

Hooklands Limited

# Hooklands Care Home

## Inspection report

West Bracklesham Drive  
Bracklesham Bay  
Chichester  
West Sussex  
PO20 8PF

Tel: 01243670621  
Website: [www.hooklands.co.uk](http://www.hooklands.co.uk)

Date of inspection visit:  
12 October 2018

Date of publication:  
16 November 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We previously conducted a comprehensive inspection of Hooklands Care Home on 8 January 2018. After that inspection we received concerns in relation to the safety of people at the service regarding safeguarding practices. Social services and the provider had told us about a safeguarding concern that we needed to gather further information about to assure ourselves that people were safe.

As a result of these concerns we undertook an unannounced focused inspection of Hooklands Care Home on 12 October 2018 to look into those concerns. This report only covers our findings in relation to the 'Safe' and 'Well-led' key questions. The remaining two key questions of 'Safe' and 'Well-led' were rated as 'Requires improvement' at our last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hooklands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. We previously inspected the service on 8 January 2018 with the key questions of 'Effective', 'Caring' and 'Responsive' were all rated as 'Good.' The remaining two key questions of 'Safe' and 'Well-led' were rated as 'Requires improvement' at our last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hooklands care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Hooklands Care 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. Hooklands care home accommodates up to 27 people in one adapted building. People who lived at the service require personal care and may be living with dementia or other long-term conditions. The home is situated on the coast in Bracklesham Bay. The back garden leads directly onto the beach behind, with sea views from the lounges, dining area and some bedrooms of the service. There is a lift to access bedrooms on the first and second floors. At the time of our inspection 23 people lived at the home.

There was 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.

Safe:

Systems and processes safeguarded people from abuse and people told us they felt safe and were happy at Hooklands Care Home. However, we found that a new member of care staff who did not have previous knowledge or experience of working in the social care sector had not received a robust induction or training in relation to safeguarding. The provider and registered manager were in the process of reviewing the induction process at the time of this inspection. Other staff understood how to identify and raise safeguarding concerns appropriately.

We have made a recommendation about recruitment and induction processes for new staff.

People, care staff and health care professionals stated that there may not always be enough staff to meet the complex and person-centred needs of all people who lived at the service.

People received medicines safely but 'As required' (PRN) protocols and information for staff for when these medicines could be used for people required further detail and guidance, particularly when the PRN medicine was used for the management of behaviours that challenge. For example, while risks to people were assessed with actions for staff to take to reduce risks. People and staff were not always protected by practices that avoided the risks of physical harm to them. Whilst care and management staff worked to identify and reduce the risks of challenging behaviours, 'As required' guidance for when prescribed medicines could be given to reduce behaviours was not always detailed enough to provide adequate information for staff. In addition to this, the registered manager felt that external health and social care professionals had not always provided adequate intervention to reduce these risks to more manageable levels.

Some environmental risks had not been addressed at the time of this inspection. This included the kitchen fridge temperatures not always being maintained at recommended safe levels. There was also a leak in the laundry room roof which presented a risk with rain water leaking into electrical ceiling fittings. However, the registered provider told us these had been resolved following the inspection.

Measures were implemented to reduce and manage the risks of infection with a dedicated 'lead' member of staff to oversee infection control. The home was clean, tidy and free from any unpleasant odours.

Systems were in place to monitor and review accidents and incidents at the home and actions were taken to minimise reoccurrence of incidents when trends were seen. This meant that lessons were learned when things went wrong in practice.

Well-led:

The organisational staff sickness policy was not always followed in practice. We found for one member of care staff, that they had not received a return to work interview following sickness and so may not have been fit to return to work. This demonstrated that organisational policies and procedures may not be consistently followed.

Systems were in place to audit the quality and safety of the service. This was collated and analysed by the registered manager. Independent external oversight was also provided by a consultant who the registered provider used to support the registered manager and to conduct independent monthly audits of the service.

Care staff told us that there was a person-centred culture at the home and that they were supported by the management team and were involved in the day to day running of the service. People also confirmed they

attended 'resident's meetings' to express their views about the service they received at Hooklands Care Home.

The management team worked with external regulatory and health and social care professionals openly, although more proactive contact was encouraged by a community admission avoidance matron for those people who displayed behaviours that may challenge.

We have made a recommendation about the provider proactively involving healthcare professionals with the day to day management of behaviours that may challenge.

## 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.

Behaviours that challenge were not always proactively managed to protect people and care staff from physical harm from other people who lived at the service.

Staff recruitment and induction practices did not always ensure that care staff fully understood safeguarding procedures.

People received their medicines safely.

Risks of infection were managed appropriately, and the home was clean tidy.

Lessons were learned and actions taken following incidents and accidents.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-led.

The staff return to work sickness policy was not always followed in practice which meant that staff may not have always been fit for work.

Care staff felt the service was well managed and said they were supported by the management team.

People and care staff were involved with the day to day running of the service.

The registered manager worked with external health and social care professionals, although we were told by a healthcare professional that the provider did not contact them as often as they could to support with people who may display behaviours that challenge.

**Requires Improvement** ●

# Hooklands Care Home

## Detailed findings

### Background to this inspection

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

This focussed inspection took place on 12 October 2018 in response to concerns about people's safety and management of safeguarding risks to a people. At the time of this inspection the concerns were still being investigated by the police. This visit was unannounced, which meant the provider and staff did not know we were coming. Two inspectors undertook this inspection.

The team inspected the service against two of the five key questions we ask about services: is the service 'Safe?' and is the service 'Well-led?' This is because the service may not have been meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity, so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The information shared with CQC about the incident indicated potential concerns about the management of risk of safeguarding people from abuse. This inspection examined those risks. The registered provider and registered manager were working in partnership with police and social services professionals to investigate the concerns raised.

We spoke with the registered providers, registered manager, deputy manager, head of care, two care staff, a social services team manager, a social services contracts officer, a community staff nurse and community admission avoidance matron.

Due to the fact that this focused inspection needed to be completed with short notice, the provider was not asked by us to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made

the judgements in this report. We reviewed other information held about this service. This included previous inspection reports and notifications sent to us by the provider of incidents and events that they are required to tell us about in law.

People who lived at Hooklands Care Home were not always able to tell us about their experiences of the service they received. This may be due to fact that some people lived with dementia. To ensure that we captured people's experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and interactions with staff to help us understand the experience of people who could not talk with us. We also spoke with four people who lived at Hooklands Care Home.

Records were reviewed for three care staff and care plans, risk assessments, and medication records were reviewed for four people. Other records for audits, staff training and recruitment, including relevant policies and procedures were also viewed during this inspection. Additional records about people and information to support the inspection findings was sent to us by the registered provider and registered manager following the inspection.

# Is the service safe?

## Our findings

At our previous inspection in January 2018 we rated this key question as 'Requires improvement.' Before this inspection we received information of concern from social services safeguarding colleagues regarding a safeguarding allegation which involved a member of care staff. The police were investigating the concerns at the time of this inspection. We did not find significant provider failings or breaches of Regulations at this inspection. However, we could not improve the rating for 'Safe' from 'Requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

At this inspection we found that systems and processes safeguarded people from abuse. However, we found that for one new member of care staff, who did not have previous knowledge or experience of working in the social care sector, had not received a robust induction in relation to their understanding and awareness of safeguarding procedures.

We recommend that the recruitment and induction process for new care staff was improved to ensure that all staff had robust safeguarding awareness and understanding.

The provider and registered manager planned to review the induction process following this inspection. Management and permanent care staff had received relevant training and understood how to identify and raise safeguarding concerns appropriately. Notifications, that providers are required to send us in law had been received from the registered manager which confirmed the management understanding of the required reporting procedures for safeguarding. People told us they were happy and felt safe living at Hooklands Care Home. One person said, "We feel safe here." Another person told us, "I love it here. The ladies [care staff] are excellent. They treat me well."

Medicines were managed safely. However, we found that records for 'As required' ('PRN') medicines were limited in detail. There was not sufficient guidance or instruction for care staff for when these medicines were to be offered to people for behaviours. The registered manager recognised that PRN protocols required additional information to ensure that medicines to support behaviour challenges were only given when other actions had been taken to aim to reduce a person's behaviours. Clear actions that staff had taken during episodes of behavioural challenges were not clearly recorded. We could therefore not see when staff had tried least restrictive measures to deescalate challenging behaviour before giving prescribed 'As required' medication.

Risks to people were assessed with mitigating actions documented for the most commonly presenting risks, which included moving and handling. However, staff and people were not always safe from harm caused by the challenging behaviours of others. Whilst the care home had documented the risks to others clearly, timely intervention from external health and social care professionals had not always been received by the home which left care staff and people at risk of physical and verbal abuse.

Staff were observed to support people to take their medicines. The medication administration records



(MARs) were completed by staff each time they supported someone to take their medicines. Staff who gave medicines to people had received medicines management training and competency assessments where another member of staff observed their practice to make sure they were giving medicines safely to people. The management staff completed medicines audits monthly. The results of these were analysed and actions taken to reduce 'gaps' in recording on MARs. Care staff confirmed that when there had been gaps in recording on MARs that this was followed up at staff meetings to remind all staff to complete records accurately. Team meeting minutes confirmed this.

Environmental risks were not always responded to in a timely way. There was a leak in the laundry room ceiling and the kitchen fridges were not working properly. Following this inspection, the registered provider informed us that the leak in the roof had been fixed. The Food Standards Agency (FSA) had visited the home before the inspection and rated the service with a score of "2", which meant that, "some improvement is necessary." The improvements related to the fridge temperatures which were not maintained at the recommended safe levels. We checked this during this inspection and found that some of the temperature recordings for the fridges were above recommended safe limits. We discussed this with the registered manager and registered provider. The registered provider informed us that they were addressing this issue with the manufacturer of the fridges and agreed to ensure this was corrected without further delay.

People told us there were usually enough staff on duty and confirmed staff responded promptly when they asked for help by using the call points in their rooms. We observed there were enough staff available to people during the lunch time. However, we received mixed views from people and a community staff nurse about the staffing levels. One person said, "I have a call bell, but I don't need to use it as the staff are always around to help." When another person was asked if there were enough staff and if staff responded quickly to their call bell, they said, "Yes, but they need more [staff]. A community staff nurse told us that the care staff were often so busy meeting the complex needs and behaviours that challenge of people at the home that there wasn't always time to meet more person-centred care for people. This included people not always receiving support to "shave." A community admission avoidance matron also told us that this was their view of the service. The registered manager told us, "We are using agency staff at the moment as three staff left, and they were full-time." They stated that regular staff were used from the agency which meant that people at Hooklands Care Home knew them well.

The staff duty rota showed the provision of five care staff and the registered manager on the early 7am to 1.30pm shift to support 23 people on the day of the inspection. A staff member confirmed these staff levels were provided. New care staff were supported to 'shadow' another member of staff who was more experienced during their induction at the home. The service required two night staff to meet the needs of people over night. The staff rota showed that three night staff were on shift when new staff worked under the supervision of other more experienced staff. This ensured that new care staff were given the time to learn the skills required in their roles before being expected to work without supervision.

Staff were recruited safely. Safety checks had been completed to ensure that staff appointed were of good character and safe to work with people who lived in a care home. The registered manager told us that they planned to review the interview procedure to ensure that new staff recruited were of good character and had the right skills and experience required to work in Hooklands Care Home. We saw evidence of the changes that the registered manager had proposed to the registered provider of the service.

Safe moving and handling techniques were followed by care staff. Staff were observed to move people safely. Foot plates were used on wheelchairs and staff were careful when they moved people. We also observed that staff checked people during lunch to ensure they were eating enough and were comfortable. People were supported to eat safely. Where people appeared to be in distress or were not happy, staff were

quick to notice this and took action to assist them.

Checks were made by suitably qualified persons of equipment such as the passenger lift, hoists, fire safety equipment, fire alarms, electrical wiring and electrical appliances. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water and the water temperature was checked. First and second floor windows had restrictors, so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. Staff were trained in fire safety and the alarms and emergency lighting were tested as required. Measures were in place regarding the risk of Legionnaire's disease.

People were protected from the risks of infection. Staff were observed to use aprons and gloves to prevent the spread of infection. Hand sanitisers and paper towels were seen in toilets and bathrooms. The home was clean and free from any odours. There were 'lead' staff who completed infection control audits and dedicated domestic staff to carry out cleaning duties.

Lessons had been learned following the previous inspection in January 2018. Safety systems were used to record, and monitor accidents and incidents and concerns were referred to external health and social care professionals when required. Actions identified from the audits that required corrective action were communicated to staff and staff said they were confident to report any concerns to the management team.

## Is the service well-led?

### Our findings

The service was not always well-led. At our last inspection in January 2018, we rated this key question as 'Requires improvement.' This was due to the previous significant concerns that had been identified at this service in August 2017 which meant that this key question could not yet be rated as 'Good' until quality improvements are sustained and embedded in practice. We did not find significant provider failings or breaches of Regulations at this inspection. However, we could not improve the rating for 'Well-led' from 'Requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The service usually worked in partnership with social services. The registered manager had referred safeguarding concerns to the appropriate professionals. However, a community admission avoidance matron said that they would welcome the home to "contact them a bit more" and stated they were "keen to be more involved" when concerns arose regarding the management of people's behaviours. They also said that there were some "gaps in training" and that they were "happy to support" staff with these training needs. Some of the training they identified was to enhance understanding of dementia care. The health professional acknowledged that the service supported people with very "complex needs" and said that at times this had an impact on the staff having the time to support people living with dementia at Hooklands Care Home.

We recommend that the provider proactively contacted appropriate external healthcare professionals on a regular basis to support with the day to day management of behaviours that may challenge.

The registered manager completed monthly audits of the service and understood the responsibilities of their role. However, we found on one occasion that the organisational sickness policy had not been adhered to. This meant that a member of staff had potentially returned to work before they were well enough to do so. This was discussed with the registered manager. Following this inspection, they trained the management team to complete return to work interviews out of office hours, with care staff following periods of absence from work. This would ensure that care staff are fit for work and that organisational policies and procedures were followed consistently.

Independent service quality and safety audits were also completed monthly by an external consultant who had been employed by the registered provider to offer support and guidance to the registered manager. Clear actions were raised by the consultant which were addressed by the registered manager. The consultant followed up on actions to ensure they had been completed.

The staff said that the provider promoted a person-centred culture. A member of care staff said, "I noticed how good the care staff were when I started. They are very person-centred. Choices are given and people say how they want to be helped. People are definitely looked after well and in a safe way. Everything is done to ensure people are looked after properly. There is a good staff team where we all help each other."

People who used the service and care staff were involved in how the service was run. Opportunities were

given for people and care staff to attend regular meetings to receive updates about the day to day management of the service, and to express their views of the service. A member of the care staff team confirmed that staff meetings happened monthly and stated that, "Anything raised is listened to and acted on [by management]." A person confirmed that they had attended "residents' meetings."

Care staff told us that the management team were supportive and that they were valued in their roles. One care staff member said, "The management team are always available for support." Staff contributions were recognised and celebrated. Each month staff were selected to receive a 'purple heart' which was displayed on a notice board in the communal lounge for their colleagues, people and visitors to the home to see. The registered manager told us that staff were awarded a 'purple heart' to acknowledge, "How much they contribute and who goes out of their way" to help the service and people who lived there. One member of care staff told us they had received this reward for their hard work and number of shifts they had covered. This demonstrated that the care staff were dedicated to their roles and worked hard to meet the needs of people at Hooklands Care Home.

Technology systems were used to record the delivery of care for people. At the time of this inspection the registered manager showed us a new electronic care planning system that had been implemented following the previous inspection in January 2018. This was still in progress and not all people's records had been entered onto the system at the time of this inspection. However, the records we saw provided evidence that incidents and actions were recorded for people. The registered manager stated that once fully embedded, this system would support the service by maintaining current information about people's needs that could be easily accessed by care staff on duty.