

Hale Place Care Homes Limited

# Hale Place Farmhouse

## 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

This inspection took place on 4 and 7 September 2017 and the inspection was unannounced. Hale Place Farmhouse provides personal care and accommodation for up to 13 older people with dementia. The service is located between two properties on the same grounds, both of which are operated by the same provider and managed as one service. There is also a domiciliary care agency and a day service run from the location but at the time of our inspection none of the people using the domiciliary care service were receiving personal care. As such we have not looked at the domiciliary care service or day service as part of this inspection. Most people at the service were living with dementia and those who did not have a formal diagnosis of dementia were living with other long term health issues that impaired their short term memory.

The service had three managers in post who were registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service employed three managers and a deputy manager to oversee all areas of the business.

People and relatives were overwhelmingly positive about the service they received. Comments included, "It's very good: excellent food, lovely people to care for us and listen to us, and we feel like we're coming home when we come back here" and "I would say that the standard of care and the way of dealing with people should be held up as a level that other care homes should aspire to." Other comments included, "I would give them 100 stars and all the staff are so kind and caring. I honestly can't fault it and they are all angels I'm 100% confident he's wonderfully cared for."

People received a highly person centred service that enabled them to live active and meaningful lives in the way they wanted. There were a range of varied and meaningful activities and people could still share their lives with their friends and families if they chose to.

There was an open, transparent culture and people were included in the running of their home. Staff spoke highly of the registered managers and their leadership style. The management team had positive relationships with the care staff and knew people well. The registered managers took an active role within the service and led by example.

People were kept safe. Staff understood the importance of safeguarding people from abuse and knew how to report any concerns. Risks to people's health, safety and wellbeing had been assessed and plans were in place, which instructed staff how to minimise any identified risks to keep people safe from harm or injury.

There were suitable arrangements in place for the safe storage, receipt and management of people's medicines. Medicine profiles were in place which provided an overview of the person's prescribed medicine,

the reason for administration, dosage and any side effects.

There were sufficient numbers of staff employed to meet people's needs and staff knew people well and had built up good relationships with people. The registered provider had effective and safe recruitment procedures in place.

People had sufficient food and drink to maintain their health and told us that they enjoyed the food. Relatives commented to us that the food was of a high quality, nutritious and to people's tastes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people as individuals and with dignity and respect. Staff were knowledgeable about people's likes, dislikes, preferences and care needs. People's privacy and dignity were respected and upheld by staff who valued people's unique characters. Good interactions were observed throughout our inspection, such as staff sitting and talking with people as equals. People could have visits from family and friends whenever they wanted.

People's health was monitored and referrals were made to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into people's care plans.

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

No complaints were received but concerns and suggestions were used as a means of improving the service and people felt confident that they could make a complaint and that any concerns would be taken seriously.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

Hale Place Farmhouse was safe.

People were protected from the risk of harm and abuse and staff understood their role in keeping people safe.

Risk assessments were comprehensive and reduced hazards through effective control measures.

Staffing numbers met people's needs safely.

Medicines were managed safely and stored and administered within best practice guidelines.

### Is the service effective?

Good 

Hale Place Farmhouse was effective.

Staff received sufficient training to carry out their roles and all staff who work at Hale Place Farmhouse have a relevant care qualification.

The principles of the MCA were being complied with. Where people lacked capacity best interest meetings were being recorded and applications to deprive people of their liberty had been submitted.

People received adequate food and drink and people to remain healthy. People were able to choose and receive their favourite meals and treats.

People's healthcare needs were met and people had access to a wide range of healthcare professionals when they needed them.

### Is the service caring?

Outstanding 

The service was outstanding in providing caring staff to support people.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with staff that were based on respect and shared interests.

People and their relatives felt staff often went the extra mile to provide compassionate and sensitive care.

People were treated with dignity and respect and their independence was encouraged.

### **Is the service responsive?**

**Outstanding** ☆

The responsiveness of Hale Place Farmhouse was outstanding.

The service was very flexible and responded quickly to people's changing needs or wishes. Activities were personalised to people's interests and care plans contained highly personalised information to help staff provide a high quality service.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

### **Is the service well-led?**

**Outstanding** ☆

The leadership and management of Hale Place Farmhouse was outstanding.

The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured that this was consistently maintained.

There was a strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

The service worked effectively in partnership with other organisations and forged positive links with the community to improve the lives of people with disabilities.

# Hale Place Farmhouse

## 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 inspection took place on 4 and 7 September 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As some people who lived at Hale Place Farmhouse were not consistently able to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved with people's care provision during and following the inspection. As part of the inspection we spoke with the three registered managers, the deputy manager, maintenance manager, five care workers, the chef, a GP, chiropodist and a nurse. We looked at a range of records about people's care and how the service was managed. We looked at seven people's care plans, medication administration records, risk assessments, accident and incident records, maintenance records, complaints records two staff files and quality audits that had been completed.

We last inspected Hale Place Farmhouse in May 2015 when we rated the service Outstanding.

## Is the service safe?

### Our findings

People told us that they felt safe living at Hale Place Farmhouse. One person told said, "I am safe here. For one thing I know all of the people living here." Another person commented, "I'm as safe as one can be and feel safe here. They look after me beautifully." A third person told us, "It's very safe here: everybody looks out for everyone else." One relative commented, "Yes mum is safe: I see her on a regular basis and they recently moved her downstairs, as she was becoming less mobile, so we didn't have to worry about steps." Another relative told us, "Mum goes out for walks with the girls [staff]. There is a key pad on the door and lovely secluded gardens. In other care settings mum went out twice on her own when she shouldn't have, but not here." A visiting GP and two other healthcare professionals all told us that they felt people were safe at Hale Place Farmhouse.

People were protected against the risks of potential abuse. The service actively encouraged people to be aware of their safety: for example, the service displayed a 'stop adult abuse' poster near the front door to inform all people, staff and visitors of the risks and signs of abuse. The registered provider had a safeguarding policy in place which included more recent categories of abuse, such as modern slavery. The policy had recently been reviewed and updated and contained information on the signs of abuse, actions to prevent abuse, reporting concerns and learning from past cases. There was a link to the local multi-agency safeguarding adults policy with information on what abuse is and what to do if you suspect abuse. Staff had received training in safeguarding adults and spoke confidently about how to keep people safe from abuse. One staff member told us, "I know people are safe as the security here is really good. If I saw anything I suspected was abuse I would go straight to the deputy manager or manager and they're very approachable."

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. People's care plans identified potential hazards and used effective risk assessment to mitigate any risks. Several people living at Hale Place Farmhouse experienced problems with mobility due to age and dementia and each person had their mobility assessed. We checked the mobility assessment for one person and it stated they had issues with balance and couldn't walk independently, but would try and stand up. There were actions to keep the person safe such as using the stair lift and a wheelchair. Some people had bed rails fitted to their beds at night to help keep them safe and the risks associated with these were assessed appropriately. Other people needed to use hoists and lifting equipment to help them move safely. Staff had been trained to use the equipment and their competency had been checked by a registered manager. The registered manager told us, "I work on 'the floor' with all staff to make sure they use equipment correctly and they are shown how to use each hoist in the moving and handling training. I've done a quality check with all staff and we work with staff until they are confident."

Environmental risks were being managed effectively through regular monitoring and checks conducted by the registered managers. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. The registered managers ensured that general risks such as slips and trips were regularly assessed. Regulatory risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. Each risk assessment

identified the risk and what actions were required of staff to reduce the hazard. Fire protection equipment was regularly checked and serviced. Regular fire drills were carried out and documented. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

There were enough staff employed and working each shift to keep people safe and meet their needs. One person told us, "There are enough carers here. I don't have to wait for any help: they're always here to help." Another person commented, "There are enough staff. People don't have to wait long and everything gets done." The registered managers ensured that the service was adequately staffed and that staffing numbers were kept under review. In addition to care staff there was a cook and housekeeping staff. We checked the service rotas and saw that the required levels of staffing had been provided consistently. Observations we made on the two days of our inspection showed that staffing levels were sufficient to meet people's needs.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. We checked three staff files and found that criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided photographic proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and references were obtained from the most recent employer where possible.

There were safe medicines administration systems in place and people received their medicines when required. The service used a monitored dosage system where tablets arrive from the pharmacy pre-packed and in a separate compartment for each dosage time of the day. We checked the medicines administrations (MAR) charts for people and found that medicines were being signed in to the service and counted correctly, meaning that audits of medicines were being conducted accurately and regularly. MAR charts had been signed correctly to indicate that people had received their medicines. Where people had declined medicines this had been recorded clearly on the MAR and the audit trail was easy to follow. Medicines were stored safely and securely. We saw staff administering medicines and observed good practice. Staff checked the medicine, person, route and dosage before offering these to people with a glass of water. We saw that people were offered pain relief medication appropriately and where people were sleeping they were gently woken and given time to process what was being asked of them.



# Is the service effective?

## Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "The staff are very good and know what they are doing. I wouldn't pick any holes in the care they give." Another person said, "The staff give me every impression they know how to treat people and deal with things." A third person commented, "The staff do a lot of training from when they start and they know how to look after people." One relative told us, "Staff take a lot of time to sit and talk and find out what X likes and spend time to get to know him. It's very clear on the records that I look at." A visiting minister commented, "The staff always have people ready and they are always on hand to help out."

Staff told us they had the training and skills they needed to meet people's needs. One staff member commented, "I've done the arthritis training which was really useful. When I first started I did the full induction and went through all the procedures." One relative told us how they logged on to the service's social media page and was able to see that staff have completed the latest courses. Staff were up to date with essential training that focused on health and safety, infection control, manual handling, and mental capacity. Staff had been provided with additional training to effectively meet people's individual needs such as, dementia care and end of life care. As some people at the service were living with dementia there was training available through the QCF Level 2 diploma course module and on-line accredited training [QCF is the Qualifications and Credit Framework: a nationally accepted qualification]. All staff were given recognised dementia training, including the chef, cleaners and maintenance worker. The registered manager explained that once the training had been delivered the service updated people's competency regularly through observations, as carried out by one of three members of the management team who were qualified assessors. The registered manager told us, "The deputy manager and I are both qualified assessors and we can provide on-going training to staff. Instead of running the same training with people again we do observations." We saw examples where a member of the management team had observed staff practice when supporting a person living with dementia. In these observations there had been learning outcomes, such as 'Communicate with people with dementia' and questions, such as, 'Describe how memory impairment affects verbal language' that staff submitted written answers to. These answers had been reviewed and passed by a manager to prove staff competency in caring for people living with dementia.

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. Staff members we spoke with had received training on MCA and DoLS and were able to speak confidently about mental capacity. One staff member told us, "There is a test we use asking questions to see if someone has capacity. If they don't have capacity, for example because they cannot retain the information, we refer to the doctor and the family for a best interests meeting." Staff members were aware that mental capacity assessments were decision specific and a person could lack capacity in one area and still have capacity in another area. On the first day of our inspection we were shown mental capacity assessments that had been completed on a new computerised form. However, these had not been made decision specific as per the Mental Capacity Act Code of Practice. On the second day of our inspection the

registered manager told us that they had realised that the format was not correct and had started to rewrite all capacity assessments. By the end of our inspection process all people had been assessed appropriately in relation to decisions relating to their daily care and routine.

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. The application procedures for this in care homes are 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 were being met. When people had bed rails in place, appropriate steps had been taken to ensure they had the mental capacity to take this decision and were able to consent to this or else a best interest meeting was recorded. Appropriate applications to the DoLS office had been made for people who may need to be deprived of their liberty as they were unable to come and go unaccompanied and without constant supervision.

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The food here is really good. It's very good and people have enough food and drink." Another person said, "The food is very good: excellent. It's all home-made, or seems to be, as we all come from homes that cook or bake." A relative commented, "The food is always very good and I've seen the food delivered, before it's unpacked, and there are great boxes of fresh vegetables." Another relative told us, "I've been here for a few meals and seen waffles and ice cream and they get regular fish and chips which is great for mum. They can have a glass of wine with the evening meal (which is right up mum's street) and they had a brilliant cocktail party which was fab." Regular safety checks were happening in the kitchen and the service used the 'Safer Food Better Business' pack. Safer Food Better Business is a food safety pack produced by the Food Standards Agency to help small catering businesses comply with food hygiene regulations. The cook had ensured that there was a clear record of people's needs likes and dislikes, including information about people's specific dietary needs, such as one person being vegetarian and one person being diabetic. Regular temperature checks had been carried out on the fridge, freezer and food served to people. Where people were at risk of malnutrition or dehydration staff had completed appropriate assessments to ensure they received adequate food and fluid. The cook told us, "People seem to like traditional foods so we stick to what they know and like. We can vary the menu from one week to the next and the managers give me feedback from meals."

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments, either at the service or at the surgery, when required. A staff member told us, "The GP comes in once a week or more if we need it and there are also visiting opticians and dentists here." A nurse who regularly visits the service told us, "We've had referrals through and as soon as get it we visit quickly and if they are concerned they will call us and request a visit." We checked the care files for several people and saw that medical needs were addressed and people received the support they required. One person who had been assessed as being at risk of skin breakdown had received a Waterlow Assessment which was updated monthly. A Waterlow Assessment is a widely used tool to rate the likelihood of a person developing a pressure ulcer and enabling staff to take preventative action. Another person had received the same assessment and had been identified as a higher risk so was being seen regularly by the district nurse. The person's care plan directed staff to give the person two hours of bed rest every afternoon to maintain their skin integrity. In addition to this the person also had a pressure relieving mattress and a special pressure cushion to help protect their skin. People's day to day health needs were met through the use of a daily 'planned care' schedule which prompted staff members to complete certain tasks for people. Examples of these tasks included applying creams or lotions after personal care, or to ensuring that each person had the correct number of staff to assist them with moving and handling. The daily 'planned care' schedule was available for staff to view on a portable electronic device that they carried with them. This ensured that people's assessed health needs were being correctly and consistently provided

by staff members.

## Is the service caring?

### Our findings

People and their relatives were consistently positive about the caring attitude of the staff. One person told us, "They [staff] treat us with respect: very much so and we try and treat them the same. We're lucky here." Another person agreed, "We are very lucky here. The staff don't say 'just a minute' and go to another person: they help us when we want them." A third person commented, "The staff are very caring and they help each other if something needs to be done." A relative told us, "I would give them 100 stars and all the staff are so kind and caring. I honestly can't fault it and they are all angels I'm 100% confident he's wonderfully cared for". A second relative commented, "I know the staff are caring. It helps that the staff are the same people, so there's a low turnover and that helps. They are able to take time and they all know X and are friendly." A third relative said, "The staff are very caring and always have a good word to say about dad. They put him on the phone to us and are never averse to us asking about how he is, which puts us as a family at rest."

Staff members had got to know people well through long service and had built up truly meaningful relationships that were based on trust and respect. One staff member commented, "I've been allowed the time to build up good relationships with people. They recognise me when I come in on duty and they know my accent as well." All members of the staff team, from the managers to the kitchen staff, displayed caring tendencies through the relationships they had built up with people. One person walked out of a room and mentioned to a cleaner that they were feeling down. The cleaner stopped what she was doing asked why the person was feeling down and when given an answer gently put her arm around the person and said, "I'm sorry to hear that. I know what would make you feel better: if I make you a nice cup of tea." The person agreed and sat down and the cleaner returned quickly with a cup of tea and spent a few moments chatting to the person. The person was smiling and looked happier after this exchange. We observed carers and managers stopping and taking the time to speak to people and listening to what they said.

People and their staff team interacted positively and staff knew how to interact with each person. One person was a little upset when their relative had left. One staff member immediately came and gently hugged the person; holding them and giving them time to speak. When the person said they were upset because their relative was so lovely, the staff member replied, "And why are they lovely: because they come from you!" gently turning the comment in to a light hearted observation that made the person chuckle. The staff member remained with the person hugging and talking and redirected their attention to their dinner. With this tactile yet professional approach the person was comforted and able to sit and eat their evening meal.

Staff were outstanding in using kindness and understanding to support people who were living with dementia and experiencing confusion. During one meal a person was disoriented and was struggling to understand either what was on their plate, or what was expected of them. This could have resulted in the person missing their meal. However a staff member noticed the person was experiencing difficulties and approached them slowly and used their first name to establish a connection. The staff member crouched down next to the person and comforted them by speaking slowly and softly and holding their hand. The person responded by stroking the staff members hand back and speaking. The staff member then spoke about food saying, "You've got scrambled eggs on toast coming haven't you: you like that" to which the

person replied, "Oh, how lovely." The staff showed the person their meal and the person was happy to eat it saying, "That looks lovely." Such attentive support meant that people who would be at risk of malnutrition due to their cognitive state were more able to maintain their health.

Staff were exceptional in enabling people to remain independent. People's independence was encouraged and their involvement in their day to day lives was apparent. One person had moved from a care home that reported they were frequently unable able to shower or wash the person. The person had refused personal care and support and spent 24 hours a day in their pyjamas and refused to engage in activities. The registered manager commented, "We decided if we were to accept the admission we must create every opportunity for him to make all decisions so that he was in control and was at home." The management team had established through conversation with the person that they were not comfortable with the younger carers at the previous care home. The management team then personalised every aspect of the person's room with the person and their immediate family prior to admission. The registered manager explained, "We obtained swatches and paint colours, brochures etc. and they chose everything including carpet, wall and carpet colours, lighting, toilet seat, taps, all furniture, door to toilet. We have used our skills to support him to undertake regular activities and he is now engaged with others and leads an active and fulfilled life, by building trust with a small group of staff." As a result of this approach the person settled in to the service well and accepted care from their new staff team.

The management team at Hale Place Farmhouse excelled in creating a culture where all staff members could provide outstanding care. The management team had ensured that the ratio of staff to people never dropped below 1:5 and was very often 1:3. This meant that people had staff members available to provide care that went above and beyond their everyday care needs. For example, one person was supported every day to attend a local park and use the free community gym equipment to improve the mobility of their arm. This had led to improved mobility and greater independence for the person as they regained the physical ability to do tasks for themselves. The ratio of staff to people had ensured that care workers were able to learn the 'little things' about people that mattered. For example, staff knew the signs that meant one person needed to be given space outside and were able to allow them the space to walk safely. The Director of Hale Place Farmhouse had created a fully accessible garden for people to explore when they needed to. There was a section of the garden dedicated to past residents. The director explained that this was not a 'remembrance garden' but was a space to celebrate people's lives. It contained quotes and memories that were meaningful and gave people at Hale Place Farmhouse a physical space to talk about friends who had passed.

The management team ensured staff had the tools to be highly caring as a team and as individuals. The registered manager had identified desirable qualities in staff and had recruited to these qualities, including how much the candidate smiled, their empathy and their caring attitude. Care workers who attained the highest marks in their learning throughout the year were rewarded at internal awards ceremonies and outstanding staff members had been recommended for national awards. The management team had enabled key staff to take on roles as dignity and respect champions, end of life champions and dementia champions. Care workers were able to access additional information and the 'champions' were able to share best practice with their colleagues. There were several team building events held each year that were chosen by care workers, including trips to bowling, and a Christmas party in London. Individual care workers were supported to attain qualifications to assist them to be caring: 100% of staff, including domestic and kitchen staff, had completed the Skills For Care dignity modules and online training in equality and dignity. All care workers had attained level 2 diplomas in health and social care as a minimum. The registered manager told us this was to ensure that, "Values like humanity, inclusion, dignity and celebrating and promoting diversity are the bedrock of our provision and all staff buy in to that." The care we witnessed people experiencing at Hale Place Farmhouse bore this out.

People's privacy and dignity was respected by staff. We observed that staff members routinely knocked on people's doors before entering and that people were confident to tell staff members they didn't want to see them, and staff respected this. We observed one person sitting in a communal lounge who needed eye drops to be applied. The staff members tried to encourage the person to go somewhere private for the treatment, but the person became confused. The staff members gave the person some time to settle and then re-explained what the eye drops were. The person responded by taking their glasses off and staff checked with the person that they were happy to have their eye drops applied in the lounge, which they were. Another person was walking around the home. A staff member joined the person for a walk around the lounge and 'orangery'. The person appeared to be counting objects so the staff member engaged them in simple conversation asking what they were counting, how many there were and eventually suggesting taking a rest. The person relaxed, smiled and said, "Ok" as they found a comfortable chair. This sensitive support meant that the person's experience of reality was respected and enriched by thoughtful staff support, without compromising their dignity.

Two bedrooms in Hale Place Farmhouse were shared rooms, with two people occupying each room. We checked that where this had been the case it was appropriate and people's dignity was upheld. In one room the registered manager told us that one person was scared on their own and another person liked to have company, so it was decided with people's families that the two people would trial sharing a room. There had been an MCA assessment and best interest meeting with the families who agreed it suited both people's needs. In the other room we were told that one person was used to sharing and when a new person moved in it was discussed with the new person and their family and it was agreed that they would share a room. The registered manager told us, "They have both formed a really close friendship: like friends sharing in a college dorm." We spoke to the relative of one person sharing a bedroom and were told, "There was no distress at sharing and when mum shows my children her room, it's just a matter of fact [that she shares the room]. A single room came up recently and we choose not to move mum as it works so smoothly." We asked the registered manager how dignity is protected when sharing a room and were told, "People never receive personal care in the room together. Both rooms have toilets in the rooms and if we do need to help someone with severe dementia we use the screen to protect their dignity."

## Is the service responsive?

### Our findings

People were receiving a person centred service. One person told us, "The activities are pretty good: there's normally a lot going on. I've got lots of jobs to do here and keep busy." Another person commented, "I really enjoy the singers who come in here and also enjoy people who give talks about what they do and why they do it: that's interesting to me." A third person told us, "Everybody has different tasks to do and they [staff] know what hobbies we have." One relative told us, "They bought him a lawn mower, a push one, as he really enjoys this activity: it was bought specially for him for something to do and he is allowed to help tidy up and sweep and assist in the garden, which he enjoys doing." Another relative commented, "Mum likes to talk about herself: she used to be a dancer and the staff talk about dancing. Today we were enjoying listening to piano music which was right up her street."

The service used an innovative way for relatives and friends to stay in touch with people. Hale Place Farmhouse has established a 'gateway' which is an electronic portal, similar to social media apps, where relatives and friends can access updates about the service and the care that their loved ones are receiving. One relative told us, "We feel involved through the gateway. It's uploaded every day. I go on it and can see if dad has had a good day and it gives us reassurance. You can send little messages and pictures. We didn't have this in other homes dad has been in and we felt detached. This is a really good system and it puts us at ease." Another relative commented, "I am involved in reviewing the care plan and I can see them on the gateway which is really good and they do the smiley and sad face so you can see on daily basis how he is." The gateway allowed people and their relatives to stay in touch and arrange social visits. Each person has a personal profile and relatives can log in to read care plans, risk assessments and are able to comment or upload photographs. Where a person living with dementia is having a difficult day, family members can see a visual cue, i.e. the sad face icon, and contact the person and offer reassurance. Staff and relatives told us of several occasions where people had been comforted by their loved ones after they had seen the 'live' updates stating people were struggling. Where relatives added photos to a person's profile staff make the effort to show people. The registered manager told us, "Everyone loves it and people message me to say it's nice to look and see mum is up, dressed and happy. It makes family involvement in reviews really easy." The security and confidentiality of the system is maintained by the registered manager managing and administering the account so that nobody else can access other peoples' data. When people are assessed at pre-admission they and their families are asked to consent to their photographs being used and it is included in the contract. Some people have refused to their photos being used and this decision has been respected.

Hale Place Farmhouse used an innovative care planning system which they were working with the software developers to improve further. Each staff member has a handheld electronic device that is connected to the care planning system. Each person has a 'planned care' daily schedule that prompts staff members what to do for each person at each time of the day. There was a system of symbols to denote different tasks, for example a sink at 09:00 to mean staff need to offer the person a wash at that time. The system gives staff and managers a 24 hour view of what support people have received. Reports can be generated to highlight certain areas. For example, a psychiatrist recently visited one person and staff were able to generate a report detailing all of the involvement of the district nursing team. This allowed the doctor to view all the relevant



information in one codified document without missing any data. One nurse who regularly visits the service told us, "They have an [electronic device] with information for people and this helps me to see info when I come and care for patients." If people have not received the support they needed then alerts are sent to carers and managers. Because of the 'planned care' system care workers are aware what each person likes to do and when to offer activities and more activities had been offered than before. In addition when auditing the activities the registered manager had increased the number of external activities provided.

Care planning had been truly person centred, and where people were living with dementia, their relatives and friends had been fully involved in the planning of their care to achieve personalised care plans. The care planning system detailed the needs and wishes of the person, and recorded every aspect of the person's care and support. People and their relatives were continuously involved in the care planning process and accessed the person's daily reports from wherever they were, ensuring their loved one's needs were being met. Relatives and friends were actively encouraged in support planning meetings to develop the life history with the person and add photos on their electronic tablets. This included details of what was important to them in the past and now. People's electronic tablets contained family photos, email access, skype and the electronic care planning system. This meant that people could see their care plan at any time as well as access music streaming sites and different apps of their choice.

Staff used technology in imaginative ways to support people and achieve positive outcomes. One person had suffered from a serious debilitating illness that had changed their life from being active with many friends and a good social life to being isolated. Previously the person was living in a rehabilitation unit and was not in contact with his many friends from around the world. The registered manager explained they supported the person to purchase an electronic tablet, setting up emails and skype so the person could directly communicate with their old work colleagues, friends and family. Every evening staff went through his emails with the person. When they received photos from friends and family, staff supported the person to take photos to send back. The registered manager told us, "We ensured that he spent his evenings with the same members of staff, allowing him to build up trust. When X looks at photos you can see the recognition on his face. When replying we use a sentence at a time. This morning X told a joke and laughed so we agreed to send it to his friend who is coming to see him this month." After ensuring the person had re-established contact with their old friends, staff had researched and downloaded specialist games on the person's electronic tablet. Staff had found, downloaded and encouraged the person to use finger motion games to increase the use of a weaker limb, as well as quizzes about favourite topics to aid their short term memory. As a result the person was regaining some limited function in their weaker limb.

Staff ensured that people's rooms were reflective of their specific needs and decorated with the involvement of people and their relatives. A person who recently moved to the service was supported by Hale Place Farmhouse staff to choose their own wall colours, flooring and furniture. The service consulted the person on the vanity basin and different taps and eventually provided a special tap with two levers to meet the person's individual needs. In addition, the lighting was updated and changed to the person's requirement and a television and telephone were provided to reduce the person's anxiety about being away from their family. This had proven successful as the person had been very anxious on their arrival but had not needed to use the phone. The registered manager told us, "Just knowing the phone is there is enough to keep X at ease." Another person didn't like the pictures that were on their wall when they moved to the service. Staff went and bought some calendars of the person's favourite bands and made a photograph collage by cutting up the calendars with the person. The person was supported to choose their favourite photos and arrange them on the collage. Staff then helped the person to get the collages framed and hung on the wall in place of the pictures. The person was very proud of their pictures and felt that their room was personalised exactly to their tastes.



People living with dementia had their room designed around their needs to ensure that they settled in to the service safely. People's bedroom doors had their photographs on to help them to find their way. There were way-finding signs throughout the service and one bedroom had a specialist dementia friendly carpet that reflected light in a certain way and had been purchased to reduce the risk of falls. There were contrasting colour toilet seats in bathrooms to help people see these clearly and one person's bedroom had a dementia friendly clock that indicated day or night time, and they had an old style dial telephone that they could understand and use to contact relatives. One person's room had been personalised to accommodate their continence needs. Hale Place Farmhouse did not routinely provide commodes for people's rooms. However, for one person who had been struggling to manage their own continence, staff worked out that they wanted to use a toilet inside their bedroom and not any other toilets in the service. As a result staff members purchased a commode and left toilet paper next to it. This resulted in the person being able to manage their continence needs independently, whilst maintaining their dignity, where previously they had been incontinent and had become upset.

Staff went the extra mile in providing meaningful activities to meet individual interests. One person talked to staff about how they loved afternoon tea when they were younger. Staff booked for them to have a special afternoon tea day at a local venue, with a few of their friends from Hale Place. The staff told us, "I can't wait to see her face when we arrive!" People enjoyed listening to music in the orangery. We observed several people singing along to music from the 1950's and they told us how much they enjoyed having music that they chose. Other people enjoyed classical music and this was played at other times. The registered manager told us, "We regularly ask all of our residents what they would like to do, whether it be something small, like a walk to the paper shop to buy a bar of chocolate, or a paper, to organising theatre trips, cinema trips, or wherever they express that they would like to go."

Staff found innovative ways to meet people's needs. One person had been living at home, where they had been described as experiencing problems with daily living, and needing routine and stimuli. The person's family had been struggling to cope. However, the person's closest relative told us that, the person now has a happy fulfilled life, where they have a sense of purpose and are calm, helpful and thoughtful. The registered manager told us, "We listened to him, occupied his time with meaningful activities, where he felt needed. We bought him safe equipment that he can use in the garden. Found pictures that reminded him of the era that he loves and helped him to put collages together, then framed them." There are times when the person believes they are a staff member and this is sensitively accommodated by the staff team who assign tasks such as sweeping up that the person can complete with minimal supervision. This allows the person to feel valued and settled in their home. The person recently expressed a wish to see a tribute band. The staff team booked for the person to attend a special night of music at a local theatre and the person is also attending another concert with their house mate.

People received detailed and thorough pre-admission assessments prior to living at Hale Place Farmhouse. Staff described how, when new people arrive at Hale Place it can be an emotive time for relatives who want to know their loved one is well cared for. The registered manager told us, "I always send texts, pictures and videos on a daily basis, showing them how their loved ones are settling, joining in and enjoying their life. The relatives always tell me that it is so comforting and reassuring to see, that they can share things with their wider families to ensure everyone's mind is put to rest, and that they rely on my communication to ease and calm them at a difficult time." Pre-admission assessments had looked at the person as a whole including the unique way that people communicated. One person had not initially specified how they wanted to be addressed prior to moving in. This became an issue on the first night of their stay and they wanted a more formal address, so staff were able to update their care plan immediately meaning that all staff knew how to speak to the person in the way they wanted.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service recorded all complaints in a complaints log and these had been followed up in line with the registered provider's complaints policy. The complaint policy had been updated recently and set out a clear procedure for dealing with complaints and what action would be taken if a complainant was not satisfied with the first tier resolution. Comments and observations verbally given to staff had been recorded on a log and action had been taken to remedy any issues in line with the complaints policy.

## Is the service well-led?

### Our findings

People and their relatives were consistently positive about the service they received. One person told us, "There are two or three managers and they're very good: very helpful." A person who sometimes thought of themselves as a member of staff told us, "I love it here it's such a lovely place to work in." One person commented, "The place is ever so well run. It's an easy place to live in and we feel very lucky to be here." Another person said, "It's very good: excellent food, lovely people to care for us and listen to us, and we feel like we're coming home when we come back here. It's very calm and we have a lot of freedom and they keep it secure. The bosses are very good and help each other out." One relative told us, "The management know all the residents extremely well; they set the tone for the care that's given. They are willing to give people hugs and comfort and it sets an example." Another relative commented, "[Manager] is superb. She is always at the end of an email or you can call or text and they respond straight away: it's amazing service." A third relative said, "The whole home made dad feel so welcomed when he came here and it's really good to talk to managers who really know what's going on."

Hale Place Farmhouse utilised a unique management structure in order to deliver a high quality, excellent service. There were three managers employed to ensure that every aspect of Hale Place Farmhouse was delivering a high quality service to people. One manager, who was also the director, concentrated on business development and financial management. Another manager mainly dealt with training and human resources issues. A third manager focused on residents and liaised with families and professionals. In addition there was also a deputy home manager to support the third manager in ensuring residents' needs were met and care plans were updated. The registered manager told us, "It means there is always a manager on site. We have a strict policy on how many managers can go on leave at the same time so there is always a responsible person here." Relatives spoke of the confidence they had knowing a manager was always on hand and available to guide staff if the need arose. One relative told us, "I've never had any issues, it just runs smoothly and I can always chat to a manager if I need to."

Hale Place Farmhouse had sustained outstanding practice; it has made improvements over time and achieved recognised status in several national accreditation schemes. One national website had recognised Hale Place Farmhouse as a top 20 care home in the south east of England. The same website had awarded Hale Place Farmhouse the highest possible score for ratings based on reviews from relatives. Reviews from relatives in the last six months included, "I highly recommend this home to everyone I meet: a fantastic model of good practice which all other homes should take note of", "This care home is run by an excellent management team, led by the owner, who are always available for any worries or concerns or to discuss my father and his care. I would say that the standard of care and the way of dealing with people should be held up as a level that other care homes should aspire to" and "My daughter is aware that I want to go there in the future if the need arises. What better recommendation can I give?" Hale Place Farmhouse had been recognised at several award ceremonies. At the Healthcare and Pharmaceutical Awards Hale Place Farmhouse won the 'quality of care award' as well as 'sustained excellence in person centred care solutions' award. Hale Place Farmhouse also won the 'best in person centred care solutions' award at Acquisition International Magazine's certified excellence awards. The service was a finalist in the 'outstanding care home award' at the Kent and East Sussex Service Improvement Awards, and was a finalist in the 'dementia

care manager' category at the National Care Awards 2016. These awards were won via a selection of written submissions of practice, testimonials from people and their relatives, and interviews with NHS directors and NHS trust managers.

Staff members told us that they felt supported by the management team and were effective in their role due to the oversight of managers. Staff were encouraged to pursue qualifications such as diplomas in health and social care. Two managers were qualified assessors and were able to ensure that staff completed their qualifications. The deputy home manager had been encouraged to sign up for and supported to study towards the gold standard framework qualification in end of life care. The National Gold Standards Framework Centre in End of Life Care is the UK's leading provider of training in end of life care for generalist frontline care staff. This means that if a person chooses to remain at Hale Place Farmhouse for palliative care, there will be staff with the additional skills to care for people to a high standard. One member of staff told us, "The managers are very approachable: all of them. The management of the home is very good. Everything is offered to the residents and us staff are managed so well." The director of Hale Place Farmhouse told us, "We are members of the outstanding society and we contributed to a recently published Skills for Care Good and Outstanding Care Guide with 8 direct examples published from Hale Place Farmhouse. Our knowledge of good practice is, at the least, very good and we never stop improving even though we have been operating for nearly 30 years under the same ownership and management." The director runs the Skills for Care registered manager meeting in the local area. This is a network meeting that shares good practice with other registered managers in the local community. Recent topics discussed included hospital admissions and how these can be made successful for people and the importance of good relationships with GP's.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. One relative told us, "I would trust them totally if it was me needing care I think I would be well looked after I would get care and attention." Another relative commented, "It is absolutely delightful. They are wonderful and so much nicer than the big homes where people with dementia are shut away on the top floor. It's perfect for X; it's just like a family home with a garden and he can come and go in the garden and it's lovely. I'm quite sure I couldn't find a more appropriate place if I searched the whole of England." A third relative told us, "I like the fact that its dementia only and I like the fact that it feels like a family. They do things with real kindness and do more than other homes." The registered manager described a culture where staff members were empowered to recognise their strengths. The registered manager told us, "[The director] likes staff to work up through the ranks. I started 15 years ago on nights and couldn't imagine that I could be a registered manager, but they helped me through my diploma. The deputy manager was a night worker and has been empowered to recognise her strengths and be promoted." When staff members had been on long term sick leave the management team go out of their way to communicate with the staff member and tell them their job is still there and to keep them updated on developments in the service so they are more prepared to return when they are ready. The registered manager told us, "For residents we embrace their families when they come here. We find out about how they like to be treated and how they like to be cared for and work with families to be person centred."

Staff described how they had built an excellent working relationship with a local GP who provided services for people they supported who were living with dementia. The registered manager told us, "We have an exemplary relationship with our GP. There is a monthly surgery with the same GP, with an efficient, daily call service. I can text out of hours and the GP has even texted back about end of life care when he's been on holiday: that's the type of relationship we've built up for the benefit of people." The registered manager described how the GP was knowledgeable about dementia awareness and how this combined with the regularity of visits to put people living with dementia at ease when they needed to see the GP. The director of Hale Place Farmhouse also attends the local surgery's multi-disciplinary team meeting.

The management excelled at ensuring people had connections to their local community no matter what their cognitive condition. One manager told us, "We have an agreement with the hop farm, where people like to go, that we can order from the children's menu for our residents who have smaller appetites." The owner of the local garden centre does lots of fundraising work and activities in the local village and the service are always invited and attend. The owner of the garden centre runs a very popular Christmas grotto that sells out very quickly each year. Due to the close working relationship they have with Hale Place Farmhouse the owner calls the service each autumn and books in visits for people before the tickets go on general sale. The registered manager commented, "For the Queens 90th birthday celebrations we were invited to a party in the village hall and it was marvellous: everything was decked out in red, white and blue and the residents loved it. When there are village fetes we attend and the Salvation Army attends and we invited them to come back to the home to play." The service held their own Christmas fete and residents ran the stalls. Children were invited from the local schools and monies raised were put towards the 'resident's entertainment fund'. In turn the local school invites the service to attend parties and concerts. People at Hale Place Farmhouse regularly go to the local fish and chip shop and greengrocers. There were links to the local church that were maintained through people attending church fetes and carol concerts. A minister visits the service regularly to hold sessions singing hymns. The minister told us, "It's amazing when you start singing hymns or reciting the Lord's Prayer and people [living with dementia] join in: they are simulated here."

The registered manager provided clear leadership and used systems effectively to monitor and improve the quality of the service. There were a range of audits used by the registered manager to ensure that the quality of service delivered by staff was to the correct standard. These quality audits had been carried out on a monthly basis or sooner. Where audits had identified a shortfall in service delivery the registered manager had ensured that action was taken and recorded to remedy the deficit. For example, a recently completed medicines audit had identified that a senior care worker had incorrectly dispensed medicines from the wrong day of a pre-dispensed blister pack of tablets. The registered manager had identified the fault and had recorded that the care worker would be monitored for the next three shifts consisting of six medicines rounds until they had been deemed competent by a manager. Personalisation had been audited separately by the management team and an action plan was generated. For example, people whose communication was likely to change due to their dementia had been identified and there was an action plan in place to review communication methods with people as their dementia progressed. The registered manager carried out regular visits to all parts of the service, which included speaking with people and staff to review the effectiveness of their support. Managers worked in the service alongside staff to role model. Observation of practice was used, along with reflective logs to help staff develop their practice.

There was a strong emphasis on continually striving to improve the service. The registered manager had actively sought and acted upon the views of others. This included an annual survey and daily visits by managers to seek feedback from people. Questionnaires around 'safety', 'employment engagement' and 'caring, effective and responsive service' showed a very high level of satisfaction from people, staff and relatives. Questions such as, 'how do you rate the care workers?' received replies of either excellent or very good and 85% of staff reported they were inspired to be exemplary.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered manager confirmed that no incidents had met the threshold for Duty of Candour.

