Mr & Mrs M J Oaten

Hatt House

Inspection report

14 Park Road
St Marychurch
Torquay
Devon
TQ1 4QR

Tel: 01803326316

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 25 and 31 August and 5 September 2016. The first and third visits were unannounced. The second visit was by appointment. The first inspection visit started at 06.30am, to allow us to meet with the night staff and see how staff duties were organised for the day. The inspection had been bought forward due to concerns we had received about the home. These had related to individual concerns over people's well-being, including support for people who had distressed behaviours, a lack of person centred care and medicines. We did not find these concerns to be substantiated.

Hatt House provides care and accommodation for up to 24 people. People living at the home were older people, the majority of whom were living with dementia or mental health needs. Some people had significant dementia or distressed behaviours, which meant they needed individual staff allocated to them for periods of time to help maintain their safety and well-being.

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the provider who had been the previous registered manager was still working at the home and the manager in post was in the process of registering with us.

People received safe care. Their needs were regularly assessed and risks to their health and welfare mitigated and managed wherever possible. Learning took place to reduce the risk of re-occurrences of incidents and accidents, and the environment was well maintained. Infection control practices were well understood, and all areas of the home seen were clean and free from odours. Laundry systems ensured that people's clothing was looked after, and people were supported to dress and maintain their own standards of personal care.

People were protected from the risks associated with medicines. There were safe systems in place to ensure people received the correct medicine at the correct time. Regular audits were carried out to ensure medicine was available when people needed it, including for people whose needs for medicine might change quickly. We saw people being given information about their medicines and supported to take them.

A full recruitment procedure was followed for new staff and there were enough staff to meet people's needs. Staff received sufficient training and support to enable them to carry out their role. We saw staff supporting people well in a calm and positive manner, and with affection. Staff respected people's individuality and spoke to them with respect. They understood how to keep people safe from abuse, and understood how to report any concerns about people's well being. Systems were in place for the safe management of complaints and concerns.

Care plans identified people's strengths, such as a sense of humour as well as areas of support needed.

Plans were individualised and people were supported flexibly in ways that respected their wishes and preferences, such as for when they liked to get up. Where people needed additional support for example to manage anxiety or risky behaviours staff worked consistently and shared information to ensure they worked with the person in the same way.

We saw time was taken to help people retain the skills they had and to be as independent as possible. Staff had information available to help them understand people's needs and any healthcare conditions they may have. People received good support from community nursing staff, medical support and other community support agencies. People told us and we saw that emergency medical support had been provided for people when needed.

People's rights under the Mental Capacity Act 2005 were being respected. Staff understood about people's right to refuse care and about decisions made in their best interests. Where people needed support to make specific decisions as they had lost capacity this was sourced for them through the local older person's mental health teams. We saw staff offering people choices throughout the visits, and opportunities to have time in quieter areas as well as spend time with others if they chose. People's privacy was respected.

The environment had been adapted to provide a comfortable environment for people with dementia, including signage to support people to orientate themselves. The home had developed a café area with comfortable seating in the dining room where people were enjoying cakes and drinks. There were two comfortable enclosed garden areas where people could spend time without support if they wished.

People told us they enjoyed their meals, and we saw people eating well. People were offered regular snacks and drinks in addition to meals throughout the day. Where people needed support with their meals this was done discreetly and with sufficient information to help the person enjoy the experience of eating. Staff ensured they understood people's communication, and that people understood what they needed them to understand.

People could take part in activities provided. Staff made efforts to engage with people throughout the day, including both organised group activities and individual interactions that supported the person's sense of well-being and comfort. Activity objects were available for people to engage with, such as sensory cushions and people spent a lot of time looking at and commenting on a large fish tank in the hallway.

Systems were well developed to ensure the quality and safety of services at the home. People, their relatives and others were consulted about their views on how the service could be improved and encouraged to make suggestions. For example as the result of a recent suggestion staff had been provided with name badges.

The manager took advantage of learning resources to improve the home. They had links with local training and learning forums, and kept up to date with journals and best practice resources. They were keen to learn about developments in care.

Records were well maintained. Plans for people's care and treatment were kept up to date and completed examples were available to show staff how each record should be completed.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received safe care. Their needs were regularly assessed and risks mitigated and managed wherever possible. Learning took place to reduce the risk of re-occurrences of incidents and accidents.

People were protected from the risks associated with medicines.

Staff understood how to keep people safe from abuse. They understood how to report any concerns about people's well being.

A full recruitment procedure was followed for new staff and there were enough staff to meet people's needs.

The environment was clean and well maintained. Infection control practices were well understood. Regular checks were carried out to make sure it was safe.

Is the service effective?

Good

The service was effective.

Staff received sufficient training and support to carry out their role.

People's rights under the Mental Capacity Act 2005 were being respected. Staff understood about people's right to refuse care and about decisions made in their best interests.

The environment had been adapted to provide a comfortable environment for people with dementia.

People had good medical and community healthcare support.

People told us they enjoyed their meals, and we saw people eating well. People were offered regular snacks and drinks in addition to meals.

Is the service caring?

Good

The service was caring.

We saw staff supporting people well in a calm and positive manner, and with affection. Staff respected people's individuality and spoke to them with respect.

Time was taken to help people retain the skills they had and to be as independent as possible.

Staff ensured they understood people's communication, and that people understood what they needed them to understand. This included some written information.

People's privacy was respected. Care took place in private, and people's dignity was supported.

Is the service responsive?

Good

The service was responsive.

Care plans identified people's strengths, such as a sense of humour as well as areas of support needed.

Care planning was individualised and people were supported flexibly to respect their wishes.

People could take part in activities provided. Staff made efforts to engage with people throughout the day.

Systems were in place for the safe management of complaints and concerns.

Is the service well-led?

Good

The home was well led.

The manager was making an application for registration. Changes to the management structure meant that they had senior level support to assist them in their role.

Systems were well developed to ensure the quality and safety of services at the home. People were consulted about their views on how the service could be improved.

The manager took advantage of learning resources to improve the home.

Records were well maintained.	

Hatt House

Detailed findings

Background to this inspection

This inspection took place on the 25 and 31 August and 5 September 2016. The first visit and third visits were unannounced. The second visit was by appointment. The first inspection visit started at 06.30am, to allow us to meet with the night staff and see how staff duties were organised for the day.

The inspection team was made up of one adult social care inspector and an expert by experience (for the second visit). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this visit had experience of supporting people with mental health needs.

We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports and information sent to us by the provider in a provider information return or PIR.

On the inspection we met with the providers and manager. We spoke with seven people receiving a service, eleven staff members from both day and night shifts, two agency staff working at the home and providing one to one support for people and four visitors.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring and being given medicines. We spent two periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care or experiences.

We also looked at risk assessments, minutes of meetings and feedback received and analysed from people using the service, staff and their relatives. We looked at five people's care plans and other records in relation to their care, including records of medicines administered. We looked at three staff files, including records of their training and supervision, and spoke with staff about the support they received. We looked around the home with the manager, looking at the environment for people.

Good

Is the service safe?

Our findings

The majority of the people living at Hatt House had significant dementia or mental health needs. For many people this meant they were not able to take steps to keep themselves safe, or might make decisions that would lead to risky outcomes for themselves or others. People who were able to tell us or their relatives told us they felt people were safe at the home.

People were being protected from risks within the environment. The manager ensured regular checks and audits such as checks of call bells were carried out and maintenance issues were addressed quickly. Regulators were fitted to hot water outlets and hot surfaces were protected to protect people from coming into contact with hot surfaces. Service areas such as the kitchen and laundry were secured with a keypad, so people living at the home would not be able to enter service areas. We saw there had been an incident where a person had disabled this lock and been put at risk. The provider had taken immediate action to resolve this. Some people who were being cared for in bed had protective bed rails in use. Some other people had mattresses on the floor to protect them in case they were to roll from the bed if bed rails were not considered safe for them. This helped to reduce the risks of injury to the person, and had been agreed with families and supporting agencies, for example community nurses as being in the person's best interests to keep them safe.

Staff understood how to respond to potential risks. During the inspection the fire alarm sounded unexpectedly due to a fault. Staff responded immediately, in accordance with the home's training plans, and were delegated to check the zone where the alarm had sounded. People were reassured and supported in a central area throughout this process. Staff told us they received regular fire training so knew what to do if the alarm sounded.

The home was clean, and despite some people's high support needs in relation to their continence there were no unpleasant odours. This helped ensure people lived in a pleasant and hygienic environment. Environmental audits included cleanliness and infection control practices, to help reduce risks to people from cross infection. The home had appointed an infection control champion, and there were risk assessments in place to monitor clinical issues, waste disposal, protective equipment and staff training. Since the last inspection the home had taken the advice of the local infection control team in relation to safe systems for the management of laundry. The systems ensured that people's clothing looked well cared for, clean and ironed as well as risks of cross infection being managed.

Some of the people living at Hatt House needed constant support from one member of staff to help reduce risks to their health and welfare or risks to others from any distressed or anxious behaviours. We saw that this was being provided, including one to one support having being increased to keep one person safe following a fall over the weekend. We spoke with two agency staff who had been supporting people with individual support overnight. They told us they had received clear information from the home about the person's needs and any risks before they started working with the person. They understood about the person's needs, for example one person's need to have frequent drinks due to risks associated with a medical condition. They had recorded throughout the night the drinks the person had taken, and we saw

the person had been encouraged to drink frequently. Staff interacted well with the person they were supporting, which helped to keep them calm and orientated. The person's care records showed they responded well to close contact with staff, and staff confirmed this had been their experience. We asked the person about the people who were supporting them and they told us "I love them all. They're lovely – just like my children".

Where people had significant risks to their health and well-being as a result of healthcare needs we saw the risks were managed. One person was at high risk of falls due to a medical condition. Assessments of risk had been carried out and equipment provided to help reduce the risks to the person's well being. This had included two alarms and a pressure mat. These had been provided following discussions and agreement with the person, their relatives and specialist community healthcare professionals involved with their care. This person told us they felt safer and more re-assured now that these were in place. In the morning handover we heard staff being informed about updates to this person's moving and positioning plans to ensure that all staff were aware how to support the person to get up safely if they did fall. This also helped reduce the risks of injury.

Risks to people were reduced because learning took place from incidents or accidents. All falls were reported to the local Care Trust falls team and analysed. The home had a system for the monthly evaluation and analysis of all falls and incidents, and the manager told us that they would request physiotherapy input if patterns were identified. The home had a falls champion who carried out the monthly evaluation of falls and people's files contain copies of body maps to note any bruising or injuries for investigation.

The home kept people's needs under review to ensure changes to risks associated with their health and welfare were quickly identified. One person had been assessed as being at risk of poor health due to a decreased appetite on re-admission to the home from hospital. The person had been referred to the GP for review as their Body mass index was very low. They were prescribed food supplements and were initially assisted to eat their meals. As their health had improved the home had supported the person to be increasingly independent with their meals. The person had put on weight and was no longer at risk.

People were being protected from the risks associated with medicines. Before the inspection we had received concerns that significant numbers of people at the home were receiving medicines to control people's behaviour. We did not find this to be the case. There were very few people at the home who had been prescribed medicines to support the management of anxiety or distressed behaviours and there were clear protocols in place for their use. Protocols and care plans indicated measures staff should take before resorting to medicines, and we saw staff supporting people and defusing situations throughout the days of the inspection. Stock amounts of medicines held for each person and medicine administration charts showed us these had been seldom used, except for example for a short period to re-establish a sleep pattern. Medicines were under regular review by community psychiatric staff. The manager told us these medicines would only be used "when our strategies and care planning cannot reduce people's distress".

We saw staff giving people their medicines. We saw this was done with an explanation about what the person was being given and time for the person to take the medicine at their own pace. For example, we saw a staff member return several times to one person before they decided they were ready to take their medicines. Staff told us they could tell from people's presentation if they felt they might need some pain relief, for example if the person was walking more stiffly than usual. We saw people were asked if they wanted pain relief in ways that they could understand, and other medicines were offered throughout the day. For example in the morning one person was complaining of indigestion. A staff member sat with them and rubbed their back, and another staff member got them a drink, before offering them medicine to relieve this.

Staff had received training in the safe storage and administration of medicines, and regular medicines management audits were carried out. We saw the head of care auditing medicines against prescriptions as they were received into the home, which helped to ensure an accurate stock balance was maintained.

People were protected from risks associated with staff recruitment. The home had followed a full recruitment process in the staff files that we saw. This included disclosure and barring checks (DBS) and obtaining a full employment history.

On the days of the inspection visits we found there were enough staff on duty to keep people safe and meet their needs. The manager kept this under review and told us they had the capacity to be flexible with the staffing hours and numbers to meet changes in people's needs. Staff told us there were enough staff on duty to keep people safe. We saw at times staff were very busy, for example if one person became distressed or needed additional support, but this was unpredictable, and we always saw staff were available to support them. The manager told us they regularly stepped in to support and supplement staff on the floor and people and visitors confirmed this was the case. One person told us the manager "rolls her sleeves up" and works with staff.

Procedures to keep people safe from abuse were well understood. Staff told us about how they would recognise and report any concerns over abuse, and told us they would not hesitate to do so. Procedures were in place to ensure that concerns could be reported to the manager and local authority safeguarding team and contact details of who to report concerns to were on display in the office. Staff had received training in adult safeguarding procedures.

Good

Is the service effective?

Our findings

We found and staff told us they had received the training and support they needed to do their job. Staff had the skills they needed to meet people's care needs. There was a training and development matrix for the home. Any updates needed were identified and staff were reminded they needed to complete the refresher training when it was due. Staff told us that training was delivered via a number of routes including through practical demonstration, the use of workbooks and quizzes or external training updates. Staff also told us they had received a full Induction training, including working alongside more senior staff when they started. One staff member was pleased as they had finished their NVQ qualification on the day of the inspection.

Staff files contained copies of certificates that staff had achieved and some staff had undertaken training at previous work places that meant they had the skills they needed. Learning was assessed through observations of staff competency, which were recorded in staff files, and followed up in regular one to one meetings with senior staff.

We saw staff working with people in a skilled way. We saw staff diffuse a potential situation of conflict between two people quickly, offering both parties re-assurance and distraction. Staff we spoke with had a clear understanding of their role and the skills that were needed. One told us supporting people living with dementia "is busy, it is hard…(it needs) a lot of patience, lots of skills. They need to feel our warmth, so we need to smile and be happy". Staff told us they felt supported in their role and that they had access to senior people for advice at any time. One told us formal supervision "comes around so quickly" but that if they needed this for any reason they could have it at any time.

A visiting relative told us they believed the staff got a lot of training and they saw the senior staff 'kept a watchful eye' on what was going on.

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.

We checked whether the home was working within the principles of the MCA. We found Hatt House was taking appropriate actions to protect people's rights. Staff were aware of people's rights to refuse support and how they made or communicated decisions. For example one staff member told us about how a person they had got up that day would let them know what they wanted to do. Capacity assessments had been undertaken for example with regard to people's understanding of taking medicines or consenting to care. Where the person had been assessed as lacking capacity, decisions were being made in the person's best interests. This was following a discussion made with the person's relatives, and professionals involved with their care. This helped to ensure the person's rights were respected. Where people did not have anyone to support them with decision making an independent mental capacity advocate (IMCA) had been appointed to help ensure their interests were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive people of their liberty at Hatt House. Staff were aware of what the implications of this were for people and told us information was available in the office about conditions if they needed to look this up.

People received the support they needed from community medical support services such as dentists, podiatry and opticians. We saw in people's files that they saw their GP or the community nurse promptly if they needed to do so, and were supported to attend hospital appointments. For example, one person told us that when they had needed urgent hospital care this had been obtained for them quickly. Where there had been changes in people's needs we saw referrals were made quickly to services such as GPs, district nurses or the local older person's mental health team for advice and review. People had access to specialist support staff, such as specialist nurses to manage health conditions. Where professional advice had been given we saw it was followed through, for example with a seating referral for one person who had been uncomfortable.

People told us they really enjoyed the meals served to them, and we saw people eating well over both days. A menu was bought round late in the morning and those people who were able made their own choices from the menu. One person who was vegetarian said that the home made 'proper' vegetarian meals for them. They told us they enjoyed the "Veggie sausages and birthday cake". People were encouraged to eat communally to be involved in a social occasion but if people did not wish to do this then they were supported to eat where they wanted. For example, one person became quite agitated during the lunchtime meal. They were supported to leave the dining room and given one to one help to eat their meal in more quiet surroundings. Staff helped some residents to eat independently and encouraged other residents without being prescriptive. We saw one person did not want their lunch but this was kept warm for them in case they changed their mind later.

We saw staff supporting people to eat. This was done at the person's own pace with good eye contact. The staff member helping the person to eat their meal kept the person engaged and involved by telling them about the meal. They said "next spoonful will be carrots", which helped the person's awareness of what they were eating. Staff had a good understanding of appropriate textures of meals and drinks to help support people with swallowing difficulties. This included the use of prescribed thickeners in people's drinks. The cook told us about how they prepared people's meals to be appetising and tasty even where the textures needed to be pureed.

During the day people were given drinks and snacks, including sweets, cold drinks and fresh fruit. Cakes and biscuits were served on tiered cake stands for people to help themselves, or use tongs if they wished. Cutlery, crockery and table coverings were appropriate for people with visual impairments or dementia. They were provided in primary colours to help make them more visible and help people identify food and eat independently where possible.

All areas of the home seen were warm and comfortable. People were able and encouraged to personalise their own rooms. One person for example told us how much they liked their room and how they had made it feel homely with pictures and photographs. Other areas of the home had been adapted to meet other people's wishes. For example an aviary had been provided for one person who enjoyed feeding birds.

Advice had been sought about safe garden design and people had access to two enclosed courtyards that had been adapted so people could use these without staff supervision and remain safe.

Some environmental adaptation had taken place to support people with dementia or memory loss to orientate themselves around the building. Handrails had been painted blue to help make them more visible to people. People's rooms had photographs of themselves outside and there were pictures and signs on toilet and bathroom doors to help people understand where these rooms were. We saw people using this during the day to help support themselves find their way. For example, we saw one person going in the general direction of the outside door. They walked past the toilet door, and looked at the picture. They said "That's what I want" and went inside. This had helped them maintain their independence. Staff had seen them go in and waited outside for them to come out so they could check the person had managed independently or if they needed assistance. Other people were active around the main areas of the home for much of the day. One person told us "I like it here – I know my way about".

The design of the building meant there were areas where people could spend quieter time away from the lounge and have access to outside space. An area of the dining room had been made into a themed café area. Snacks were available in this space, and there was a comfortable café style seating area where people had chosen to spend time relaxing together. People also enjoyed watching what was going on in a large fish tank in the hallway. This provided interest and an opportunity for a conversation or comment from people as they passed.

Good

Is the service caring?

Our findings

People and visitors told us they were supported by kind and caring staff. One visitor told us "staff find time for every one of the residents – staff even come in on their day off when other staff are ill". A visitor told us the home was very caring, and the manager was easy to talk to. A person living at the home told us the staff "couldn't be better really".

Staff took time to understand and support people's communication. For example one person had a hearing impairment. Staff told us they supported communication with them through writing and picture cards, ensuring they made eye contact with them and mimed what they wanted them to do. We saw this happened, with the person being shown a copy of the menu to select what they wanted for lunch. The person had been assessed for hearing aids but had chosen not to wear them. Another person did not have English as a first language. A member of staff was able to have some conversation with them in their language of origin. This person was also able to communicate well with gestures and facial expressions, which staff responded to.

Staff ensured people were comfortable and were encouraged to be independent with their meals. We saw one person being assisted in the dining room. The member of staff made efforts to try to settle them and encourage them to eat, asking them "where would you like to sit?" and "you can have as little or as much as you like". Another person chose to eat their lunch with their fingers. The staff made sure they were monitored and helped to clean themselves afterwards, but were pleased the person had eaten their meal and enjoyed it, and praised them for this. They told us "Lunch takes as long as it takes…. Sometimes 1 ½ hours!" Other staff were seen celebrating successes with people. One person had eaten their meal with very little support from staff, including adding their own seasoning The staff member said "You did very well". The person replied "Marvellous" and looked really pleased. They both smiled at each other and the person reached out their hand and stroked the staff member's hand.

We observed staff caring for people during the inspection. We saw that staff were cheerful and positive when talking to people, and treated them with respect. The home had a calm atmosphere. Staff knew people well, and told us they enjoyed working with people who were living with dementia. They knew people's families and could talk with people about things that interested them. A staff member we spoke with told us "Anybody here could be my Mum. We have to treat them like our relatives".

Visitors told us they were able to visit the home at any time. Some relatives told us they wanted to continue to provide care and support to their relation, for example by providing elements of personal care, helping people with their meals or doing washing for them. They told us the home supported them with this, and we saw this happening. This helped them to feel involved and continue to be a partner in a valued and loving relationship. Another relative helped out by doing some gardening with their relation. One relative told us they were glad the home allowed relatives to have lunch with their loved ones because "it is tradition, just like being at home".

People's privacy was respected and all personal care was provided in private. Staff supported people in

communal areas in a discreet manner, respecting their dignity. For example we heard staff being discreet when asking people if they needed support. One person needed support to maintain their dignity after starting to remove their clothing. We saw this was provided swiftly and discreetly without any fuss being made, to avoid embarrassing the person or drawing attention to them. People were dressed and presented well, their clothing was clean and co-ordinated, and nails and spectacles were clean.

Private information about people was stored securely and kept confidential. Records demonstrated positive regard for the people being cared for. For example respectful and positive language was used to describe people and their needs. One file stated that the person could show "very loving and kind tendencies".

One person whose care we followed had been in failing health, but had recently recovered. Their care plan included a detailed plan for their final days, reflecting their known wishes. This had been drawn up with their family, and covered areas such as how to reduce the impact of any physical symptoms that might be distressing, and emotional support for the person and their family. This helped to ensure that the person's known wishes could be respected in the case of a sudden deterioration in their health.

Good

Is the service responsive?

Our findings

Care files showed each person had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. Assessments included information from previous placements, relatives and the person themselves. Relatives we spoke with told us they had been involved in the care planning processes. One said "The family is involved in the care plan (son and daughter) and if there was a problem they would have no qualms about complaining". Another visitor we spoke with told us they had been given a copy of their relation's care plan so they understood how the person was being supported.

We saw that people's care was delivered in accordance with their plans and reflected their wishes. For example we saw one person's care plan said that sometimes they liked to get up early so the night staff were to support them with this. They were up when we arrived at 06.30am, happily sitting in the lounge, dressed, eating toast and drinking tea. Another person's file said they enjoyed to have a 'lie in'. They remained in bed until lunchtime on the first visit. Care plans identified people's strengths, such as sense of humour as well as areas of support needed.

Care files contained information about people's life history where the person or their relatives were willing to share this. These contained detailed information about how the person liked to spend their time and significant people or events for them. For example we saw one person's plan covered their enjoyment of dancing. We spoke with the person who told us "I like dancing, they do dancing here and if I don't like it I walk out". Staff confirmed they danced with this person, and how much enjoyment the person had from this. Another person's care plan stated the person "Likes to maintain a smart and well kempt look therefore staff to assist (person's name) to be presented in a way that would be acceptable to him, comfortable and weather appropriate". We saw the person was smartly dressed and shaved. Staff complimented them on their appearance, which made them smile.

Plans covered all areas of need, from moving and handling, pressure relief to emotional support, and were reviewed regularly at a rate of one each day throughout the month. This ensured they were an up to date reflection of people's needs, and staff told us they read them. Files also contained fact sheets on health or psychological conditions such as diabetes or Picks disease to help staff with their understanding of people's health and any areas to look for that might indicate the person's needs were changing. One person had been receiving individual support from one staff member to help them settle into the home. Their care notes indicated they were becoming more settled, and an improved sleeping pattern had been achieved through a change in their medication.

Some people living at Hatt House had complex needs, including both physical and mental health needs. Guidance was available for staff on how to support, encourage and direct people in positive ways to re-direct frustration or help improve their mood. For example, one person had some behaviours that were risky. We discussed this with a member of staff. They told us that a meeting had been held with the staff team to discuss and plan a consistent approach to help support them. Staff had worked in pairs with the person to reduce risks further. They told us they were confident this approach had been successful and the

unwanted behaviours were reducing.

People at the home had opportunities to take part in activities. There was a daily list of organised activities provided for people, including musical entertainment and games, but we also saw staff taking advantage of opportunities to engage people with smaller areas of interest throughout the day. For example, we saw people being encouraged to interact with soft toys and sensory cushions. People were asked about music they would like on or if they wanted to play games with staff. People came to the home weekly to support people with craft activity and one person was using a personal audio device to offer them an interest in the afternoons. One person was colouring in pictures. They told us "I do this as a pastime – I enjoy it". One person said "there could be more activity – I would like to see more quizzes but I feel I might be the only one who could do them". People said they could go on trips out with their relatives and there were trips out from the home, but could not expand on what the trips out from the home were.

The complaints procedure was on display in the home, but needed minor updating. The manager ensured complaints were acted upon promptly and a response sent to the person with an apology or an indication of actions to be taken to prevent a re-occurrence if needed. People told us they knew who they would raise any concerns with, and told us they would be happy to do so.

Good

Is the service well-led?

Our findings

There was a manager in post but they had not yet registered with the Care Quality Commission, although this was in progress. Hatt House had been run by the same provider for nearly 30 years. The providers were in regular attendance at the home, overseeing the care delivery, although the day to day management was being passed to the manager following recent changes to the management structure. In their PIR the provider told us "The management team are visible at all times within the home and are always available for additional support when not on the premises". People benefitted from this stable leadership; they told us they understood who was in charge at the home and who to refer any concerns or comments to. People and visitors said how much they liked the manager and staff and how approachable they were. One person said "the manager asks us if we are happy and for feedback". People told us the manager was often very 'hands on' in the lounge interacting with the residents on a one to one basis, and making sure that things were running smoothly.

Staff told us they considered the manager of the home approachable and supportive. One said "(Name of manager) is very supportive of me. They are a good developmental manager –listens to all my ideas. It is nice to feel respected." And another said "They are always there if I need them". One staff member told us how much they appreciated the home being flexible with their hours to meet their childcare arrangements. Staff told us they worked well as a team, and we saw this in practice, with staff stepping in to help each other out supporting people with distressed behaviours or with moving and positioning. An agency staff worker told us "I've been to lots of care homes and this is a good one".

Recent changes to the management structure had included the introduction of the Head of Care post with a direct oversight of care practice issues, and responsibilities for ensuring care plans were up to date. The manager was encouraging the development of best practice by supporting staff to become champions in particular areas of care, for example infection control and falls. The manager attended local manager's forums and had links with local training resources, for example a dementia development programme carried out through the local older people's mental health team. They told us they learned from professional journals and from reading other reports about services to look at innovative practices which they could then implement at Hatt House, such as the café/bar. The manager told us they received good support from the provider with their personal and professional development and with ideas that they wanted to bring in. Staff told us there were regular staff meetings where changes were discussed across the staff team. This helped ensure staff were kept up to date with developments and understanding of good dementia care practice.

People benefitted from good quality, safe care because systems were in place to ensure the quality and safety of the services provided. Regular audits were being carried out by the manager and head of care to ensure that people's experience met their needs and wishes. Where risks were identified systems were in place to manage them, for example providing some specialist safeguarding training for staff. The provider had sought and acted upon advice since the last inspection to improve the infection control practices in the laundry, which had meant that people were being protected from the risks of cross infection.

People benefitted because the service monitored the quality of the care delivered through quality assurance

and quality management systems. Questionnaires were sent to relatives, visitors and visiting professionals to gather their views about the operation of the home. Some questionnaires had been made available in supported communication formats with pictures to help people with dementia participate more easily where this was useful. Following the return of the questionnaires the results were analysed and an action plan drawn up. Where there were issues identified actions were put in place to address them and feedback given to the person concerned. One relative said "We were asked if there were any problems on a piece of paper in the past, then they would call a meeting with senior carers and then things that could be done were activated". Actions were taken where improvements were identified, for example as the result of a suggestion from relatives staff had been provided with identity badges.

The records we saw were well maintained and up to date. Care plans, policies and procedures were available to staff in the home's office. Records for the administration of medicines were up to date and charts recorded people's food and drink intake each day. Some people needed pressure area care to prevent tissue damage, and charts in relation to this were well maintained and up to date. This included regular re-positioning, which was recorded on charts in each person's room. There were safe facilities for storage and disposal of records.