Sevaline Care Homes Limited

Hurstead House Nursing Home

Inspection report

631 Halifax Road
Rochdale
Lancashire
OL12 9QU

Tel: 01706379511
Website: www.hursteadhouse.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hurstead House Nursing Home (referred to in this report as Hurstead House) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

This inspection took place on 22 and 23 August 2018 and the first day was unannounced. The home is registered with CQC to provide nursing and personal care for up to 30 older people. At the time of our inspection there were 25 people living at the home. Accommodation is provided over two floors, with a passenger lift providing access to the first floor.

There were two registered managers in place, one of whom was also the registered provider. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was last inspected on 30 October, 1 and 2 November 2017 when it was rated as Inadequate. This meant the service was in 'special measures.' At that time, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These related to safe care and treatment; safeguarding people from abuse; premises and equipment, and the overall governance of the home. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'is the service safe?', 'is the service effective?' 'is the service caring?' 'is the service responsive?' and 'is the service well led?' to at least good. At this inspection we found some improvement in these areas. The service is no longer rated "inadequate" and has moved out of special measures.

However, we found further improvements were required. We identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the governance arrangements for the service had not identified concerns regarding the safe management of the home. Issues included reviews of risk assessments which did not consider changes in need; faulty and dirty equipment in a shower room; the lack of hot running water and hand washing facilities in the laundry, and a smoke detector which had been temporarily rendered ineffective.

We also recommended that the service considers managerial arrangements to respond to risk and ensure the premises are safe and suitably maintained for the people who live and work at Hurstead House.

The service reported a low incidence of safeguarding concerns which reflected the safety of the people who used the service, and staff we spoke with demonstrated a good understanding of the signs of abuse, telling us they were encouraged to report any concerns.

Staff rotas reflected a good level of staff and robust recruitment policies ensured that staff recruited to work

at Hurstead House had the right qualities to work with vulnerable people.

People's health was monitored by trained nurses and they had access to other healthcare professionals to meet their individual needs. People received their medicines safely.

Staff knew the people who lived at Hurstead House well, and had access to ongoing training to improve their knowledge. Some refresher training had not been completed by all staff, but had been scheduled for later in the year. This would provide staff with the opportunity to review and update their knowledge.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs. When we asked, people told us they enjoyed the food provided. One person told us, "The food is very good, tasty and plentiful".

During our inspection we found the service reflected a caring ethos. We observed good examples of caring interventions, and all staff were consistently courteous and polite. We witnessed good interaction between staff and people who lived at Hurstead House, and saw that friendship groups were encouraged and supported. Visitors told us they were always made welcome.

Care records contained information about how they liked their care to be delivered, and people told us that the staff knew what they liked and disliked. There was a good range of activities and people were stimulated throughout the day.

People told us the registered managers were approachable and would listen and respond to any issues raised. The home regularly sought feedback, and used this to improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Environmental risks were not always identified and risks to people's health,
safety and well-being were not always reviewed following changes in circumstance.

Infection control issues were overlooked.

There were enough staff and people told us they felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People were offered choices but where people lacked capacity care records did not always indicate when the least restrictive option had been chosen.

Supervision did not always allow staff to reflect on their working practices.

People's health and dietary intake were well monitored and people told us they liked the food provided.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring and compassionate manner Staff agreed that this was important and spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's needs and how they would like them to be met and people could choose to participate in a range of activities.

Complaints or issues of concern were looked into and appropriately dealt with.

Staff understood how to provide care and support to people at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes in place to ensure people's welfare and safety did not always identify hazards and risks.

People were asked for their views and felt their voice was heard.

Policies and procedures were available to guide staff on the delivery of all aspects of care and support.

Hurstead House Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection and took place on 22 and 23 August 2018. It was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the 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 looked at the information in the PIR and other information we held about the service before the inspection visit. We contacted the local authority infection control, safeguarding and commissioning teams to obtain their views about the service. We received positive feedback from teams we contacted.

During our visits we spoke with the lead nurse and seven members of staff. Both registered managers were present throughout our inspection and available to talk with us. We also spoke with three visiting health and social care professionals, nine people living at Hurstead House and two visiting relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

We looked around the building including some of the bedrooms on each floor, all the communal areas, toilets, bathrooms, the kitchen and the garden areas.

We examined the care records for four people living at Hurstead House, medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

When we last inspected Hurstead House in October/November 2017 we rated the service as Inadequate in this section of the report. We found breaches of regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found faults regarding the maintenance and upkeep of the premises and equipment; there were some unsafe hygiene and infection control practices, risks were not always identified and the provider had not made secure some unsafe areas within the home.

Following the last inspection, the registered managers had made some efforts to identify risks to individuals and to improve the quality of infection prevention and control, but we found further improvements were required.

A 'nurse call' system allowed people to alert a member of staff remotely if they need assistance. We tested the nurse call system at Hurstead House, and found it was faulty. Three of the people we spoke with told us that this had led to a delay in their needs being met. We spoke to the registered provider about this, and were informed that the home had recently installed Wi-Fi throughout the building and that this had interfered with the nurse call system. They informed us that they were in the process of replacing the current system with a more up to date system and showed us details of the system to be installed. In the meantime, staff had been instructed to make regular checks on people in their rooms and the service was monitoring calls and faulty calls to the current system.

Smoke detectors had been installed throughout the building. However, we noticed that one smoke detector in a ground floor corridor had been covered with a disposable glove. The registered manager told us that this had been put in place during recent maintenance of the area, but had not been removed following completion of the work. This made the detector ineffective and meant that people would not be alerted to any fire hazard. The disposable glove was immediately removed.

Staff had received further training in infection control and those we spoke with understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Disposable gloves and aprons were available. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. Hazardous items such as cleaning materials were stored safely when not in use.

The service was audited in February 2018 by the local authority infection prevention and control team, who recommended a number of actions. Following this audit, the registered managers produced an action plan and all actions had been completed by the end of March 2018. Supervision notes and team meeting minutes indicated and reminded staff of the importance of effective infection prevention measures. For example, one note read, 'The management will make every effort to ensure staff working in the home have access to sufficient facilities and supply of appropriate equipment to ensure… effective infection prevention control'.

When we looked around the building we saw that in the upstairs bathroom the back of a shower chair was not clean and a pedal bin to dispose of soiled waste was not working. We voiced our concerns to the registered managers who replaced these items during our inspection. In one corridor we saw that the area below a safety rail was dirty, and we noticed two sacks of clothes and bedding on the floor of the laundry room close to the entrance. It was not clear if these were clean or dirty. There was a sink in the laundry room for staff to wash their hands, but a sign read: 'Out of order, do not use'. It looked like this sink had been unused for some time, but when we pointed this out to the registered manager they arranged for the maintenance officer to make an immediate repair. On the first day of our inspection we ran the hot taps from a number of sinks throughout the building but in each case the water did not warm up and remained cold. Health and Safety Executive (HSE) guidelines on infection control state that surfaces should be cleaned using hot water and appropriate detergent. Without hot water the service could not ensure the environment could be kept clean. We reported this to the registered manager and provider, who arranged for the hot water supply to be fixed. This was done on during the inspection.

When we looked at care plans we saw that risk was identified, and nurses and senior staff had signed an evaluation form to say that the risk had been reviewed. However, evaluation did not take into account changes in need. For example, one person had recently fractured their femur, meaning that they were unable to walk independently. However, their risk assessment, which had been reviewed since the person broke their leg did not reflect this change in need, and stated that the person was independently mobile. This was not the case, and could lead to the wrong care and support being provided.

The concerns we identified were pointed out to the registered managers, who took immediate action to make good and rectify the issues. However, their actions were reactive. Good oversight and management of day to day environmental issues would have identified these issues as they arose.

We recommend that the service reviews managerial responsibilities to identify and respond to risk and to consider early warning systems to detect infection control and environmental concerns to ensure the premises are clean, suitable for the purpose for which they are being used and properly maintained.

The last time we inspected Hurstead House we identified a risk in that people had access to an unused attic via a steep stairwell. This was now secured. We also saw that keypads had been installed on sluice rooms and cupboards containing hazardous materials to ensure that they would not be misused.

All bedrooms were tidy and personalised. Not all had ensuite facilities but all had a sink to allow people to wash. Some of the people who used the service complained of the odour coming from the communal toilet areas. However, during our inspection we did not detect any unpleasant odours and domestic staff were observed cleaning these areas after breakfast.

We saw the service generally managed environmental risks. Emergency evacuation procedures were on display on a notice board near the entrance and a personal emergency evacuation plan (PEEP) had been written for all the people using the service. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. The maintenance officer conducted checks of the water tanks, mixing valves and fire systems, and certificates were kept showing that electric and gas supplies, lifting equipment, hoists and slings scales, suction machine, nebuliser and air mattresses were regularly serviced. We noticed a new order for lifting slings had been made and were told that these were replaced as necessary. Portable appliance testing (PAT) had been carried out on electrical items. Fire alarms were conducted weekly and regular fire drills carried out. Fire safety checks were carried out on a weekly basis, and we noticed the maintenance officer affixing seals to internal doors to make them compliant with fire safety regulations.

When we asked, people who lived at Hurstead House and their relatives told us that they felt safe. One person told us, "I'm safe here. Before I was falling all the time and lost confidence, now I've got my mojo back!" A relative commented on a customer feedback survey, "When [my relative] came into the care home she suffered from anxiety attacks particularly at night. The staff were very understanding and [my relative] quickly settled in. She is now in a much better state of mind as she feels safe".

One person we spoke with informed us that they liked to spend a lot of time in their room. The staff suggested and installed a grab rail next to her sink to maintain their independence and safety. They were happy that the staff had been proactive and respected her privacy. The same person said, "The staff are good with me. I always have a choice whether I shower or not. I feel safe with them." We observed staff interactions with people and saw, for example that they would escort people to attend to their personal needs such as toileting with great care and encouragement.

We saw that suitable arrangements were in place to help safeguard people from abuse. The service had a safeguarding policy in place and staff understood their responsibilities to protect people from harm and report any issues of concern. The registered manager kept a log, appropriately documenting, recording and liaising with the local authority safeguarding team where abuse was suspected. No allegations had been substantiated since our last inspection. The service had a whistleblowing policy to allow staff to report any issues of concern without fear of recrimination. When we asked staff about this they told us they were aware of the policy, but did not have to use it. One person told us, "I've blown in the past, and I'm not afraid to do it again if I have to. I'm here to look after people, not make friends".

On the days of our inspection there were enough staff on duty, and staff rotas reflected the number of staff we saw on duty. During the day there was one trained nurse and five care staff, with one nurse and two care workers at night. People told us that they felt that there were sufficient staff, especially during the day. Care staff agreed. One told us, "There are enough staff. That gives us time to spend with people, and we can be patient allowing people time so they are never rushed."

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of residents. We looked at four staff records. These contained proof of identity and a recent photograph, an application form that documented a full employment history and accounted for any gaps in employment, a job description, and two references. Where necessary, checks were made to ensure that people were eligible to work in the United Kingdom. Checks had also been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at Hurstead House. The registered managers noted the personal Identification number (PIN) of all nurses employed and kept this on their personnel record. In order to work as a nurse, a person must be registered with the Nursing and Midwifery Council (NMC) and have a unique PIN. The registered managers told us that they reviewed the registration details of all nurses and we saw records which confirmed this. Checks were made to ensure nurses maintained their validation.

All medicines were stored in a treatment room which was kept locked when not being used. Both the fridge and room temperatures were recorded daily. If medicines are stored at the wrong temperature they can lose their potency and become ineffective. We saw the senior nurse on duty would hold the keys, and medicines were dispensed from a lockable trolley using a monitored dose system (MDS), which helped to minimise the risk of incorrect administration. Controlled drugs were appropriately stored. These are medicines named under misuse of drugs legislation which restricts how such medicines are stored and recorded. At the time of

our inspection nobody was prescribed controlled medicines, but there were some anticipatory medicines stored correctly for people on an end of life pathway. Anticipatory medicines are those that are prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life.

We observed a member of staff giving out medicine during our inspection. This was done in a person-centred way, with the member of staff ensuring the person was comfortable, and provided with a drink to help with swallowing. All medicines administered were recorded on a medicine administration sheet (MARS). We looked at seven MARS and saw that they included a photograph to help staff identify the person and noted any allergies. The records we looked at were accurate, legible and up to date. A nurse signature document ensured that all entries on MARS could be attributed to the right staff member.

We saw that the service kept a record of accidents and incidents. These were audited on a monthly basis. However, there were relatively few incidents which meant that it was difficult for the service to identify any patterns or trends. When we spoke with staff they told us that they were encouraged to report any incidents, near misses and any errors they might make. One care worker told us, "We all make mistakes, and we're encouraged to own up to them. We understand and learn from things which go wrong and won't make the same mistakes again. It's a good way to learn".

Requires Improvement

Is the service effective?

Our findings

When we last inspected Hurstead House in October/November 2017 we rated this section of the report as requires improvement. The service was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were being deprived of their liberty without the appropriate lawful authority. At this inspection we found some improvement had been made, and the service was no longer in breach of this regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA. When we asked them, staff told us they offered choices in everyday tasks. One care worker said to us, "I always make sure there is a choice. We know what people like but don't take it for granted, they might fancy a change, so we offer choices". The people who lived at Hurstead House confirmed that the staff would ask their permission before they did anything with them. One told us, "They are always polite, and never do anything without asking permission first".

Since our last inspection the service had introduced a DoLS register, which identified that seven people were currently subject to DoLS with a further six awaiting assessment from the authorising body (Local authorities). We saw that staff were mindful of people's welfare and clearly demonstrated that they acted in people's best interests, but when we looked at their care records we found that they sometimes stopped short in describing how a decision was reached or if it was the least restrictive. For example, a number of people subject to a DoLS order had cot sides to prevent them from falling out of bed. This may have been the least restrictive option to minimise the risk but there was nothing in the care plan to indicate whether alternative ways of mitigating the risk were considered. We spoke with the registered managers about this and they agreed to seek further advice and training for staff from the local authority DoLS coordinator.

We saw the service worked closely with the local authority. For example, they had made regular contact with the local authority commissioning team and sought assistance to draw up an intervention plan to improve the quality of service in accordance with best practice. When we contacted the commissioning team they spoke positively about Hurstead House. They told us the registered managers were keen to listen to advice and took criticism on board. We saw a local authority intervention plan which documented improvements made since the last inspection, such as regular reviews and audits of skin care and medication.

Prior to each admission a comprehensive assessment of the person's needs and how these would be met was drawn up by the registered manager. In addition to meeting with the person, they reviewed information provided by any other people providing support, such as family members, social workers and hospital nurses, or other health care professionals. People told us the staff understood how a move into residential or nursing care would impact on them, but that they were supported to maintain their independence. One person noted that when they were admitted, "The home was very helpful and suggested I have a walking aid which they facilitated immediately for me. I was delighted by the encouragement and intervention".

Discussions with the registered manager, observations of, and conversations with staff showed they had an in-depth knowledge and understanding of the needs of the people they were looking after. People who used the service received effective care and support from staff who knew them well. A relative noted that "the staff, including the manager, spend time with my [relative] and have got to know her and know when she is off colour, I think this is important".

Prior to working with people who used the service staff told us that they had been given a good induction into the service, which covered all aspects of provision and allowed time to get to know the people who lived at Hurstead House. During this period key training linked to the Care Certificate was delivered, such as moving and handling, infection control, first aid, and food hygiene. The Care Certificate is a nationally recognised qualification for people working in the care sector which provides the essential knowledge to ensure new care workers have the required competence to care for people safely and effectively. When we spoke with relatives and people who used the service, all felt the staff were competent and had received appropriate training. When we asked staff about their induction they told us it was, "Good, but I'm still learning." They explained that the induction process gave them a good grounding but working directly with the people they supported helped them to deliver care in the way individuals wanted it. They told us, "No two are alike, we need to get to know them and support them in a person-centred way".

Training in all essential aspects of care was provided, including Infection control, nutrition, fire safety, moving and handling, pressure care, dementia awareness, health and safety, food hygiene, pressure relief, safeguarding, and incident reporting. Nurses received further training in medicine management, and other clinical requirements such as catheter care, syringe drivers, or Percutaneous endoscopic gastrostomy care (PEG). This is a medical procedure in which a tube (PEG tube) is passed into the person's stomach to provide a means of feeding when the person cannot take food orally. All essential training was refreshed annually, although we saw some of the refresher training had not been completed. We were shown training plans where further training had been arranged to take place before the end of the year, with two courses scheduled for each month. This would ensure all staff training was up to date by the end of the year. A signed letter in personnel records indicated that staff agreed to attend all mandatory training.

On the first day of our inspection a number of staff were receiving training in dementia care, and we saw training records indicated some staff had been trained in oral care and eye care. Palliative care training was delivered in conjunction with a local hospice, records showed nursing staff and some care workers had completed this training. When we asked staff about their training they told us, "Training always helps and we always learn something new, or something we hadn't considered before, but do now."

Staff told us that they had had performance reviews but none had one recently. They told us that they had supervision and we saw personnel records which showed staff had a supervision session every three months, which was themed around a specific subject, such as moving and handling. Whilst these sessions were instructive, and provided a greater consistency in service delivery they did not allow opportunity for staff to speak in private about their support needs or to discuss any personal issues in relation to their work. We raised this with the registered managers who agreed to continue themes but would consider revising the

supervision templates to allow staff to discuss and reflect upon their working practices.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Individual care plans indicated any specific concerns regarding nutrition and hydration, for example, "[Person] needs to be encouraged to drink to avoid dehydration. Staff to monitor regularly". They also reflected and noted any religious or cultural beliefs which might affect their diet. Malnutrition Universal Screening Tool (MUST) records were kept and scores recorded each month. MUST is a commonly used screening tool which helps identify adults who are at risk of malnutrition or obesity. Where risk had been identified we saw food intake charts were used to monitor how much or how little people were eating and drinking.

Information about people's dietary needs and wishes was shared with kitchen staff. We saw a list in the kitchen displayed any specific dietary needs, including any diabetic diets and information about thickened fluids or fortified meals. The cook was familiar with all the people who lived at Hurstead House, and could tell us the specific requirements of each. One person was a vegetarian and the cook had prepared a vegetarian meal that looked and smelled delicious. The cook showed us a birthday list and we were told each person would have a cake baked on their birthday.

Food was prepared in the kitchen from fresh produce. The menu reflected people's tastes; on the first day of our inspection people had chosen roast beef with roast and mashed potatoes, vegetables and gravy, on the second day there was a choice of sausage and mash or mincemeat pie. There was also a dessert. If people did not like the choices they could suggest an alternative. One person just wanted a light meal on the first day of our inspection and told us, "I got my favourite today, egg on toast". We saw from resident meetings that attempts to provide a more international cuisine had not been favourably received. People told us that if they did not like the choice of meals, the cook would prepare an alternative.

Meals were served either in the dining room or people could choose to eat in their own rooms if they preferred. Care plans recognised any support or supervision the person might require at mealtimes, and at lunchtime we saw staff in the dining room would sit with people who needed assistance, and when we observed meals being provided in rooms, we saw care was taken to describe what had been cooked, people were asked if seasoning (salt and pepper) was needed, and when drinks would arrive.

A visiting relative told us, "I have sampled the food. It was very good and a recent BBQ was excellent". When we asked, people who used the service told us they enjoyed their meals. One person said, "The food is very good, tasty and plentiful at lunchtimes". Some however felt tea time offered too little and lacked variety. We saw that this matter was raised at the last residents' meeting on 10 August 2018, and the service was looking at providing a more varied tea time meal.

We saw staff communicated well with each other. Tasks were delegated at a handover meeting at the start of each shift, and care staff told us that they were comfortable with the tasks they were given. Handover sheets provided clear information about individuals and any ongoing needs; at handover the lead nurse from previous shift would give a brief synopsis of each person, outlining any concerns, issues or needs. Throughout our inspection we noticed staff would cooperate and pass on instruction, remaining vigilant to people and any needs requiring attention.

People had good access to healthcare and staff monitored their physical and mental health needs. Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and GP visits for example, to monitor skin integrity. Care records, and a check of the home diary also demonstrated that hospital and outpatient appointments were followed up and people had regular access to other treatment

such as dentist, optician and chiropody appointments. This meant that people were receiving care and support to access additional health care services to meet their specific health needs. When we asked, people told us that they felt their health was well monitored. One person told us, "They ask each day to see if I'm okay, and check my skin. Any issues and the district nurse comes straight away".

When we toured the building, we found that the design and adaptations suited the needs of the people who lived there. People's rooms were decorated and furnished to reflect their tastes and preferences, with personal belongings, including furniture and pictures. All rooms had flat screen televisions, and were equipped with profiling beds. There were two double rooms, but at the time of our inspection only one was shared, and both people were happy with this arrangement. To protect their privacy there was a screen which could be placed across the room.

There were two lounges, and a separate dining room; people were free to congregate and move from one to another, or throughout the building. Dementia friendly signage helped to orientate people to time and place, and fire exits were clearly marked. All corridors had grab rails and passing points were free of any clutter. We noticed that some corridors were narrow, but witnessed staff were careful when escorting people in wheelchairs. We spoke with one person who was reliant on a wheel chair. They felt access to outside was good as they frequently enjoyed a cigarette. Their room was allocated to facilitate this, with their full agreement.

The service had recently installed Wi-Fi throughout the building to enable people to take advantage of software applications, such as video calls to remain in touch with relatives and loved ones.

Good

Is the service caring?

Our findings

At our last inspection we identified that staff were kind but the wider failings at the home did not reflect a caring culture. The service was rated as requires improvement. At this inspection we saw that the registered managers had worked to develop a caring ethos, and without exception residents and relatives felt the care that they received was person centred, kind and compassionate.

One person who used the service said, "Its cracking here, staff are kind, they are my friends". Another remarked, "Everything is good about this place, I'm happy I came." Visiting relatives gave positive feedback to us. One said, "My [relative] needs a lot of care and is bed bound. I need to know she is safe, well and happy and I know she is here". Another visitor told us that they saw, "Genuine affection and care flowing between residents and staff", which they felt was fully reciprocated by staff.

Hurstead House was homely and welcoming. At lunch, tables were set with flowers, condiments and full cutlery and tableware; there was a convivial and pleasant atmosphere as people ate their meals. A member of staff sat at each table and supported and prompted people to eat their meals if assistance was required. This reflected the service's values to ensure the people living at Hurstead House received a familial and homely experience. We saw that people's bedrooms were personalised and people could bring in items from home.

Staff were consistently polite, and we saw they treated all visitors as they did people who live at Hurstead House, with respect and courtesy. Interactions between people who used the service and the staff who supported them were positive, for example, we observed one member of nursing staff assisting a person with a clinical process Throughout the interaction they explained what they were doing, sitting facing the person at their level to maintain eye contact. They initiated a conversation which was meaningful and reflected a clear understanding of the person's personal relationships, family ties and cultural background. They helped relieve some of the person's anxieties about an upcoming hospital appointment. We saw that when people were assisted with transfers using mechanical aids such as mobile hoists, manoeuvres were completed with support and reassurance in an affectionate and careful manner.

When we spoke with staff they showed affection and understanding of the people whom they supported. One care worker recounted to us how a person's disability presented a psychological barrier to their involvement in the summer barbecue. The member of staff explained how they had encouraged and supported the person and ensured that they were able to participate within the limits of their ability. This person told us later that they had fun on the day and enjoyed the experience. We observed good interaction between staff and people who used the service.

Staff adopted a nurturing style to reassure and comfort people when this was needed. When we spoke with them they conveyed a fondness for the people who used the service, could tell us people's likes and dislikes and where we could find particular people throughout the day. All the people we spoke with said they felt well cared for. One person told us that they were missing their own home, but was helped to stay in touch, telling us, "The night staff help me to telephone home, I like that". The same person understood that their

mood could change suddenly, but that, "Staff are always kind and patient with me".

We saw regular checks were made to ensure people were safe and comfortable. Care staff were assigned to work on either the ground or first floor to ensure that they were close by should anyone need assistance. Each person had an assigned key worker whose name and photograph was displayed on their bedroom door. One care worker told us that they knew all the people who lived at Hurstead House, but as key workers they could spend more time with individuals. They told us that regular checks on clothing for instance would help them understand the person's style and preferences, and through talking and listening they developed a keen insight into their personality. One told us, "I can understand when [named person] is having an off day, and I can help lighten their mood".

Staff were kind and caring and encouraged people to make decisions within their day to day lives. We saw several examples of how staff promoted people's choice with regards to activities, where they wanted to sit or if they wanted to stay in their rooms, and when and where they ate. People told us they had choices around when they wanted to go to bed or get up, and that staff encouraged them to do as much for themselves as they could, and that their independence was promoted. One person told us, "I'm okay here. Staff are around but they're not running after me all day. I can make my own decisions and do as I please." Several of the people who used the service told us that they felt the staff at Hurstead House had enabled them to find more independence, for example, one told us they had been supported to regain their ability to walk unaided.

All the people who used the service and the relatives we spoke with felt they could offer suggestions, make complaints, or express their views to the staff group without fear of any recrimination, and we saw that people were supported to access advocacy services when they did not have family members who could advocate on their behalf. Information was available for people interested in accessing an advocate and during our inspection we observed one person in discussion with their independent advocate.

At the time of our inspection, all the people who used the service were white British. We explored whether their cultural and religious preferences were being met. They told us that that they hadn't wanted to continue with any previous practices or preferences, but felt the home would not have a problem if they did, and staff demonstrated an understanding of different cultures and how to meet the spiritual, cultural, and sexual needs of people from a broad range of backgrounds.

Privacy was respected. People could spend time in, or retire to their own rooms, each of which had a television. Two people were happy to share a room, but their privacy was acknowledged and the room could be divided using a screen to protect dignity when staff assisted them with personal care needs. Staff would knock on people's doors or ask for permission before they entered bedrooms. We saw that people's personal belongings were treated with respect.

Information held about people, including all care records were securely stored, either on electronic systems which were password controlled or in locked offices when not in use. This helped to protect the personal information held about people who used the service. We saw that staff consulted care plans and assessments to ensure that they were providing appropriate care and support.

Good

Is the service responsive?

Our findings

At the last inspection of Hurstead House we rated this section as Requires improvement. This was because we found that there were not enough activities taking place. At this inspection we found improvements had been made in this area, and have rated this aspect of the service as good.

The service employed an activities coordinator who arranged daily communal activities. The service kept a diary of activities, and we saw this included pamper sessions, music and karaoke events, and visits such as to the local pub or to a nearby lake. People we spoke with talked about these trips and activities and looked forward to them. They told us a recent barbecue was well attended and supported by the home and local community. During our inspection the activities coordinator arranged a music session, involving a number of people improvising instruments and playing upbeat music reflecting the taste and styles of the people who lived at Hurstead House. We saw the people involved in this activity thoroughly enjoyed it, and relatives we spoke with agreed that, "Activities are well attended and are fun. They lighten the mood and lift the atmosphere, many of the residents love the music and will dance along where able."

The activity coordinator told us that they spoke with each person to get an understanding of their tastes and preferences, and tried to incorporate this into the daily activities schedule. They recognised that organised group activities were not to everyone's taste; people could participate if they wished, but were also encouraged to pursue their individual hobbies and interests. One person told us, "I am planting seeds for my room, which I am doing up, with [the activity co-ordinator]; it's really lovely". Others told us that they were not always in the right frame of mind to participate in group activities, and that this was acknowledged. One told us that sometimes, "I like to be away from the main part of the house; I like the solitude it suits me". During our inspection we saw people were not ignored and staff would spend time talking to people either individually or in small groups. We observed people being escorted around the building for example we witnessed one person who was very pleased to be taken out by a member of staff for a stroll around the grounds.

The service had commissioned extra daily support for two people to enable them to participate in activities of their choice away from the service on a one to one basis, and one person was supported to attend a local day centre, where they could maintain contact with their friends. To enable people to maintain their independence we saw people who used the service would assist with daily household tasks, for example we saw one person helping to fold clean sheets and pillow cases.

People told us that they were supported in the way they had agreed and the staff knew what they liked and disliked. Care records contained information about how they liked their care to be delivered and care plans documented any conversations with family members, People told us they felt included in any decision that affected them, but could not link this to a formal review or planning meeting. However, a visiting relative told us that they were consulted. For example, "I was recently asked about changing my relative's GP for practical reasons; with my relative we agreed this was a good plan".

Care records provided enough information about individuals to enable care staff to meet their needs.

personal information, including any allergies or intolerances were documented and any specific cultural, spiritual or social needs noted. For example, a communication section reflected people's first language and the language they preferred to use. At the time of our inspection all the people who lived at Hurstead House communicated in English, but the service employed bi-lingual staff. People were asked if they preferred a male or female worker to attend to their personal care needs, this was noted in care plans, along with any religious preferences or observations.

Care documents were stored and updated in a computerised system known as 'Care Docs'. All staff had their own password which meant that they could access records as required. At the time of our inspection there was only one shared computer so only one person at a time could access information. However, the provider showed us plans to provide staff with electronic tablets to allow them to input and extract information more efficiently.

We looked at four care records. Each included a recent photograph of the person and a signature to indicate their consent to receiving care and treatment. Where people were unable to consent, this was noted and showed evidence of who would need to be consulted about decisions affecting the person's rights. Twenty separate sections of the care plan provided information and instruction to staff about various aspects of care and activities of daily living, such as mobility, overall health, mental health, continence, social and recreational activities and any recorded wishes for end of life care. This ensured that no aspect of need was overlooked. Specific requests for how people wanted to be supported were acknowledged and recorded, for example, under the 'environmental control' section of one care plan, it was noted that "[Named person] likes their room very cool". Each section of the care records was further broken down into subsections which instructed staff on how to deliver care and support, and provided sufficient detail to ensure care workers could support people in the way they would want. For example, records documented if people preferred a shower, a bath or strip wash, and indicated if any aids were required.

Paper records, including a personal history and information about the person, including contact details of next of kin, medical history and any specific instruction to staff, were stored securely in the staff office, where they could be accessed quickly in case of an emergency. Any 'do not attempt resuscitation' forms (DNAR) were stored in these files. A DNAR form is a document issued and signed by a doctor, after consultation with the person and their representatives which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).

Further records were kept in each person's room. These included a 'record of visits to room based residents' chart which was ticked with times recorded of each interaction with the person. This included any night time interactions, recording any repositioning and skin checks where the person was at risk of pressure ulcers developing, records of any skin creams or ointments administered and an oral care log to check oral hygiene.

There was information in rooms which would be useful to anyone unfamiliar with the person. A simple but informative 'This is My Life' provided pictorial representation of issues important to the person, such as, 'What makes me happy?'; 'What makes me sad?'; 'What I like', and 'My family history'.

The service had a complaints policy and procedure which was on display in communal areas and explained how to make a complaint, to whom, and how it would be dealt with. The procedure stated that an acknowledgement would be sent within 24 hours and a response within seven days. We were told that the service had not received any formal written complaints since our last inspection but the service had logged six separate informal concerns raised either by people who used the service or their relatives. We saw that appropriate action was taken to investigate the concerns and action taken to remedy the issues. One visiting

relative told us, "I have raised concerns with staff in the past and I have always been satisfied with the response and the action taken".

People told us that they had been asked about their wishes for care and support as they approached their death. Not everyone wanted to talk about this aspect of their care but where they had, discussions and last wishes were recorded in care plans. At the time of our inspection one person was being carefully monitored due to failing health and was on an end of life care pathway. We noted consultation with the person's GP and visits from district nurses. The person's relatives had been encouraged to spend time with the person who was being cared for in the privacy of their own room, and were involved in providing the care the person required. Staff had received training in end of life care and the service had developed good links with the local hospice, where they could receive further support training and advice. We noted a comment from a palliative care nurse, who stated, "I am so pleased your staff are keen to attend passport training and hope they can bring back further ideas".

Staff confirmed that they had received end of life training and were able to tell us how this had helped them to support people, both as they were dying and how they could support bereaved relatives. One staff member told us, "It's the hard bit. "We get attached. I don't like to see people suffer. It's difficult to support families but it's part of our job, we can have a weep together". We saw thank you cards from relatives of people who had died at Hurstead House. Comments included, "Everyone from the domestic staff to senior nurses did their best to make her passing easier for her and us", and, "The care, compassion and kindness shown over the last few weeks (and longer) has been so lovely to experience. Thanks for the comfort and privacy in the last few days".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of Hurstead House we rated this section of the report as 'inadequate'. This was because we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service did not always assess, and monitor the quality and safety of the services they provided. At this inspection we found some positive changes but there was a continuing breach of this regulation and the service requires further improvement.

It is a requirement under The Health and Social Care Act that the manager of a service like Hurstead House is registered with the Care Quality Commission. At the time of our inspection the service had registered two managers, one was the owner and provider of the service, the second was an experienced nurse who had been appointed shortly before our last inspection and had been in post since October 2017. Both managers were present throughout our inspection. When we asked, people told us that the recruitment of a second manager had been a positive step, and we found that the service had introduced and maintained systems to provide person centred care focussing on the comfort of people who used the service.

The service had followed improvement plans provided by the local infection prevention and control and local commissioning teams to implement change. There were regular audits on aspects of service delivery such as such as medicine administration, cleaning, and environmental risks. However, some aspects of day to day oversight and management which would ensure people's wellbeing and safety had been overlooked. Issues included reviews of risk assessments which did not take into account changes in need; faulty and dirty equipment in a shower room; the lack of hot running water; no hand washing facilities in the laundry; and a smoke detector which had been rendered ineffective.

This is a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we contacted the local authority commissioning team who told us, "[The new manager] is on the ball, has done a lot of hard work and is making really good progress". They told us that the level and variety of activities had improved, as had recording of information, and believed all the people who lived at or visited Hurstead House were treated with dignity and respect. Over the past year they had worked closely with the service, and provided us with a copy of an improvement plan which showed that actions had been taken to drive up the quality of service delivery. They were satisfied that the service had improved and provided a good quality of life.

A visiting health professional commented, "Every time I come here there has been some improvement in the environment. It is obvious staff work together and try to make things better". A member of staff who had worked at the service for a number of years commented on the improvements to the environment. They told us that the owner was willing to invest in the service, pointing out the recent introduction of Wi-Fi to help people to use modern technology and communications, and had replaced old beds with new profiling beds: "It's better for everyone; beds are more comfortable, safer and easier for us to provide care".

We found throughout observations and discussion with people who used the service and their relatives that people were well cared for, felt safe and were content. A member of staff told us, "The managers promote a heathy atmosphere, where providing good care is paramount". They expressed confidence in the management team telling us that they encouraged a team approach. A nurse we spoke with said they thoroughly enjoyed their job and working at Hurstead House in particular. They felt the staff group worked well together. The staff on duty appeared relaxed and were welcoming to us on the day. People who used the service consistently told us that they felt well supported and that there was an open and responsive culture at the home.

We saw that both the registered managers were visible throughout the service, and spent time supporting people who used the service. They operated an 'open door' policy and we noticed people who lived at Hurstead House would feel comfortable walking in to the office. We observed the owner of the home, approaching residents and relatives in a constructive and familiar manner and engaged in cheerful and humorous banter.

Data regarding safeguarding concerns and accident and incidents was analysed on a monthly basis. However, as there were relatively few incidents each month it was difficult to identify any emerging trends or patterns. We raised this with the management team who agreed it would be useful to conduct an additional detailed audit on a less frequent basis.

The people who used the service told us they felt their voices were heard and that action was taken. Their relatives confirmed this, and we saw that the service had ensured that staff, people who lived at Hurstead House, and their relatives were asked their views of the service. A noticeboard displayed the times of quarterly meetings for residents, staff and nursing staff, with a relative and resident meeting advertised for the evening of the last day of our inspection. Minutes of previous resident meetings were also displayed. In February 2018 the registered managers had asked people to complete a survey and questionnaire, but of 22 sent questionnaires only six were returned. Because of this low response the managers had implemented a quarterly system of 'courtesy calls' to relatives soliciting their views on service delivery. Each call was logged and had resulted in some positive changes, for example, during one call a relative noted that the colour had washed out of their loved one's clothes, and consequently the service changed the washing powder being used. Another person commented that their relative appeared to be sleeping more, and so the service arranged for a medicine review and subsequent consultation with the GP which led to a change in medicines. The registered managers had also recently introduced a suggestion box, but lamented that nobody had yet offered any suggestions.

Staff completed an annual questionnaire. We looked at the most recent survey, from February 2018and the replies were positive. For example, in response to the question, 'How proud are you of Hurstead House?' All respondents ticked at least 'very' with the majority (16) ticking 'extremely'.

The service was keen to work with outside bodies to improve the service, and responded positively to interventions from the local authority. The registered managers told us they believed the commissioning team had been, "Very supportive; they have helped identify issues". They told us and we saw that they had requested a visit from falls specialists to look at areas which could be improved. After this visit, they had implemented the recommendations made. They liaised closely with other services such as the local hospice to keep up to date with best practice. The owner was a regular attendee at the local authority care provider forum, and the registered manager attended the health authority forum. This ensured the service was able to pick up any concerns or new practices and led to close liaison with similar services in the area. The registered manager had a 'buddy' who worked at a nearby care home and maintained regular contact and support.

The service had a range of policies covering all aspects of service delivery, including safeguarding vulnerable adults, whistleblowing, medicine administration and health and safety. All were up to date and in line with current legislation and guidance. There was a business continuity plan which contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures. We saw the registered manager reported any incidents that affected the running of the service or involved people who used the service in line with our regulations.

It is a legal requirement that each service registered with the CQC displays their current rating. We saw the rating awarded at the last inspection and a summary of the report was on display on the main noticeboard.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Aspects of day to day oversight and management which would ensure people's wellbeing and safety had been overlooked.