

Abholly (2008) Limited

# Hartley Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Hartley Park Care Home is a nursing and residential care home. It is registered to provide accommodation and personal care and accommodation for up to 66 older people. The service supports people living with dementia, a mental illness, and/or a physical disability. At the time of the inspection there were 61 people living at the service.

The service is on three floors, with access to upper floors via stairs or a shaft lift. All bedrooms have en-suite facilities. There is an outside garden area.

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

People lived in a service which had a strong, visible person-centred culture, with people and relatives, overwhelming telling us how wonderfully kind and compassionate the staff were.

People were at the heart of the service, and staff were motivated to deliver exceptional care by the provider's imbedded values of 'caring, compassion, courage, communication and confidence'. One member of staff told us, "We get so much enjoyment seeing the impact that we have on people's lives."

People were supported by staff who truly cared about them and went the extra mile to make sure they felt loved and were happy. Respect for privacy and dignity was at the heart of the service's culture and values. People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected.

The service had continued to go the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities in line with their previous employment, interests and hobbies. The service understood the needs of people and delivered social activities in a way that met their needs and prompted equality.

The service had a key role in the community and was actively involved in building links. Staff made the special effort to ensure people were supported to avoid social isolation. Intergenerational care, the practice of bringing young and older people together, was seen as paramount importance.

Staff were exceptional at helping people to express their views, so they could understand people's wishes and preferences. Staff used a variety of tools to communicate with people according to their needs, some of which included the use of technology.

People were actively involved in decisions about the staffing at the service by being involved in the recruitment process and/or by meeting potential new staff as part of the interview process. One person told us in doing so, they felt "valued and involved".

There was a transparent and open culture that encouraged creative thinking in relation to people's safety. The service actively sought out new technology and other solutions to make sure people lived with as few

restrictions as possible, helping them to have an active and meaningful life.

People's medicines were managed safely and in a pro-active way, with the use of medicines used in supporting people living with dementia only ever used as last resort.

The provider kept up to date with new research and developments to make sure staff were trained to follow best practice. The provider took a holistic approach to assessing, planning and delivering people's care and support, with people's overall wellbeing considered an essential part of their care.

Staff were committed to working collaboratively and innovatively to deliver more joined up care and support to people. External professionals told us the service focused on providing person-centred care and support and achieved exceptional results.

People lived in a service which was clean and odour free and were empowered and encouraged to participate in the cleaning of the service, as they wanted to be.

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 overwhelmingly complimentary of the training and support they received. The provider looked at innovative ways to engage staff in training.

There was an exceptionally skilled and motivated registered manager in place, who role-modelled the ethos of the service. Staff were proud and motivated to work for the organisation.

The registered manager and provider were highly passionate about continuous development and improvement. There was a consistently high level of constructive engagement with staff and people to ensure outstanding practice was sustained overtime.

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 (and update)

The last rating for this service was Outstanding (Published 10 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Hartley Park Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors on one day, an inspector and one specialist advisor for older person's nursing care, and two experts by experience on another day, and a medicines inspector on another day. An expert by experience is a person who has personal experience of using services or cares for someone living with dementia/and or mental health needs. An inspection manager also attended to undertake an observed inspection of the inspector. The reason the inspection team was so large and the inspection was held over three days, was because of the specialism of the service, the layout of the building and the availability of inspection team.

#### Service and service type

Hartley Park 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We also 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 contacted the local authority commissioning team and Healthwatch Plymouth for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch held no information about the service.

We used all of this information to plan our inspection.

#### During the inspection

The majority of people at the service are living with a dementia, which meant it was very difficult to obtain people's views verbally. Therefore, we spent a considerable amount of time observing the interactions between people and staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke in detail with six people, six relative's, thirteen members of the care and domestic team, the chef, the deputy manager, the registered manager and provider.

We looked at 17 care plans for people who used the service, minutes of meetings, training records for all staff, various medicines administration records, and auditing and monitoring checks.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. We also contacted a dentist, and two mental health professionals for their views about 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Prior to our inspection we had received concerns about poor moving and handling skills, and ineffective infection control practices. We looked at this as part of our inspection but did not find any areas requiring improvement.

### Staffing and recruitment

- People were actively involved in decisions about the staffing at the service by being involved in the recruitment process and/or by meeting potential new staff as part of the interview process. One person told us in doing so, they felt "valued and involved".
- The provider's flexible and robust staffing assessment meant people were kept at the heart of any staffing decisions. Whilst a staffing dependency and monitoring tool was used, staffing numbers were mainly dictated by people. For example, in response to people and staff's feedback, staffing numbers in the morning and at night had been increased.
- The provider had systems in place to ensure nursing staff were legally registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
- The provider used a values-based recruitment approach. Ensuring new staff were always recruited in line with the values of the service: 'caring, compassion, courage, communication and confidence'. The provider's recruitment policy meant new staff received thorough checks to ensure they were suitable to work with vulnerable people.
- The inclusion and impact of people being involved in the assessment of staffing levels and ongoing recruitment was continually evaluated and fed into the provider's continuous improvement plan for the service.
- In recognition of the current staffing challenges in the health and social care sector, the provider embraced innovative ways to entice new staff into the sector. For example, at a recent job fare they used the Virtual Dementia Tour (VDT). The VDT gives people an experience of what dementia might be like by using specialist equipment and creating a simulated environment.

### Assessing risk, safety monitoring and management

- There was a transparent and open culture that encouraged creative thinking in relation to people's safety.
- The service actively sought out new technology and other solutions to make sure people lived with as few restrictions as possible, helping them to have an active and meaningful life. A global positioning system (GPS) was used so one person could continue to access the community whilst feeling confident that should they get lost, the service would know where they were, and could support them home safely home.
- Passive Infrared technology (PIR) was used in all people's bedrooms. The PIR motion sensor system is a non-intrusive monitoring system without restriction, to alert staff to people who might need support, so they can respond promptly to reduce the risk of harm.

- Learning of potential risks was based on analysis and investigation. For example, one person enjoyed watching football and staff were keen to take the person to a football match. However, they were unsure how the person may cope with the noise, which could mean they may be at risk to themselves and others in a public setting. Therefore, staff were observing how the person was reacting to watching the rugby world cup, before creating a safe and suitable care plan and risk assessment which would enable the person to safely go to a football match.
- People, along with their families, were actively involved in managing their own risks. One person had chosen not to follow the advice of a speech and language therapist (SLT). This had been respected by the staff team, and records had been put in place to support their decision.
- People had risk assessments in place relating to aspects of their care, such as moving and handling, behaviour, skin care, epilepsy and diabetes. The registered manager had already recognised through their own clinical governance meetings that risk assessments could benefit from updating and referencing best practice. They told us action was already underway to improve some health care records.

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

- People were supported by staff who had received comprehensive training in recognising signs of abuse and knowing what action to take should they suspect someone may have been abused, mistreated or neglected. The topics of keeping people safe and safeguarding were kept high on the provider's agenda and regularly discussed in staff meetings.
- All managers and senior staff were well trained in relation to safeguarding, as they had attended the local authority safeguarding management training, in addition to the provider's own training.
- Staff developed positive and trusting relationships with people which helped to keep them safe. People were observed to approach staff without hesitation and looked very comfortable in their presence.
- People and staff were actively encouraged and empowered to raise their concerns and challenge risks to people's safety. They could do so with no recrimination when, as it was normal day to day practice and culture within the service. For example, a member of staff whilst supporting a person into the bath noticed a bruise on the person's leg. When asked about it, the person stated it had occurred the night before when being assisted into bed. This was investigated and found to have occurred as described, therefore staff's practice was reviewed, and re-training took place. One member of staff told us, "You can't just ignore someone who has dementia. Things have to be properly investigated."

#### Learning lessons when things go wrong

- There was an open culture where all safety concerns were highly valued and used as learning and improvement. For example, medicine errors, no matter how minor, were acknowledged, with reflective practice taking place to help reduce re-occurrences or change current processes and practice.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences, relating to complaints, falls, accidents and nutrition. The registered manager told us their philosophy was, "If things haven't work, what can we learn from it."
- In response to a health and safety audit, window restrictors had been upgraded, and new radiator covers were in the process of being replaced.

#### Using medicines safely

- People's independence and autonomy was always considered with regards to their medicines. For example, it was not just assumed staff would manage people's medicines upon moving into the service. People's wishes, and choices were kept at the forefront when planning medicine support, and care plans and risk assessments were created as needed.
- The provider felt strongly about not using medicines to sedate people, therefore supported people in a person-centred way to help minimise their anxiety and/or distress. People prescribed anti-psychotic



medicines (to help support their mental health) were closely reviewed by staff and external professionals, so action could be taken to reduce medicines as soon as possible. The registered manager told us they wanted to provide a holistic approach to people's care and wellbeing, explaining to us "It's about what we can take off, (medicines) not what we can keep on."

- People received their medicines safely by staff who had received training and ongoing assessment of their competence. People were supported patiently, by staff who described to them what their medicines were for and showed dignity and respect.
- We found that the use and storage of supplements which altered the consistency of people's drinks (thickening products) was not always being used as prescribed. However, the registered manager was already in the process of taking pro-active action to make improvements.

#### Preventing and controlling infection

- Staff encouraged good hand hygiene, by supporting people to wash their hands throughout the day.
- People were empowered and encouraged to participate in the cleaning of the service, as they wanted to be. For example, the housekeeping staff encouraged people to dust and polish.
- People lived in a service which was clean and odour free.
- Staff received infection control training and were observed to put their training into practice by wearing personal protective equipment (PPE) as required. Cleaning checks and infection control audits ensured areas requiring improvement were highlighted, so action could be taken promptly.
- The kitchen had been awarded five stars from Environmental Health. The highest rating achievable.

## 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Prior to our inspection we had received concerns about people not always being supported effectively with their nutrition and hydration. We looked at this as part of our inspection but did not find any areas requiring improvement.

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

- The provider kept up to date with new research and developments to make sure staff were trained to follow best practice. For example, in response to the new International Dysphagia Diet Standardisation Initiative (IDDSI), the provider had implemented new nutritional care planning records, updated staff training and changed catering processes. The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened fluids.
- In response to increased research and publications regarding oral health care, the provider had created an oral health champion role, who had been tasked with changing the culture surrounding oral health care. As a result, training had taken place; care planning records had been changed and monitoring and auditing checks had been implemented. People had been provided with new tooth brushes which would be replaced every three months.
- The provider took a holistic approach to assessing, planning and delivering people's care and support. The use of medicines in supporting people living with dementia was only ever used as a last resort, and everyone was cared for as an individual.
- The registered manager was in the process of creating a library of resources for all staff to freely access. Some of which already included best practice and research relating to dementia, mental health and dysphagia, as well as the Department of Health (DOH) Quality Matters agenda.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were committed to working collaboratively and innovatively to deliver more joined up care and support to people. For example, one person wanted to return home. Whilst the staff team knew this would not be without its difficulties they worked together with other agencies to facilitate it. This included involving the Alzheimer's society, who carried out an independent assessment of the person's home, and with the person's GP, who was not in the local area. Whilst the person's return home had not been successful, the family had been thrilled to have been able to try it.
- The provider had commissioned a GP to visit the service twice a week, to ensure people received timely and consistent care. The GP told us, they felt staff were "very pro-active" and that people received "prompt care".
- The provider had implemented the local authority 'red bag' initiative. Which meant when people went into

hospital, they arrived with standardised information, expected by hospital staff to help ensure a more joined up hospital admission and discharge procedure.

Supporting people to live healthier lives, access healthcare services and support

- People's overall wellbeing was considered an essential part of people's care, therefore people were encouraged to go outside as much as possible, to exercise and take in the fresh air. One member of staff told us, "Even in the winter we wrap people up warm and get them outside to feel the breeze on their faces and sunshine on their skin."
- The provider had created a wellbeing champion, who was responsible for sharing and disseminating information to the staff group. With oral healthcare being this month's topic, a member of staff told us, "People are supported to brush their teeth twice a day, if someone isn't up for it we encourage them later on in the day."

Staff support: induction, training, skills and experience

- Staff were overwhelmingly complimentary of the training and support they received.
- The provider had looked at innovative ways to engage staff in training. For example, they hired the dementia bus. The dementia bus/virtual dementia tour (VDT) gives staff an experience of what dementia might be like by using specialist equipment and creating a simulated environment. Staff carried out simple tasks during the tour so to be able to empathise with challenges faced by people living with dementia. Staff told us how this had impacted positively on their practice, making them more mindful and empathic.
- Staff completed the care certificate. The care certificate is national set of induction standards for people working within the health and social care sector. Since our last inspection the provider had employed a dedicated care certificate assessor who validated each person's work. This ensured the overall standard and quality of completion.
- The provider had listened to staff feedback and therefore had reviewed the induction process meaning that staff now had additional days to complete it, helping improve their confidence, prior to commencing in their role.
- Nursing staff kept up to date with changes in clinical practice and undertook relevant training to ensure their ongoing registration with the nursing and midwifery council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
- Relatives were involved in planning and delivering training. For example, relatives had attended dementia and continence training to provide staff with their 'lived experience' of the subjects.
- There was a pro-active support and an appraisal system which recognised that continuing development of skills, competence and knowledge was integral to ensuring high quality care and support. One member of staff told us, "We talk about how to improve the service, what we find difficult and how to make it better." Many staff told us because of the interest invested in the service by the registered manager and provider, they had achieved things they never thought possible. One comment included, "(The registered manager) has pushed me where he sees I have potential. I have learnt so much from him from day one."

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

- There was a strong emphasis on the importance of eating and drinking well. One person told us, "The breakfast is good, it's an incentive to get up!"
- Creative ways to encourage people to eat when they were at risk of losing weight were thought of and tried out. One member of staff had been given the provider's 'something special award', in recognition of their innovation. This had been because they had noticed how one person did not like to eat their main meal, but always enjoyed a hot drink. Therefore, they thought of liquidising their meal into a pleasant tasting soup instead. Which was successful, and the person started to put on weight. This practice was then considered for others, facing the same difficulties.

- The staff were passionate about the link between diet and physical health telling us the importance of people having "iron enriched food and vitamin rich food instead of just medicines."
- Seasonal menus were created with people, ensuring their likes, dislikes and love of all food were catered for.
- The service embraced different cultural and religious needs around food, with people's wishes and beliefs being respected. With the registered manager telling us how one person from the Muslim faith had been supported with their nutrition.
- The provider recognised the importance of people enjoying a social meal together and celebrating special events such as Christmas. The service ensured each person, regardless of their dietary needs was able to do this.
- The dining experience was observed to not always be a respectful experience, with some people waiting long periods of time for their meals. However, records of a recent staff meeting showed how staff had already recognised this and had fed back to the registered manager that "We all agreed that we would like to enhance the meal time experience for our residents on all units."

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

- The service was designed around people's needs and wishes. For example, people had been involved in decisions about the decoration and furniture. In addition, people and staff's feedback had been used to make changes to the environment. For example, TVs had recently been raised higher up on walls because they could not always be seen, and a coloured cellophane had been added to windows to help reduce the glare in lounges. People and families had also requested more sofas, which had been purchased, so they could cuddle up with their loved one.
- The staff were observant as to how people were using and living in the environment and were quick to make changes when they could see something was not working for people. For example, the pool table had been taken away as people were not showing an interest in it and replaced with a football table.
- The design and decoration of the service took account of dementia best practice. For example, plain carpets and pictorial signage.

#### 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All staff, no matter which department they worked in, were trained and confident about using the MCA so people's human and legal rights were fully respected.
- People's consent was obtained prior to supporting them, with their wishes always respected.
- People's care records detailed their mental capacity, and others important in their care and support, such as power of attorney's (POAs).

- Best interest decisions were always made in accordance with legislation and people's wishes.
- The service had a very flexible approach to any restrictions imposed on people to maintain their safety, keeping them under constant review, making them time-limited and only when necessary. For example, when one to one care was in place for people, the staff team worked hard to seek alternative holistic ways to support people, so this could be reduced and removed as quickly as possible. Whilst environmental restrictions in the service were limited, we spoke with the registered manager about people's access to the garden. They told us the code locks needed to be reviewed and action would be taken to consider removing them.

## 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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People lived in a service which had a strong, visible person-centred culture. One member of staff told us, "Every person is diverse, and we should let people express their individuality through how we support them."
- People and relatives overwhelming told us how wonderfully kind and compassionate the staff were. Comments included, "They really look after us, spending time chatting and everything", "The staff are lovely and friendly. Whatever you want, they do their best to get it", and, "My family laugh at me as I say that when it all gets too much, I'm putting my name down for here."
- The interactions between people and staff, showed that there were truly respected. Staff showed a true empathy for people, making sure their physical and overall mental wellbeing was being supported in a holistic way. Nothing was ever too much trouble, and staff took time to stop and speak with people. A smile laugh and kiss on the cheek by one person, to a member of staff demonstrated a mutual respect and genuine warmth and love.
- Staff were very fond of people and observed to treat people with the upmost kindness and were sensitive to times when people needed caring and compassionate support. One person was seen to reach out for a hug and placed a kiss on a member of staff's cheek. The staff member warmly hugged the person back and kissed their cheek in return.
- People were at the heart of the service, and staff were motivated to deliver exceptional care by the provider's imbedded values of: 'caring, compassion, courage, communication and confidence'. One member of staff told us, "We get so much enjoyment seeing the impact that we have on people's lives" and "We build self-worth and value people." Of which, we saw demonstrated in staffs practice and within the outcomes of people's care and support.
- People were supported by staff who truly cared about them and went the extra mile to make sure they felt loved and were happy. One person spoke of how much they missed their husband and wanted to visit their grave for a final time, but their family told staff it was too emotional for them to take them. The grave was researched and found, and the person was taken. The grave site was 'off road' and on tricky ground, so a team of staff including the maintenance person went, so the person could be safely supported in their wheelchair. Shortly after their visit, the person passed away. A member of staff told us, "You know you have made someone happy at the end."
- A daughter of a person wanted their father to walk them down the aisle on their wedding day. But because of their father's deteriorating dementia, they were concerned about whether their father would cope. Staff attending the wedding as guests, to enable the person to support their daughter and participate in the wedding.

- The service invested their time in getting to know people well, and then adopted a very strong person-centred approach in ensuring people's ongoing emotional wellbeing needs were met. For example, one person had developed a dislike of others, which had resulted in regular physical altercations. In finding out more, it was discovered the person had previously enjoyed playing the piano and found it to be a relaxing pastime. The service purchased a piano for the person to play. In doing so, altercations now no longer occurred.
- There was a very calm and caring atmosphere, as everyone knew each other very well, which made the service feel like a 'community'. For example, the care staff blended in with people, and sat and talked, providing attentive one to one support.
- Views from external agencies were positive, with consistent comments about how caring and professional the staff were. One GP told us, they felt the care people received was "outstanding", and mental health professional told us, "Hartley Park excels in its care provision. They treat each resident as an individual with warmth and a genuine regard for their wellbeing and quality of life. All care is person centred".

#### Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. A member of staff told us, "To me person centred care is everything, the whole person, thinking about their dignity and letting people keep their dignity and independence as long as possible."
- People were supported gently and discretely when they needed to use the toilet or in times of distress.
- People were supported by staff who looked at ways to ensure their independence was maintained. Comments included, "When (...) first came in here we were told he would never walk, but within six months he was walking and had a happy good life" and "We always ask people to lead on their personal care...for example, we get people to put their own jumpers on."
- Staff worked with external professionals to protect people's independence as far as possible. For example, staff explained how they had involved an occupational therapist in the selection of suitable moving and handling equipment, so as not to reduce and/or impinge on a person's own abilities.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected. One person had chosen not to receive antibiotic treatment: staff had arranged for the person to speak with their GP, and records were put into place to ensure their wishes were followed. A GP told us, "Families are well involved with people's care".

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Prior to our inspection we had received concerns about people not always being supported effectively with their personal care, and people not always having access to external health professionals. We looked at this as part of our inspection but did not find any areas requiring improvement.

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

- People were observed to be supported by staff to make each day different. Whether it was going out on a trip, or to help in the day to day running of the service. For example, one person was seen to enjoy folding the laundry up and paring up socks. The person's positive facial expression indicated they felt valued and empowered.
- Staff were observed to be creative about ways to engage people in their interests, to help minimise distress and anxiety. For example, staff hung a tablet computer over one person's walking frame. Which meant the person, who loved 'Vera Lynn' was able to watch her and singing along to their favourite songs at this own leisure. The person's relaxed body language and facial expressions, indicated they were seen to appreciate staff's actions, as they were enjoying and benefiting from the music.
- The service had continued to go the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities in line with their previous employment, interests and hobbies. For example, one person spoke of a favourite beach they had visited as a child, so staff organised a personal trip for them to visit it again. The chef organised a luxury picnic and when they returned, staff helped them to create a memory book of their day, using photographs and clippings. One staff comment included, "We are always looking at what we can do to enrich the lives of residents."
- The service understood the needs of people and delivered social activities in a way that met their needs and prompted equality. For example, the 'men at work' project had been created in response to staff reflecting on the need for men to participate in activities which they may have done in the past. So, a tool box was introduced and used as an opportunity for reminiscence. In addition, the maintenance man encouraged and empowered men to help in tasks, such as putting up shelves and/or holding tools to assist.
- An external mental health professional told us, when they visited the service people always looked engaged in what looked to be fun and engaging activities. Another told us, "I find them highly professional and dedicated to ensure their residents have the best life they can achieve. I find this very refreshing and rewarding to see the level of dedication the team have to their residents and an excellent display of best practice in dementia care".
- The service took a key role in the community and was actively involved in building links. Since the last inspection people were involved in the 'active plus program' which were sessions organised for veterans to



meet and socialise together. Staff told us how it offered stimulation for people's minds, bringing them out of themselves and offered a welcome distraction from their everyday lives.

- The service was now also involved in the Plymouth Argyle Football Club scheme which introduced sports to care homes. Staff told us, "Everyone plays with good humour...the physical exercise and interaction is valuable and stimulates both the body and mind."

- Staff went the extra mile to ensure people were supported to avoid social isolation and recognised the importance of family occasions. For example, for people who were unable to attend family weddings, staff acted to speak to families and to the church to request the service be recorded live. People were then able to watch it on their tablet computer. In addition, before the wedding people were pampered in style, supported to dress as if they were going, got their hair done and were given a glass or two of champagne to drink whilst watching the ceremony. A member of staff told us, "That's what it is all about, making them happy."

- Intergenerational care, the practice of bringing young and older people together, was seen as paramount importance. People were part of local schemes, to attend schools to participate in croquet, and children came into the service to read. Staff told us, how some children had befriended people and had visited them at the service, because of this interaction.

A grandparent day had been organised, so people could share a special occasion with their grandchildren. A magician, face painting and afternoon tea had been arranged. Staff told us the atmosphere had been very "jovial".

- Social media helped relatives who lived further afield stay connected with their loved ones. Where consent had been given, pictures were shared on social media sites so families could see what their relatives had been getting up to.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were exceptional at helping people to express their views, so they could understand people's wishes and preferences. Staff used a variety of tools to communicate with people according to their needs, some of which included the use of technology. For example, one person only spoke German. So, staff used a tablet computer to convert the English language into German. The principles of dementia care best practice were followed so people could understand what was being asked of them. For example, using pictures or by speaking in simple and/or short sentences. One person was struggling to understand the lunch options, but by a member of staff showing and asking if they would like "hot or cold", they were able to make their own informed choice.

#### End of life care and support

- The service had accreditation awarded by a local hospice for the excellence standard of end of life provision.

- The provider told us in their provider information return (PIR), "End of life care, has been out-standing and staff have taken their training and experience into providing this for each resident as an individual. The feedback we have received has certainly recognised this."

- The service participated in the annual worldwide initiative 'Dying Matters', which places the importance of talking about dying, death and bereavement. This year's event was marked by a butterfly release. People, relatives (past and present) and staff came together, with one of the staff reading aloud a poem which reflected the life of a butterfly. As well as reading the names of those who had died, to honour and

commemorate their memory.

- A GP commended the staff for their joined-up approach to supporting people and their families at the end of their life, whereby they ensured the comfort, dignity and respect of people.
- When someone died, people and staff were supported by the provider with empathy and understanding. Staff had the opportunity to talk about the person and explore their own feelings. A free confidential counselling service was also provided.

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

- External professionals told us the service focused on providing person-centred care and support and achieved exceptional results. A GP told us, "They personalise the care for people and take the time. They devote their time to people rather than generic care."
- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans reflected people's health and social care needs. Staff were highly motivated to deliver excellent standards of care, with a member of staff telling us, "Oral care, hearing aids, continence pads, if we get these elements right, our residents' lives will be much more positive."
- Relatives were grateful for the personalised support and care towards people. For example, a relative told us, how his wife had fallen and had to go to the hospital. They explained a member of staff went with her and stayed with her. They expressed to us, how thankful and happy they were of the level of responsive and kind care she was receiving.
- The provider had implemented a new electronic care planning system, which meant people's care records were always up to date, and an accurate reflection of their care and support needs. Staff told us the new system meant they now had a good amount of time to read how a person wanted and needed their care and support to be delivered.

Improving care quality in response to complaints or concerns

- People and relatives said they felt able to speak to the registered manager at any time. The 'Friends of Hartley Park' was a forum which had also been designed for relatives to share any worries or concerns.
- People's complaints were comprehensively investigated. Records showed complaints were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.
- The registered manager had recently moved his office, so they were more visible to relatives and visitors on their arrival; should they wish to discuss anything.

# 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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were seen to know the management team, positively engage with them and approach them without hesitation.
- There was an exceptionally skilled and motivated registered manager in place, who role modelled the ethos of the service. They told us, "If we care about the residents, everything else will come." A GP described the registered managers leadership skills as "outstanding". A mental health professional told us, "Staff are always happy and engaging, this I feel is as a result of them being well managed and respected for their contribution to promoting a homely environment". We saw these skills had resulted in a highly motivated workforce who looked for opportunities to enhance the lives of people they supported.
- The management team continued to have a highly effective oversight of what was happening in the service and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas.
- Since our last inspection, the provider had used technology to help develop, sustain and protect the service for the future. For example, the use of global positioning systems (GPS) enabled people to continue to access the community. For one person it helped them to maintain their independence by continuing to access the shops and their local pub. In addition, the provider embraced innovative ways to entice new staff into the sector, for example at a recent job fare they used the Virtual Dementia Tour (VDT). The VDT gives people an experience of what dementia might be like by using specialist equipment and creating a simulated environment. The use of it, resulted in the recruitment of new staff.
- Staff were aware of their responsibilities. Quality checks of staffs' practice helped to positively reflect to ensure care and support was of a high standard, and that risks and regulatory requirements were understood and being met. Staff felt so well supported and listened to, they looked for opportunities to develop their role and take on extra responsibilities. Their roles and responsibilities were all focused on people and the quality and safety of care and support. For example, becoming expert champions in oral health care, nutrition and wellbeing.
- Since our last inspection, the service had been awarded Investors in People, an award that recognised the provider's commitment towards training and developing its staff. Staff had recently described, to the Investors in People panel, that the "Leadership team had a brilliant understanding of the care sector, commissioning environment and community in which the home operated. They had confidence that managers would respond to national and regional changes and developments in the care sector and keep up to date with the latest good practice in relation to dementia care."
- The report also acknowledged that, "The values of Hartley Park are clearly articulated in the home's

philosophy of care...Your approach to commitment to high standards of people management has helped to create an environment where staff feel valued, where talent is recognised and developed, and people can thrive. It is an impressive achievement, and something to be very proud of". We saw the impact of this throughout our inspection. For example, staff spoke proudly of the career opportunities they had been given.

- Governance processes were well-imbedded into the running of the service. The provider had a very robust oversight of the service and told us "We (the management team) talk all the time."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There continued to be a strong person-centred culture which kept people at the heart of the service. The culture of the service was based on the provider's values of: 'caring, compassion, courage, communication and confidence'. It was evident the values underpinned staffs' practice and the ethos within the organisation. Staff were proud and motivated to work for the organisation, telling us "As soon as I came here, I thought I want a career in this" and "The best bit about my job is that residents have had a really good day, it's rewarding working here."

- Staff's wellbeing had become an essential focus of the provider, with free health and fitness clubs being arranged for staff and an annual staff sports day held at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There continued to be a consistently high level of constructive engagement with staff, people and relatives to ensure outstanding practice was sustained overtime.

- People continued to be at the heart of the service. Residents forums ensured each person's voice was always heard. Minutes of a recent meeting detailed, "Residents have been working closely with management in helping chose new furnishings and decoration for the home. This has included murals on every unit and the dining rooms having new table clothes, flowers and condiments on the tables." In addition, the staff were observant as to how people were using and living in the environment and were quick to make changes when they could see something was not working for people. For example, the pool table had been taken away as people were not showing an interest in it and replaced with a football table.

- In response to people and staff's feedback, staffing numbers in the morning and at night had been increased.

- Since our last inspection, a 'Friends of Hartley Park' forum had been set up to support relatives to meet others, seek support and share their own lived experiences. A member of staff told us, "The biggest benefit is to meet other people and to share their experiences...relatives have become friends and kept in contact with each other." Forums helped to ensure people benefited from a service which holistically took account of their whole family, in their care and support. Helping people's relatives to have a better understanding of their loved ones needs, meant they were more informed about their care and support, enabling them to be more understanding and empathetic.

- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. Staff were encouraged with their career progression and empowered to gain qualifications. One member of staff told us, "I'm further in my career now that I ever thought I would be."

- Staff felt extremely valued and encouraged to use their initiative when working with people and were empowered to come up with new approaches and ideas. A member of staff commented, "We're always improving. We want to maintain outstanding."

- The staff valued the provider's 'something special award', for those that came up with innovations in care. One member of staff had been given award because they had noticed how one person did not like to eat

their main meal, but always enjoyed a hot drink. Therefore, they thought of liquidising their meal into a pleasant tasting soup instead. Which was successful, and the person started to put on weight. This practice was then considered for others, facing the same difficulties. Their contribution was recognised by being awarded gift vouchers to spend in a shop of their choice. This scheme helped to promote a positive staffing culture, meaning people received support by happy and fulfilled staff.

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

- The registered manager and provider admitted when things went wrong. Telling us, "We never hide anything", which demonstrated the requirements of their duty of candour to be open, honest and transparent.

Continuous learning and improving care

- The registered manager and provider were highly passionate about continuous development.
- The management team attended external workshops and conferences to help maintain the management team's ongoing competency within the sector and to ensure the service was delivered in line with best practice. A member of the nursing team had been inspired by a recent nutrition in care workshop and as result, had acted to improve practice within the service, as cited in the effective key question. They told us, "You feel inspired when you go, you can pass on and share ideas."
- The provider kept up to date with new research and developments to make sure staff were trained to follow best practice. In response to increased research and publications regarding oral health care, the provider had created an oral health champion role, who had been tasked with changing the culture surrounding oral health care.

Working in partnership with others

- The provider engaged positively with stakeholders to help build seamless experiences between health and care services for people based on good practice, and people's informed preferences. Working with others ensured the service remained at the forefront of best practice, which in turn enhanced people's lives.
- The provider linked with local and national charities to support people who used their service, such as the Alzheimer's society.
- The service was an important part of the community and utilised the City of Plymouth's Dementia friendly status, by supporting people to visit the town and attend local events.
- Since our last inspection, the provider, people, staff and relatives were engaged with research by the university of Bristol into a rare form of dementia.