep them safe. This had been discussed at a best interest meeting and as the person had capacity, made the decision to have the tracker.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

At our last inspection we recommended the provider consider seeking advice and guidance from a reputable source, about supporting people to manage their personal hygiene in a way that suits them.

The provider had made improvements.

- Feedback from people at this inspection consistently described staff as kind, patient and respectful. One person said, "Staff are kind and helpful," and "Respect who I am, and let me be me."
- The kindness of the staff team was commented on by a visiting health care professional who told us, "They obviously know how to support their residents, good communication, and respectful with good humour." Another health professional said, "Staff are helpful. No concerns at all."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- Birthdays and special events were celebrated. Staff told us "The cook will make a birthday cake and Christmas is being discussed."
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The registered manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were involved in day to day decisions about their care. However not many people knew of a care plan. This was thought to be because of the move to a computerised care plan and staff therefore were not asking people to read and sign their care plan as they used to do. The registered manager person said, "In future we will print off a hard copy and let them read it and sign it."
- Feedback from people confirmed that they were involved in care decisions and supported to make decisions if need be. People's views were reflected in their care records. Where people needed support with

decision making, an advocate or health professional was involved.

- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and which they needed help with.
- Staff supported people to keep in touch with their family when possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people, respecting their choices and upholding people's dignity when providing personal care and support. One person told us, "I like to shower sometimes twice a day as I don't like feeling hot."
- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported to maintain their personal hygiene through baths and showers when they wanted them. Not everybody was compliant with their personal hygiene and staff had now developed strategies to manage this. This had been successful. People were assisted with shaving, make-up, jewellery and nail care if that was what they wished.
- Staff told us they always promoted people's independence when eating, washing and dressing. People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained Requires Improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection the provider had not ensured people's care met all of their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9 but further time to implement improvements to peoples' social lives was needed.

- Supporting people to take part in a variety of activities helps them to maintain good mental and physical health. Whilst arrangements for activities had been made, for example a visiting quiz entertainer, people were not motivated at this time to attend and the entertainer withdrew the session as only one person attended. The registered manager and staff had discussed this and knew improvements were needed to provide meaningful activities.
- Discussions with people were being undertaken and there were plans to introduce specific life style goals for people. For example, one person wanted to assist with preparing vegetables and light snacks. Activities that may make supported living in the future possible for some people was being explored.
- Staff told us that staff accompanied people on shopping trips and people confirmed this. During the inspection one person went out with a care staff member and returned in good spirits.
- People's needs assessments included information about their background, preferences and interests. This however was not yet completed for all people living at The Hurst, and some people's information needed to be further developed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured people's care met all of their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Care plans were personalised and included up to date information for staff on how best to support people with their assessed needs. These were reviewed monthly and amended more frequently when needs changed. There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, people had diabetic care plans to guide staff in supporting people safely and effectively.
- People who lived with behaviours that challenged had detailed care plans and risk assessments that identified triggers and how staff should manage these to provide a consistent approach.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair.
- Staff completed daily records, which showed what care people had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.
- From our conversations with people and staff, it was clear staff knew people well and supported people in the way people wanted. For example, one person was not always compliant with their personal hygiene, but staff knew if they approached the person later in the day, they would accept assistance.

Improving care quality in response to complaints or concerns

- There were processes, forms and policies for recording and investigating complaints.
- People knew how to make a complaint. The complaint procedure was on the notice board for people to have easy access to. One person said, "I would see (registered manager) if I had a complaint."
- There had been no formal complaints since the last inspection.
- People's verbal complaints were now recorded and the action taken to resolve the issue was also recorded. One person said, "I have raised issues and these were dealt with. So, I'm happy."

All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- Whilst staff had not received any specific training on the accessible standards, there was guidance in care plans about people's communication needs. For example, people with speech difficulties had clear guidance for staff to communicate effectively.
- Notice boards contained information about activities, menus and complaint procedure.
- People's communication and sensory needs were assessed, recorded and shared with relevant others.
- There were specific details in people's care plans about their abilities, needs and preferred methods of communication. Menus were displayed on board and changed daily. There was a colourful pictorial monthly menu that people could use to choose their meal.
- People's communication and sensory needs were assessed, recorded and shared with health and social care professionals when required.

End of life care and support

- As far as possible, people were supported to remain at the home until the end of their lives. The registered manager had contacted the local hospice for information on training suitable for care staff.
- Care plans showed that people's end of life wishes had been discussed with them. These were sensitively written, they were detailed and included information about people's feelings about dying. Some people became distressed and there was information not to discuss further at this time.



- There was no one at this time receiving end of life care. However, care staff and the registered manager were able to discuss the importance of recognising pain and how to contact district nurses and the hospice team for advice.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership whilst improved was not yet embedded into everyday practice and we need to see that the improvements seen are sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: continuous learning and improving care.

At our last inspection the provider had failed to ensure that the quality assurance framework was robust and the provider had failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was working to ensure there was sufficient oversight and effective governance at the service. Systems and processes to assess, monitor and improve the quality and safety of the service provided had improved. However, time was still needed for a cycle of all audits to be completed. Action plans generated from audits still needed to be completed for us to be able to assess if auditing systems were always effective to sustain improvements.
- The provider is also the registered manager and has overall responsibility for the service provision. The management structure in the service had been strengthened by a deputy manager who took responsibility for audits and medicine management, and senior care staff who were now shift leaders. This had led to a service with clear leadership. A senior staff member said, "It's much better, communication has improved and we are working as team. I feel that I'm respected."
- The 'out of hours' service emergencies were managed well and the registered manager was really impressed with the shift leaders and how their confidence had grown since given new responsibilities.
- New handover documents had been introduced and this had helped the shift leaders organise the staff to ensure that peoples' needs were consistently met.
- Improvements were seen to people care plans and risk assessments, people who lived with diabetes had clear directives for staff to follow to maintain their health and well-being. Further development will reflect eye and foot care and appointments to specialists. This was currently documented separately but will be added to the main care documents.
- Improvements to the environment were on -going but were steadily being addressed. The environment was welcoming, clean and safe.

- Events, safeguardings, accidents and incidents were now well documented with an analysis and overview. The registered manager shared outcomes with staff and these were then taken forward as lessons learnt. The registered manager said that the last six months had been invaluable as a learning tool and was extremely motivated to take these lessons forward. This meant opportunities for learning, development and improvement had been taken.
- The use of technology had been used to improve and develop the service. Staff were now confident in the system which staff were now using to create care plans and record care delivery. The registered manager said that the daily records still needed more detail but this was being monitored.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to display the rating of the last inspection. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20A.

- The rating of the previous inspection was clearly displayed at the home along with the updated registration certificate that showed the condition imposed on the service.
- Feedback from people at this inspection told us that people and staff felt listened to. One person said they had regular meetings with the registered manager and that things had improved for him. Staff told us that things had changed and they felt listened to and respected. One staff member said, "The staff structure has changed, we now work as a team, new staff have come to work here and its really much better."
- Residents meetings and staff meetings were being held weekly at present whilst changes were being embedded. Minutes were taken and shared along with action points and decisions made. For example, meal suggestions and activities.
- The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- Following an organisational safeguarding the registered manager had written to people, relatives and stake holders, informing them of the safeguarding investigations and outcomes.
- All staff were keen to emphasise the service would advocate for people if required. For example, in respect of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.

#### Working in partnership with others

- Since the last inspection the organisation had worked hard to improve partnership working with key organisations to support the care provided and worked to ensure an individual approach to care.
- Feedback from health professionals was positive and indicated that the registered manager and staff team had listened to advice and worked alongside them to improve the service and outcomes for people.
- There was partnership working with other local health and social care professionals, community and voluntary organisations. Feedback from the GP and district nurses was positive about communication. Comments included, "They inform us of any problems or ill health."
- There were connections with social workers, commissioners and the community mental health team for people who lived at The Hurst Residential Home.

