

Portsmouth City Council

Hilsea Lodge

Inspection report

Gatcombe Drive
Hilsea
Portsmouth
Hampshire
PO2 0TX

Tel: 02392660152

Website: www.portsmouth.gov.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

We inspected Hilsea Lodge on 19 June 2018. The inspection was unannounced.

Hilsea Lodge provides accommodation for up to 35 older people living with dementia. Single room accommodation is arranged on one level in four separate units, each unit having its own dining and lounge area. There was an enclosed garden. At the time of inspection 17 people were living in the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, in November 2017 we identified widespread and systemic failings and rated the service 'Inadequate' overall. We identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 12 because the management of medicines was not safe and risks to people were not managed effectively; Regulation 13 because people were not safeguarded against abuse; Regulation 11 because the principles of the Mental Capacity Act 2005 had not been followed; Regulation 17 because there was a lack of effective governance processes; Regulation 18 because staff had not received regular supervision, appraisal or training to effectively undertake their role; Regulation 15 because the premises had not been properly maintained; Regulation 9 because people were not provided with person centred care and Regulation 10 because people's privacy and dignity was not always protected. We also found a breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009 because the registered persons had not always notified CQC of significant events that happened in the home.

Following the inspection, we placed the service in special measures in order to monitor it closely. The provider was required to send us an action plan telling us what they would do to meet the requirements of the law. They sent this to us and we saw at this inspection improvements had been made although more time was needed to determine if these improvements could be sustained. As a result of the improvement seen, this service has now been removed from special measures.

Measures were put in place to mitigate risks to people, however risks to people were not always assessed or monitored effectively. We made a recommendation that the provider seeks advice on how to assess people's level of risk in relation to skin integrity and falls appropriately. Measures were put in place on the day of inspection to improve the monitoring of people's food and fluid intake and the risks associated with constipation.

People were not always provided with information they could understand and we made a recommendation that the provider adheres to the Accessible Information Standard to ensure information was available in a

format that people understood.

The management of medicines had improved and was safe.

Environmental risks to people were managed effectively. The home was clean and hygienic and staff followed best practice guidance to control the risk and spread of infection.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. The provider had effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. Training for staff had improved, however staff needed time to embed the knowledge that they had learnt. Staff were well supported through induction and supervision systems.

Systems had been put in place to protect people from harm and abuse, accidents and incidents had been investigated, analysed and monitored and lessons learned from these had been shared with staff. Staff knew how to report concerns about people's safety and well-being and felt these would be acted on by the registered manager.

Care plans contained sufficient information to guide staff on how to support people, however some areas of the care plans could be more person centred. People were cared for by people that knew them well and responded to their needs.

Adaptations had been made to some areas of the home to make it supportive of people living with dementia and further work was planned to continue this.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs), and people were encouraged to make choices about their day to day life.

Staff treated people with dignity and respect, people's privacy was protected and people were supported to be as independent as possible. People were cared for with kindness and compassion. We observed positive interactions between people and staff throughout the inspection, with one isolated exception.

There were a wide variety of stimulating activities planned within the home. People looked engaged, relaxed and happy and were supported by staff that knew them well.

People's dietary needs were met and they received appropriate support to eat and drink. People were supported to access other healthcare services when needed. Staff made information available to other healthcare providers to help ensure continuity of care.

People were aware of how to raise a complaint and we saw that complaints had been investigated and resolved. Feedback was encouraged from people, staff and other health professionals and this was used to improve the service.

Quality assurance systems and processes had improved, however, we identified that quality assurance systems needed further development and time to become fully embedded in practice.

The registered manager and the senior team were visible and approachable and staff told us that the support that was provided to them had improved. Staff were organised and felt engaged in the way the service was run. They demonstrated commitment to the service and the people living within it.

The service had an open and transparent culture. People were consulted about the way the service was run. Visitors were welcomed and the registered manager notified CQC of all significant events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Measures were in place to mitigate risks to people, however risks to people were not always assessed or monitored effectively. We have made a recommendation about this.

The management of medicines had improved and was safe.

The management of environmental risks to people had improved. The home was clean and effective infection control measures were in place.

Staffing levels had increased and there were enough appropriately skilled staff to keep people safe.

Systems to keep people safe from abuse and harm had improved and staff knew how to report safeguarding concerns.

Requires Improvement 

Is the service effective?

The service was not always effective.

People were not protected against the risk of dehydration because fluid charts were not effective. People received a nutritious, balanced and varied diet. When people needed support to eat, this was provided in a dignified way.

Improvements had been made to staff training although further work was needed to ensure all staff had received training and they understood it. Staff had been given good support through supervision.

Some adaptations had been made to the home to make it supportive of the people who lived there and further plans were in place to ensure all areas of the home were suitable for the people that lived there.

The requirements of the Mental Capacity Act 2005 were followed and people were encouraged to make choices about their care.

People were supported to access other healthcare services when

Requires Improvement 

needed.

Is the service caring?

Good ●

The service was caring.

Information was not always provided to people in a way they could understand it. We recommended that the service adheres to the Accessible Information Act.

Most people told us that staff were kind and caring. Staff usually interacted positively with people.

Staff protected people's privacy and respected their dignity and promoted their independence.

Information was kept confidentially and securely.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained sufficient information to support staff to provide care which was responsive to people's needs although some areas of the care plans could be more person-centred.

Staff were knowledgeable about people's needs and preferences

People had access to a range of activities suited to their individual interests.

People knew how to raise concerns. Information from complaints was used to drive improvement.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was a quality assurance process in place, but this had not always identified concerns we found during the inspection. Further time was needed to develop and fully embed the quality assurance systems in practice.

Staff told us they had seen significant improvements in the service since the last inspection.

People, relatives and staff were encouraged to provide feedback

through a range of opportunities, this information was used to improve the service.

There was an open and inclusive culture in the service and staff were committed to providing high quality care to people.

Notifications had been sent to us as required.

Hilsea Lodge

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 19 June 2018 and was unannounced. The inspection was carried out by three inspectors 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.

Before the inspection we reviewed the information we held about the home, we reviewed previous inspection reports and action plans from the provider. We looked at notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

During the inspection we spent time talking to four people, two relatives, the registered manager, service manager and seven members of staff. We looked at the care records for five people, and staffing records of six members of staff. We saw minutes of staff meetings, policies and procedures, the complaints file, audits and action plans. We were sent copies of the training matrix, rotas and certain policies and procedures after the inspection.

Is the service safe?

Our findings

All people that we spoke to told us they felt safe living at Hilsea Lodge. Comments included "Yes, I do feel safe", "Yes, I'm safe here" and "It's very nice".

At the last inspection in November 2017 we found serious concerns about the safety of the service. People were placed at risk of harm because appropriate measures had not been implemented to identify and assess risks. In addition, measures had not been taken to ensure that risks for people were minimised. Medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation.

At this inspection we found that care plans and risk assessments were in place for areas such as falls, moving and handling and skin integrity. When risks had been identified, the care plans guided staff on how to reduce the risk and how to keep people safe. For example, when people were identified as being at risk of fall, measures were put in place to mitigate this risk. Skin integrity plans detailed the frequency that people's positions should be changed in order to reduce the risk of skin breakdown. Associated charts showed that staff had followed the guidance and people had their positions changed regularly.

Although risks had been identified and measures were in place to reduce these risks for people, there was no rationale about how this level of risk had been calculated. When we discussed this with the registered manager and staff they told us they used their judgement based on their knowledge of the person. For example, one person was identified as being at high risk of pressure related injuries because they were frequently in bed and incontinent. Another person had fallen numerous times so the service identified they were at risk of falls, however there was conflicting information in this person's care plan about the level of risk. This could mean that people's level of risk was not correct and we recommend that the provider uses a reputable source to gain advice on how to assess people's level of risk in relation to skin integrity and falls appropriately.

Some people displayed behaviours that challenged. Information was available in care plans which helped staff to recognise signs which highlighted when a person may be becoming agitated, what to do to support a person during this time and how to assist them afterwards. At our last inspection we were concerned that staff had not received training in behaviours that challenged. We asked staff if they had received this training during this inspection. Responses included; "I haven't, I know to walk away and go back, it's common sense.", "No, we learn within." and "No, but I am doing MCA training next week, it has been challenging at times and it would be useful to have some sort of training". We discussed this with the registered manager and they told us that behaviours that challenge was covered in the Mental Capacity Act (MCA) training and 81% of staff had received this, they went on to tell us they would put systems in place to ensure all staff understood how to deal with behaviours that challenged. During the last inspection staff told us they were unsupported by the management team when they had to assist people whose behaviours challenged, at this inspection all staff told us the management team were supporting them now.

At our last inspection we were concerned about the lack of clear guidance on how to support people appropriately from risks associated with constipation. At this inspection we saw that people's risks associated with constipation were still not managed effectively. People had bowel charts in place and their bowel movements were recorded, however these were not monitored and one person had not had a bowel movement recorded for six days while another had not had a bowel movement recorded for five days. We discussed this with the registered manager and they put systems in place on the day of inspection to ensure that people's bowel movements were robustly monitored.

At the last inspection we found that the provider had not assessed the premises for risks from fire effectively and not all people had personal emergency evacuation plans (PEEP) in place. PEEPs describe the support and assistance that people require to reach a place of safety when they are unable to do so unaided in an emergency. At this inspection we saw that the fire risk assessment was complete and any issues identified had been actioned. Each person had a personal emergency evacuation plan (PEEP) in place and these had been regularly reviewed.

The provider had addressed the concerns we found at the last inspection regarding a lack of fire evacuation practice during fire drills. We saw at this inspection that staff regularly took part in fire drills which included fire evacuation practice. The provider had also addressed concerns we found at the last inspection to ensure equipment used to protect people was safe for such use. Regular checks on fire extinguishers, emergency lighting and the weekly fire alarm tests were up to date.

At the time of our last inspection refurbishment work was being completed in some areas of the home and this was not being managed safely. Following the inspection, the provider told us they had put measures in place to make this safe. At this inspection we found that the refurbishment work was complete and the areas were safe. Additional concerns about the premises at the last inspection included areas in the home not being secure which exposed people to risk of harm. At this inspection we found that all areas were secure, cupboards were locked and items that could present a risk to people were stored appropriately. Although we saw that bathrooms were clear from furniture at this inspection, we noted that one of the baths was still condemned and could not be used by people. The registered manager told us they were still deciding whether to remove it or replace it. A health and safety audit had been carried out and daily checks were in place to ensure the safety of the premises.

At our last inspection we found that medicines were not managed safely. Medicines were not stored in line with national requirements, medicines prescribed on an 'as required' (PRN) basis lacked protocols which meant people may not always have their medicines as prescribed and there were no processes in place to act on discrepancies with controlled drugs (CDs). At this inspection the required improvements had been made and medicines were managed safely. A senior staff member had moved the medicines room to a more central point in the building and this was laid out in an organised manner.

At the last inspection we found that medicines were not stored in line with national guidance as temperatures were not monitored or recorded. At this inspection we found that temperatures were checked and records confirmed this. A senior member of staff had put a notice on the wall with clear instructions about monitoring temperatures and what action to take if temperatures were not correct.

Concerns that were noted at the last inspection about a lack of processes to check, report and investigate discrepancies with controlled drugs (CDs) had been addressed. The provider had put audits in place to ensure any discrepancies were identified early. However, at the time of inspection no one was taking a controlled drug so we could not determine if this system was effective.

Medicines that people took 'as required' (PRN) medicines were not managed safely at the last inspection. This had been rectified at this inspection. People who were prescribed PRN medicines such as Paracetamol for pain or medicines to help with their anxiety, had clear protocols in place to describe when the person needed to take them. Staff recorded on the back of the medication administration record (MAR) the reasons why a person had been given a PRN medication, along with the effectiveness, this meant that it was clear that people received their medicines as prescribed. Staff also tried other methods before administering PRN medication for people. For example, for one person who was prescribed a medicine to help calm them, it was recorded that this person should be offered a cigarette before giving the medicine.

We observed a medicines round. The member of staff administering the medicines checked people were happy to have their medicines, didn't rush them and waited until they had swallowed before leaving them. Medicine profiles were in place. These included photographs of people, their preferences in relation to how they liked to take their medicines and a record of any allergies. This meant that any staff who were unfamiliar with people would know how to support people with their medicines. Staff told us they checked the MARs for any missing signatures three times a day and if there were gaps they would act on it to ensure people received their medicines as prescribed. We saw the MARs were completed appropriately. Most people's creams and ointments were kept in their rooms and applied by care staff. MAR charts confirmed these were applied consistently.

At the last inspection we noted that some people who were living with dementia were unable to tell staff when they were in pain and the provider did not have pain assessment tools in place to determine this. At this inspection we saw that the service was using pain assessment tools for people and these were being used effectively. A doctor had been called for one person following observations noted on the pain assessment tool and this person's pain was then managed appropriately for them.

At the last inspection we found that people were not always protected from harm or potential abuse because safeguarding concerns were not always reported or investigated in line with national policy. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to send us an action plan telling us what they would do to address these concerns. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation.

The provider had put systems in place so safeguarding concerns were reported internally by staff and records confirmed that these concerns were investigated and measures put in place to reduce risks. An analysis of accidents, incidents and safeguarding concerns took place and trends and patterns were identified. For example, we saw that one person had fallen numerous times and the provider had put measures in place to reduce the risk of them falling in the future. They had sought the assistance of external healthcare professionals and communicated the changes for the person to the staff team. One member of staff told us "Any safeguarding concerns are reported to the management team immediately now". Prior to this inspection we had received notifications to inform us about allegations of abuse and injuries to people and the local authority had also been informed in line with the Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Adults Multi- Agency Policy.

Staff said they had received safeguarding training and knew how to report any signs of abuse. Additionally, staff were familiar with the term "whistleblowing" and said they felt confident to raise any concerns about poor care. Most staff were able to tell us what safeguarding was although one member of staff was unsure. We discussed this with the registered manager and they told us they would put processes in place to ensure all staff understood what safeguarding was.

At our last inspection we were concerned that adequate numbers of staff were not deployed to meet people's needs and communal areas were often left unattended by staff. People were at risk of harm because there were not enough staff to manage risks effectively. The provider did not have a systematic approach to determine the numbers of staff and range of skills required in order to meet the needs of people using the service and to keep them safe at all times. At this inspection we found improvements had been made to increase staffing levels.

The provider had increased the staffing levels to eight members of care staff on duty during the day, they had also put a stop to admitting new people into the home and at the time of our inspection there were 17 people living at Hilsea Lodge. People and staff considered there were enough staff. One member of staff told us "we have been a bit overstaffed sometimes but that is more reasonable now". Another staff member said, "when the place is full I hope there will still be enough staff members on duty". We asked the registered manager how they would maintain adequate staffing levels when more people lived in the home and they told us that the provider had developed a new dependency tool to determine the number of staff they needed to meet people's needs according to their dependency levels. This was sent to us after the inspection.

We saw that a member of staff had been allocated to sitting in a communal area and there were enough staff to meet people's needs in a personalised way. One member of staff told us "It's good that we've got enough time to talk to the residents now".

Staff had been recruited through a recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks would identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Suitable references were obtained and any gaps in recruitment history were thoroughly explored.

Is the service effective?

Our findings

Staff knew people well. They spoke warmly of the people they cared for and were able to explain people's care needs and individual preferences. Throughout our visit we saw people's needs were met. Staff provided the care and support people required.

At our inspection in November 2017 we found the provider had not ensured the staff employed had received appropriate supervision, appraisal or training to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation.

Staff told us they received regular supervisions. Supervision records were in place and confirmed what staff told us. This was a formal process which provided opportunities to check performance and ensure staff were being appropriately supported. All staff told us that these were useful and also felt able to raise issues or concerns with the management team in between supervision times. The registered manager told us they were no longer carrying out an annual appraisal but were embedding this into each supervision session to ensure personal development was a frequent and ongoing process for staff.

At the last inspection the provider did not have a system in place which recorded staff training to enable the registered manager to identify and plan for training needs. At this inspection the provider had introduced a system to identify gaps in staff training and to address these. We viewed the training records and saw that most staff had received training to support them in their roles, this included infection control, safeguarding, mental capacity and dementia. The registered manager told us that they were working hard to get all staff trained. One staff member told us "The training's fine, when we are compliant it will be more evenly paced, at the moment we are bombarded with it" and another said, "The training is much better now".

The Care Certificate induction standards are nationally recognised standards of care, which staff new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. At the last inspection, the registered manager told us that care staff were not completing these standards yet but would soon be introducing them. We found that new staff without experience of care had been enrolled on the Care Certificate at this inspection.

At the inspection in November 2017 we found that the premises were not properly maintained, the provider had not ensured the service was clean and free from odour. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan to say the issues with the premises were being addressed and ongoing maintenance work was being carried out.

At this inspection we found improvements had been made to those areas highlighted in the previous inspection report as requiring attention. Cleaning schedules were in place and records confirmed these were followed. Records of commode pots and chair cleaning were also seen to be complete. The home was

visibly clean and most of the areas were free from odour. There were areas still in need of attention such as worn carpets, marks on walls in corridors and damaged paintwork. Some ceilings in bathrooms had black areas on and one lounge and corridor was malodorous. The provider confirmed these issues were included in future redecoration plans.

At the last inspection we found the premises were not suitable to meet the needs of people living in the home, especially those people living with dementia. We recommended that the provider considered current best practice guidance on providing a dementia friendly environment to meet the specialist needs of people living with dementia.

The provider had started working on this. Refurbishment work had been completed in the main reception area and this area was clean, bright and welcoming. A traditional sweet shop and café had been designed and we saw people enjoying these on the day of inspection. In one of the dining rooms a colourful wildlife mural had been designed as a point of interest, corridors were being updated and had reminiscence features such as a 'stage and screen' display. Volunteers had been helping in the gardens and we saw a beach scene, colour contrasting garden furniture and raised flower beds so people could take part in gardening activities.

Despite the improvements to the environment, some areas of the home were still unwelcoming. Most lounges and dining areas were gloomy without any points of interest and the lack of signage may have made it difficult for people to orientate themselves. We noted that most people spent their day in the newly refurbished reception area. The registered manager and a senior member of staff told us the redecoration programme was an ongoing process and they were excited about the plans to redecorate the remainder of the service.

At our last inspection the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. They had not followed the principles of The Mental Capacity Act 2005 (MCA). At this inspection we found the provider had made sufficient improvements to achieve compliance with this Regulation.

The Mental Capacity Act (2005) 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.

At the last inspection people did not have mental capacity assessments in place to determine their level of capacity to make decisions and we did not see evidence that best interest meetings had taken place. At this inspection we saw that mental capacity assessments were in place for areas of decision making such as finances, personal care and medication. Where people did not have the capacity to consent, best interests' meetings were held with the health and social care professionals involved in a person's care and their relatives where appropriate. We saw an example of this regarding covert medication for one person.

Staff lacked knowledge about the MCA at our last inspection. The provider had addressed this and put training about the MCA in place to increase staffs' awareness of this legislation. One member of staff told us "You must assume someone has capacity unless proven otherwise". Throughout the inspection we observed consent being sought regularly for all activities, such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices.

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 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. The registered manager had applied for DoLS authorisation for those they had assessed as needing them. They were aware of when these authorisations lapsed and arranged for people to be reassessed.

At the last inspection people were put at risk because there was no daily intake or output targets recorded on fluid charts to enable staff to evaluate people's needs. Nutritional care plans were poor and screening tools to identify adults, who are malnourished, at risk of malnutrition or obese, were also not in use. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation although improvements were still needed with regard to the monitoring of people's fluid intake.

A nutritional screening tool was in place and used to develop a care plan to meet people's nutrition and hydration needs. People's care plans reflected their dietary needs and specific requirements. Where needed, input from Speech and Language Therapists (SALT) had been obtained to ensure people's safety when eating and drinking. People had also been referred to dietitians where appropriate. People's care plans provided guidance for staff to follow as to the type of foods and textures that had been recommended by SALT and dietitians. The registered manager told us that this information, including information about people's likes and dislikes, had been shared with the kitchen staff who prepared people's meals.

Some people's food and fluid intake was being recorded to monitor and evaluate their needs. There was no daily intake or output targets recorded on fluid charts to enable staff to evaluate people's needs. There was no accountability for checking and acting on the food and fluid information that was recorded. This could cause risks associated with malnutrition and dehydration for people. We discussed this with the registered manager and senior staff and they put measures in place to rectify this on the day of inspection.

People were supported to eat, drink and to maintain a healthy balanced diet. We observed lunch time in two of the dining rooms. Staff supported people to eat in a sensitive manner, they offered encouragement when people hadn't eaten very much and held conversations with people to make the experience a social occasion. The atmosphere was relaxed and jovial.

People were supported to maintain good health and had access to external healthcare support as necessary and records reflected this. Staff were knowledgeable about people's specific needs and able to recognise a change in these. Records showed that other professionals such as chiropodists, dentists and the community mental health team (CMHT) were involved to ensure people received the care they needed.

Is the service caring?

Our findings

Most people told us that they were supported by kind and caring staff. One person told us "The staff are so good, they do a lot to make it right for me". Other positive comments included "The staff are kind, we have a giggle, we need that" and "The two cooks are kind, professional and good workers". However, some people had a mixed view of staff. One person told us "Most of the staff are kind, they are only doing their job, they do the best they can with what they've got" and a family member told us "Some of the carers are not truly dedicated and some don't smile at the residents".

At the last inspection we found that peoples' privacy and dignity were not always protected. We observed several examples of peoples' privacy and dignity being compromised within the home. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation.

At this inspection staff knew how to maintain people's privacy and dignity. Staff were provided with training in dignity and respect and equality and diversity to aid staff's understanding. A senior member of staff showed us a 'dignity tree' that was displayed in a prominent area of the home. This had been designed by staff and people, the leaves represented statements from staff and people about what dignity meant. Statements included 'noble', 'kindness', 'empathy' and 'everyone is equal'. The senior staff member told us "It's a good reminder about how to treat people with dignity and respect". Another member of staff told us "respect, privacy and dignity is on everybody's minds all of the time".

People confirmed they were treated with dignity and respect especially during personal care. We noted that all personal care took place behind closed doors and observed staff always knocking on people's doors before entering and seeking consent to enter. Information about people was stored confidentially and only those who needed access to these records had this.

We observed positive interactions between people and staff throughout the inspection, with one isolated exception. A person was sitting at the dining table when a member of staff said "Right, (Name)" and pulled them back from the table when the person had not been expecting it, this caused the person to become startled.

All other interactions demonstrated that staff knew people well and were caring, kind and patient in their approach. For example, when a person who was carrying a teddy wanted to eat lunch, the staff member offered to "hold and look after teddy". Staff spoke kindly to people, and took their time with people. People using the service reacted positively to the staff; they smiled and the atmosphere was warm and friendly. Staff made people feel they mattered by celebrating important events, such as birthdays and people received a birthday cake.

Staff encouraged people to remain as independent as possible. They encouraged people to mobilise at their own pace, using patient, supportive words and praising people for the effort they made. One member of staff told us "We try and encourage people to be independent, for example, letting them choose their

clothes, give them a flannel so they can wash themselves, all the choices you would like to make".

The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of how people communicated and information was included in people's care records about people's communication needs. One member of staff told us "We use symbols, facial expressions and pictures to communicate with people". However, we observed staff did not use any other types of communication, other than verbal, to communicate with people on the day of inspection. There was a lack of pictorial information or use of objects of reference to support communication. The menu and activities were only available in written communication and we saw there was a lack of information to orientate people to time and place.

We recommend the provider adheres to the Accessible Information Standard to ensure information is made available in a format that people understand.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

A senior member of staff had implemented a 'wish tree'. They told us it was "to try and make things more person centred". People could tell the staff what they wished for and then the service picked two wishes per month to make them come true. One person had requested to go for an ice cream in a local area while another had asked to go out for a meal. There were photographs of people enjoying their wishes displayed in the reception area.

People's relatives were welcome at the home. We saw a notice on the noticeboard which encouraged visitors to make themselves refreshments while in the home and one relative told us "I can visit whenever I want".

Is the service responsive?

Our findings

At our last inspection care plans lacked information to guide staff on people's current care and support needs. There was a lack of stimulating activities for people and people did not receive person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken sufficient action to achieve compliance with this Regulation.

Care records had improved at this inspection. There was a good level of detail about people's family history and life history. This helped staff get to know people. People had information in their care plans about their health conditions. For example, one person's care plan contained information about their high blood pressure and heart condition, the care plan detailed what staff needed to be aware of to monitor these conditions. Care plans contained information about how people needed to be supported, however the level of detail could be improved in some instances to make them more person centred. For example, although personal hygiene plans detailed the level of support people needed, they did not include details such as what clothes people preferred, whether they wanted to wear make-up or jewellery, how often they preferred to shower or bathe or what time they liked to get washed and dressed. Social behaviour plans referred to 'wandering', memory loss and depression, they did not provide detailed information about how people liked to spend their day and what they enjoyed doing. Other areas of care plans were more personalised such as nutrition and the moving and handling plan.

We saw people were getting the support that was right for them and specific to their assessed needs. For example, people who were at risk of developing pressure sores had an appropriate turning regime in place which had been completed accurately. Additionally, people who were at risk of weight loss or malnutrition were weighed regularly and where loss had been identified the appropriate referrals had been made to the dietician and their advice had been followed.

At the last inspection there was no evidence that people or their representatives were involved in their care planning. At this inspection, we were unable to assess whether people could initially contribute to the development of their care plan as the service had not admitted anyone new since the previous inspection. Monthly reviews were taking place and contained information about people's changing needs, we saw that that the views of people had been sought. A relative told us "I'm here most days and I work together with the carers as (name) needs have changed".

Staff had a good understanding of people's needs. They said they had read the care plans and when asked about people's care needs they were able to explain in detail what they did and why. For example, staff knew that one person needed a special diet, they could tell us about this, why the person needed it and what may happen if the person didn't receive it. Staff had made appropriate referrals to healthcare professionals when people's physical or mental health deteriorated and had highlighted concerns arising from monitoring records.

Staff received updates about each person during the shift handover and were given a handover sheet at the

start of their shift. We joined one handover session which showed that staff discussed everybody and how they were. Updates and reminders were given about areas such as repositioning, nutritional needs and nail care. Staff said the handovers had improved since the last inspection and we saw that the handover sheets were comprehensive. Staff told us that communication had improved in the home and they worked well as a team.

At the last inspection we found that people's well-being was not promoted due to a lack of activities to meet their social, mental and emotional needs. At this inspection, we saw that people were engaged, stimulated and enjoyed the activities provided for them. In the morning we observed a musical bingo activity; this was a social event with a lot of fun and laughter. Staff were available to assist people with this activity and made sure it was enjoyable for all. During the afternoon a group of children came to sing and it was clear to see that people enjoyed this.

When planned activities were not taking place most people congregated in the main reception area, there were 'old time' songs playing from a juke box and people were seen to be singing and humming along. Staff also assisted people to use the coffee and sweet shop. There was an interactive table in this area where light animations were used, this is particularly useful for people with mid to late stage dementia and we saw people using this throughout the day.

The service had a volunteer scheme in place, this was called 'Be there for care'. The volunteers befriended people to prevent loneliness, assisted with activities and helped to improve the environment. A local company had also volunteered its time and gifted the home items that gave people more things to do such as a 'fiddle board'.

The provider had a complaints procedure in place which was displayed near the front entrance of the home. People told us they knew how to complain. One person told us "I'd go straight to the boss". We looked at the complaints file and saw that complaints had been investigated and people who had complained had been responded to.

At the last inspection there was no information in people's care plans about their end of life wishes. We saw at this inspection there was some information about people's wishes at the end of their life recorded. No one was receiving end of life care at the time of our visit so we were unable to assess what information may be recorded for people at this time. The registered manager told us they had completed the Six Steps programme, this is a nationally accredited course which aims to develop staff knowledge and enhance end of life care for people.

Is the service well-led?

Our findings

At our last inspection, in November 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality assurance systems were not effective. Widespread and systemic failings were identified and the service was placed into special measures. At this inspection we found that improvements had been made and the provider was acting on shortfalls previously identified.

Quality assurance systems had been developed to assess, monitor and improve the service. They were based on a comprehensive range of audits conducted by senior staff and the registered manager, these included medicine management, infection control, staff training and care planning. At the last inspection these audits had proved ineffective. At this inspection we found the audits had been improved and were now more effective because the provider had implemented a system of checking on the resulting action plans and the outcomes achieved. In addition, an extensive quality assurance audit was completed by the provider's representative.

At the last inspection we found that people's records were not current and accurate. Records did not always contain enough information about people to protect them from the risk of unsafe care. At this inspection we found that record keeping had much improved although some monitoring charts for people contained gaps and they were not monitored effectively.

Whilst we recognised that improvements had been made to the service's systems and processes for maintaining standards and improving the service, many of the changes were still a work in progress and were not yet fully embedded into practice. There were still areas that needed improvement such as assessing and monitoring risks to people, person centred care plans, staff training and the environment.

The provider was aware of the improvement required and had provided assurances they will progress them further. The improvements that had already been made would need to be sustained to demonstrate that the service has improved and continues to do so and any increase in placements at the service will not affect the progress. At the time of this inspection the service was just under 50% occupied. It is too early to state that the improvements are sustainable.

At the last inspection we found the registered manager was not always aware of accidents and incidents that happened in the home. There was also a lack of effective and proactive analysis of accidents and incidents. At this inspection the registered manager told us they had much better oversight about what was happening in the service. A new system had been implemented where all accidents and incidents were recorded in a file by staff and the registered manager had a debrief of events each morning. We saw that accidents and incidents were investigated, monitored and analysed to ensure people's ongoing well-being. Learning from these was implemented to improve the service.

At the last inspection we found that the registered manager required more support to undertake their role effectively. They told us at this inspection that they felt more supported now. They went on to say, "I was

sinking before, things are much better now, I've got a great team and I'm proud of the improvements we have made".

Many of the staff said there had been "A lot of hard work" to improve the service. They told us that they were "sad" and "disappointed" about the last inspection but were pleased that the service had improved. Comments from staff included "there have been huge major changes for the better", "Risks are being managed now", and "It's like a real home now".

At the last inspection we found that people, relatives and staff had been asked for feedback about the service and suggested changes but these suggestions were not always acted on. We saw at this inspection that the registered manager had used feedback to improve the service.

Feedback was sought through meetings and surveys. The feedback from people and relatives was positive. One relative had stated 'Hilsea Lodge and all the staff provide a welcoming and caring service. We are very grateful and lucky to have found a place like this'. Minor suggestions had been made and these had been acted on such as booking an entertainer that people liked again. Staff said that they were regularly consulted and involved in making plans to improve the service. Staff members had suggested ideas such as holding a care plan surgery, focusing on a weekly topic to aid staff understanding and changing the medication room, these had all been taken forward. The registered manager told us "The staff are embracing the changes" and we saw that the staff team were motivated and enthusiastic about improving the service for people.

New initiatives in the home included developing staff members as champions who had a responsibility for different areas of care needs. The registered manager told us that champions would receive extra training in a topic and would have extra responsibility in that area. We saw an example of this working in practice where a hydration champion ensured that people in the home had enough to drink. Five files had been created in line with the five CQC domains. A senior staff member told us these had been implemented to ensure the service was providing a service to people that was safe and of good quality.

People described an open and transparent culture. They and their families had been kept informed about the concerns identified at our last inspection and the measures being put in place to drive improvement. Providers are required to display their CQC rating at their premises and we saw that this was prominently displayed in the entrance hall to the home.

Staff told us they thought the culture in the home was positive and they were better supported by the management team since the last inspection. One member of staff said "they (the management team) are a lot more positive and approachable and more clued up on what we need to be doing." We saw from records of staff meetings that the team had been thanked for their hard work and staff told us they felt valued.

All services registered with the CQC must notify us about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. At the last inspection we found that the registered manager had not notified the CQC of all incidents that affected the health, safety and welfare of people who use the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that appropriate notifications had been made.