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Hooklands Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 19 and 20 October 2015 and was unannounced.

Following an inspection on 3 September 2015, we asked the provider to take action to improve the way that medicines were managed. The registered manager wrote to us in October 2014 to describe the action they would take to ensure that people received their medicines safely. At this visit, we found that the actions had been completed.

Summary of findings

Hooklands Care Home with Nursing is registered to provide nursing care to up to 27 older people. The service is set over three floors and offers a variety of communal spaces, a garden and access to the beach. At the time of our visit there were 22 people living at the service.

The service has a registered manager. 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.

The registered manager had continued to improve and develop the service in response to concerns raised during our inspections in August and September 2014. A system of daily, weekly and monthly checks was in place to monitor and review the quality of care delivered. Staff felt that teamwork had improved and that they had a better understanding of person-centred care. The registered manager said, "It's been a continuous learning experience", and explained to us which actions were outstanding.

Most of the nursing staff had been recently recruited. We found that the team lacked knowledge in some areas of practice but that the acting clinical lead knew where to seek advice and, together with the nursing team, was pursing training opportunities to build on their knowledge and competence. **We have made a recommendation around further training to ensure that people receive care and treatment in line with best practice guidance.**

Records relating to assessments of people's capacity did not show how their ability to make decisions relating to their care and treatment had been assessed. There was a risk that people could be deprived of their liberty without appropriate safeguards in place because the registered manager had not carried out assessments in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was an open and friendly atmosphere at the home. People appeared relaxed and visitors were warmly welcomed. There were sufficient numbers of staff on duty to meet people's needs, to provide them with one to one time and to encourage them to pursue their interests and hobbies. Staff responded quickly to people and provided support in a caring and respectful way.

People were involved in making decisions about their care and were supported to be as independent as they were able. Where there were changes in people's needs, prompt action was taken to ensure that they received appropriate support.

People felt safe. Risks to people's safety were assessed and reviewed. Any accidents or incidents were recorded and reviewed in order to minimise the risk in future. People received their medicines safely and at the right time. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse.

Staff received training and were supported by the registered manager through regular supervision. The registered manager had made arrangements to introduce appraisals for staff. Staff told us that the registered manager was approachable and that the home was well-led. Staff were clear on their roles and responsibilities and were kept up-to-date via handovers and regular staff meetings.

Mealtimes were a sociable experience. Staff were attentive to people's needs and supported those who required assistance to eat or drink. People's weight was monitored and action was taken if any concerns were identified.

The provider had made improvements to the home by redecorating, fitting new carpets and redesigning the garden area. There was a system for regular cleaning of the property and staff understood how to protect people from the risk of spreading infection.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

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

The service was safe.

Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough staff to meet people's needs and keep them safe.

Medicines were stored, administered and disposed of safely. The service was working with the pharmacy to improve the clarity of administration records.

The home was clean and staff took measures to minimise the risk of infection.

Is the service effective?

Requires improvement

The service not effective in all areas.

Staff understood how consent should be considered but the registered manager had not taken sufficient action to ensure that people's rights were protected under the Mental Capacity Act 2005.

Improvement was needed in some areas of nursing practice.

Staff had received training to carry out their roles and felt supported.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People were supported to have access to medical services when they needed.

Improvements had been made to the interior and exterior of the property.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care and encouraged to pursue their independence.

People's privacy and dignity was promoted and respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Summary of findings

Activities were tailored to people's individual needs and interests with a focus placed on one to one support.

People were given opportunities to share their views and felt they were listened to.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager was respected by people, their relatives and staff. Everyone spoke positively of the changes the registered manager had made to improve the service.

The registered manager used a series of audits and checks to monitor the delivery of care that people received and to target improvements.

Hooklands Care Home with Nursing

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 and 20 October 2015 and was unannounced.

Three inspectors undertook this inspection.

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. We also reviewed five previous inspection reports and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for 13 people, medication administration records (MAR), monitoring records of people's food and fluid intake and weight. We also looked at three staff files, staff training and supervision records, staff rotas, quality feedback surveys, accident records, audits and minutes of meetings.

During our inspection, we spoke with nine people using the service, six relatives, the registered manager, one registered nurse, four care staff, the activity coordinator, two kitchen assistants and two of the housekeeping team. Following the inspection, we spoke with the acting clinical lead and contacted professionals to ask for their views and experiences. These included an agency that had supplied registered nurses to the service, a social worker, a district nurse, a Speech and Language Therapist (SALT), an optician, a chiropodist, a community admissions avoidance matron and a trainer from a local hospice. They consented to share their views in this report.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I am in safe hands". Another person told us, "I feel very safe here. I know nothing will be forgotten". Staff had attended training in safeguarding adults at risk. One staff member said, "It's about abuse; not necessarily from a staff member. We have to protect them". Staff were able to speak about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Posters providing information, including contact details for external agencies such as the local authority's adult services team were displayed on the home's noticeboard and in the registered manager's office.

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, one person who was at risk of falling used a walking frame and needed the support of one carer to transfer. Another person who enjoyed walking around the service had moved to a downstairs bedroom to minimise the risk of injury on the stairs. Where people were at risk of pressure injury, specialist equipment such as pressure-relieving cushions and air mattresses were in use. These were checked regularly to ensure they were functioning correctly. The registered manager kept a clear record of all people at high risk of falls and skin damage. This included details of how skin damage was likely to occur for specific people. For example, 'Often knocks her feet and does not feel skin tears, skin very delicate and paper thin'. Staff provided support in a way which minimised risk for people. We saw that they used hoists, wheelchairs and walking frames to help people move around safely. They moved furniture and equipment to make sure there were no tripping hazards in their way and they checked people were settled and safe before they left them.

The provider had taken action to make improvements in fire safety following recommendations from the Fire and Rescue Service. This included a new external stairway and self-closing doors. The fire service found that the deficiencies had been satisfactorily rectified by December 2014. Staff were able to describe how they would respond to an emergency such as a fire. The nominated fire warden at the home told us about a recent practice evacuation and the lessons learned. People had individual emergency plans in place and these were understood by staff.

There were enough staff to meet people's needs. We observed that staff supported people in a relaxed manner and that they took time to engage with them. One person said, "If you want any help, they're there, they're really prompt". Another told us, "There are always plenty of staff. They come quickly when I call and nothing is too much trouble for them". A relative said, "I am very happy with the availability of the staff. They are constantly checking that my relative is OK". During our visit we observed staff were available and were quick to respond to people. Staff were satisfied with the staffing levels and told us that they had time to chat with people and engage them in one to one activities. One said, "We look at pictures, talk about the past and talk about what they did".

The registered manager used a dependency tool to help assess the level of staffing that was needed. This considered people's support needs in areas such as eating and drinking, mobilising and sleeping. Staffing rotas for the past two weeks demonstrated the staffing was sufficient to cover the assessed hours of care and to meet the needs of people using the service. There was a nurse on duty at all times who was supported by five care staff during the morning, three in the afternoon and two at night. The acting clinical lead and registered manager were also available most week days and the registered manager could be contacted out of hours for advice and telephone support. The nursing and care team were supported by activity, kitchen, housekeeping and maintenance staff. When required, the registered manager used agency staff to maintain staffing levels. She explained that they always tried to employ those who were familiar with the home and the people who lived there. During the two weeks prior to our visit 4% of nursing and 7% of care shifts had been covered by agency.

Staff records showed that, before new members of staff were allowed to start work at the service, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). In addition, two references were obtained from current and past employers

Good

Is the service safe?

and their qualifications were checked in line with information supplied on the application form. This helped to ensure that new staff were safe to work with adults at risk.

We found that one staff member had started work at the service before all pre-employment checks had been completed. The registered manager explained that this staff member had been allowed to start work under supervision pending receipt of the necessary checks. We discussed with the registered manager how they had assessed the risk to people in making this decision. They told us that they had made an exception because knew the individual, had been satisfied with telephone references and because they would not be working unsupervised. They added, "Until all is in place they don't work unsupervised". During our visit the full DBS check for the staff member was received.

At our inspection in September 2014, we found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place. We found that controlled drugs were not stored safely, that medicines were not always given in accordance with instructions from the prescribing GP and that there was poor practice in how medicines were administered. At this visit we found that steps had been taken to resolve the problems and that the breach in regulations had been addressed.

We observed staff administering some of the lunch time medicines. They carried out appropriate checks to make sure the right person received the right medicine and dosage at the right time. People who were prescribed 'as required' pain relief were offered them. People were asked if they needed assistance to take medication, and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicine. We saw that staff recorded the dose given of variable dose medication. People's medicines, including controlled drugs, were stored safely. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by legislation. A lockable fridge was used to store medicine that required lower storage temperatures. We were told, and records confirmed, that the fridge temperature was monitored to ensure that medicines were stored at the correct temperature. Unused and not required medicines were returned to the dispensing pharmacy at the end of each month.

We identified some issues related to the recording of medicine administration. For example, it was unclear from the MAR sheets the reasons why medicine had not been administered. This was because the MAR had a coding system for medication that had been refused, but did not provide clear coding for medication that had been omitted on the basis of a clinical decision. While the nurse on duty was able to tell us which medicines each person had been prescribed, the names of some medicines were unclear as holes had been punched through the MAR in order to put it in the file. The registered manager was already aware of the points we raised and had held a meeting with the pharmacy on 7 October 2015 to discuss the paperwork and processes in place.

People were happy with the cleanliness of the home. They told us that staff used protective clothing such as aprons and gloves when providing them with personal care. Cleaning schedules were in place. One staff member said that when a bedroom is due for a deep clean, "That room gets completely blitzed through". The registered manager carried out checks to ensure that the cleaning routines were adhered to. The laundry room appeared organised, clean and tidy. Colour coded mops and buckets were used for different areas of the building in order to reduce the risk of spread of infection.

Staff had completed training in infection prevention and control. They had access to updated best practice guidance and were provided with reminders and updates during staff meetings. For example, in July 2015 staff had been reminded about Personal Protective Equipment (PPE) storage and use. The registered manager and activity co-ordinator had undertaken an accredited 'Infection prevention and control champion' training course in February 2015. They had also enrolled to complete a train the trainer course in November 2015 which would enable them to provide in-house training for all their staff.

Requires improvement

Is the service effective?

Our findings

People were involved in day to day decisions relating to their care and treatment but the records in place did not demonstrate that proper decision making processes had been followed when a person lacked capacity to make their own decision. The registered manager had attended a number of training courses regarding the Mental Capacity Act 2005 (MCA). These included a course on mental capacity assessments, positive risk taking and guidance on the Deprivation of Liberty Safeguards (DoLS). While the registered manager had a good understanding of the MCA they had not yet taken action to ensure that people's rights were respected. The registered manager told us that there were 11 people using the service whose freedom of movement was or would be restricted for their own safety. At the time of our visit the registered manager had not yet made any DoLS applications. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

When staff had assessed people as lacking capacity, the records lacked information on how the assessment had been carried out and what efforts had been made to communicate information to the person and assess their ability to weigh up the decision. Similarly, where advance decisions, for example not to be resuscitated in the event that their heart stopped, had been made the documentation did not always provide detail on the involvement of the person or their representatives. This could mean that people's rights had not been respected under the MCA.

The registered manager was unable to demonstrate that they had sought consent from people in line with the provisions of the MCA and had not made applications to ensure that any deprivation of a person's liberty was lawful. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager to review the paperwork on file relating to capacity assessments, best interest decisions and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. The day after our visit, they told us that they were not satisfied with the documentation and would be reviewing each person's file to check how decisions had been made and take any required action.

During our visit we observed that staff involved people in decisions and respected their choices. We saw that staff had a good understanding about consent and put this into practice by taking time to establish what people's wishes were. One said, "We have to respect their decision". Another told us, "Sometimes they can't hear properly so they can't reply what they want. We check their hearing aids are clean and working". A third explained, "(Name of person) will answer. She may take half an hour to tell you, but she will tell you".

Some people had signed their care plans to demonstrate their agreement with the care they were receiving. We saw that others had received advice but had made their own decisions. For example, in the care plan of one person who enjoyed snacks and alcoholic drinks we read, 'Has been advised about the risks to his health (of weight gain) and has made an informed choice'. In the daily care records there were examples of people declining or refusing support. These had been respected, with staff returning later or offering alternatives to ensure that their needs were met.

There had been changes to the nursing staff at the home. The current full-time nurses had recently joined the staff team. This new clinical team included two registered general nurses (RGNs), supported by an acting clinical lead. A further three RGNs were already employed and usually covered the night shifts. The registered manager told us that since the current clinical team had only been established in July 2015, not all the planned changes had been fully implemented or embedded.

The acting clinical lead was a registered mental health nurse (RMN) with limited general nursing experience. During our visit we noted some areas which warranted further attention. For example, we were told that one person had infection control measures in place as they were admitted to the home with a Methicillin-resistant Staphylococcus aureus (MRSA) infection. We did not identify risks to this person or others in the way that they were supported but staff had very little knowledge regarding MRSA. They were not clear if the person still had the infection or of the site of the infection. Staff had no knowledge of current guidelines regarding caring for a

person with MRSA. We were told that the person had infection control measures in place because, "It has always been done this way". There was also some confusion around what constituted self-administration of medicines and while staff told us that the crushing of some medicines to aid swallowing had been discussed with the pharmacist, the details of this decision had not been recorded. This meant that information relating to the specific medicines being crushed was not available and staff could not be sure if the process of crushing changed the medicine's effect.

Staff felt they were supported by the acting clinical lead. They found them approachable and helpful. The registered manager told us that the acting clinical lead was aware of the limits of their clinical knowledge, but was very keen to learn. They had good links with other healthcare professionals and knew where to seek advice. We saw evidence of training in medication, moving and handling, infection prevention and control, nutrition and hydration and first aid. The acting clinical lead was able to demonstrate that they knew how to access clinical advice and guidance if required and told us that additional clinical training had been booked. **We recommend that the clinical lead and nursing team continue to build on their skills and knowledge so that they are able to assess current practices in the home and provide effective care and treatment to people based on best practice.**

People spoke highly of the staff who supported them. They had confidence in their skills and knowledge. One relative said, "It's very good. The care is excellent". Another told us, "The staff are spot on here and very well trained". Staff received regular training in topics including moving and handling, first aid, safeguarding and infection control. They were also encouraged to complete diplomas in health and social care and to pursue further training to better understand the specific needs of people who used the service. Examples of completed courses included dementia awareness, medication, the use of gastrostomy tubes (these provide nutrition and fluid directly to the stomach), wound care and skin care. Further courses were booked in epilepsy awareness and the use of the Malnutrition Universal Screening Tool (MUST).

Staff were positive about the training opportunities available. They told us that they had been supported to complete diplomas in health and social care and that they had completed a lot courses. They told us that they were proud of the care they provided and shared examples of how people's health had improved once they moved to the home. One said, "(Name of person) came here in poor condition, now with our care he is very happy". Another told us, "(Name of person) was in a wheelchair when he came, now he is walking". A relative of one of these people had expressed their thanks to the staff. They wrote, 'You girls have given him a complete new lease of life. You've clearly given him extra time and make him happy'. The registered manager said, "Learning is so important. If someone says I want this course, I say definitely do it". They also told us, "I'd let every single one of the staff here do my care".

New staff were supported to understand their role through a period of induction. They were required to complete training courses and work towards the Care Certificate, a nationally recognised programme covering health and social care topics. New staff undertook a period of shadowing when they worked alongside an experienced staff member. Their progress was reviewed informally on a frequent basis by the registered manager and their contract of employment was confirmed when they achieved a satisfactory level and were confident in their role. Staff told us that new staff did not work alone until they had been assessed by a senior member of staff as competent to do so. They also explained that agency staff were always paired with senior staff. The registered manager was in the process of introducing a formal record of skills which would be used to document staff competency checks on specific skills such as providing personal care, mouth care or weighing people.

Staff felt supported by the registered manager and said that they had a good team. Care staff had received regular supervision. They told us this provided an opportunity to discuss points raised in previous supervision meetings, their role and performance, development and training and suggestions for improvement. Supervision records demonstrated that both the staff member and supervisor had an opportunity to raise items for discussion. One staff member said, "My last session was really good and very helpful. The manager is good at supporting career development and is always approachable".

The new acting clinical lead was booked to attend supervision training and would then take responsibility for providing nurse supervisions. At the time of our visit none of the staff had attended an appraisal. An appraisal is a formal opportunity to discuss the staff member's role,

Is the service effective?

development needs and progress. The registered manager described her plans to implement a system of appraisals and was booked to attend a course in how to conduct appraisals.

People were happy with the choice of food provided. One person told us, "The food is very good. You get a choice and if you want anything different they will make it for you". Another joked, "You get too much food here", and told their relative, "If I came home now I'd expect you to keep up the standards!" People were offered a cooked breakfast such as porridge or bacon and eggs and were given a choice of two main courses for lunch. Kitchen staff baked cakes for supper and fresh sandwiches were offered along with soup and a hot supper dish. Main meals were purchased frozen from an external supplier. There was a rotating menu over four weeks and this changed seasonally in winter and summer.

People were able to choose where and when they ate their meals. The atmosphere in the dining room during lunch and supper was friendly and inclusive. Staff described the meal to people as they served it and checked with them to see if they were enjoying it and happy with their choice of dish. They offered sauces to people, sometimes showing the two bottles to support people in making a choice. People were encouraged to eat sufficient amounts to meet their needs and those who were unable to manage independently were provided with assistance. Staff monitored people's weight and used a recognised tool to assess their risk of malnutrition. Where people were deemed to be at risk, action had been taken. For one person, this included maintaining an accurate food chart and providing the opportunity for family members to join them for a meal. Others had been referred to the GP, dietician or Speech and Language Therapist (SALT). The meal supplier offered a range of specialist options, including high fibre, vegetarian, lactose free, diabetic, pureed or 'soft'. A list of people's requirements was displayed in the kitchen to ensure that staff were aware of their needs when preparing meals.

People were offered a choice of hot and cold drinks throughout the day and staff made sure people had sufficient drinking water in their rooms. One person told us, "The staff are always popping in my room to top up the water". A relative told us, "The food is good and the drinks are fresh". One person had recently started to use a beaker for hot drinks. They told us that they were pleased with this and that it helped them. Where people were at risk of dehydration staff maintained fluid charts. These had been completed and for the most part totalled. We noted that the total fluid intake for some people had been raised for information during staff handover. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

People had access to healthcare. Staff had made referrals for people, including to the GP, dentist, optician and falls prevention team. A GP visited the service weekly and the home arranged regular health checks with GPs to help people to stay healthy. Professionals told us staff contacted them promptly if they had concerns. A Speech and Language Therapist who had visited recently told us, "They contacted us for a review. They were really helpful and happy to go ahead with the recommendations". An agency which supplied registered nurses to the service told us, "We have always had very positive feedback from our staff going in to Hooklands and any contact we have had with Hooklands has always been extremely professional and responsive. They are willing to help in any way they can".

The home was arranged over three floors. There were two bathrooms and four of the 26 bedrooms had an en-suite toilet and basin. People were able to move freely in the home and garden and had a choice of communal areas in which to spend time. People and staff told us of improvements that had been made to the fabric of the building. Much of the interior and exterior of the home had been painted, new carpets had been fitted and the garden had been redesigned to include raised beds and seating areas. In the minutes of the residents' meeting in July we read, 'The residents are really happy with the new flower beds, seating areas and wild patch'. One person told us, "It's comfortable. I've got a nice bedroom. I've got everything I want". Another said, "It's a lovely position".

Since our last visit a staff member had been employed to provide maintenance services to the home. Further improvement work was planned, such as to improve the fencing. Ideas for future works had been put forward by people and shared with the provider by the registered manager. These included a raised seating area so that people who used wheelchairs could see over the wall to the sea. The registered manager was also considering storage options as relatives had raised concerns about continence aids, gloves and aprons being stored in people's wardrobes.

Good

Is the service caring?

Our findings

People were full of praise for the staff. One person described them as, "Excellent". Another said, "The staff provide absolutely spot on care here". A relative told us, "I don't think they could be any better with the residents". Another relative had written to the home saying, 'Nice to see my old man happy. He loves the staff at the care home, says they're more than staff, they're family, which is brilliant as I was worried about him going there'.

Throughout our visit staff interacted with people in a warm and friendly manner. The whole staff team focused their attention on providing support to people. During the morning we observed a member of the domestic team shared their coffee break with one person. People and staff laughed together and staff used gentle touch to reassure and support people. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. We observed one member of staff providing effective one to one support to a person who appeared restless and agitated. They talked to them calmly, engaged them in conversation, provided reassurance about their worries and sat with them until they appeared relaxed. A chiropodist who visited people at the service said, 'I have always found the staff to be extremely helpful and reassuring to nervous patients'.

Staff were able to speak about people and tell us about their preferences and interests. We observed they encouraged people to be involved in day to day tasks such as laying the tables for lunch. As a staff member was preparing to put a table cloth on, the person sitting at the table went to lift the vase of flowers. The staff member supported them to do this and thanked them for their help. A second person was encouraged to pull the cloth straight at the other end of the table. Staff told us how a third person helped by folding napkins in the evening as they watched television. One staff member said, "You have to know these people intimately to know what they like and treat them as they deserve".

Relatives told us that they felt like welcome guests at the home and that they were kept updated with any issues concerning their family member's care. One said, "They always contact me straight away if anything changes". Another told us, "This is a brilliant place. I can't fault the care, the staff are courteous and compassionate and nothing is too much trouble". A third relative told us how they were regularly invited to stay for meals and had been offered the chance to stay the night at the home. They explained how this was a great comfort, especially if their husband was restless.

People and, where they wished, their relatives had been involved in planning their care. One person said, "I am happy here, the staff are too good to be true; it is unbelievable how quickly they get to know what you like and how you like it". The care plans were personalised and described how people liked to be supported. They included details about when a person liked to go to bed and wake up, whether they had a preference for male or female staff to provide their personal care, whether they liked breakfast in bed or once they were up and dressed and how often they wished to be checked on during the night. In one care plan we read the person only liked their duvet up to their waist, in another that if the person was distressed staff should reassure them that their partner was safe and in bed. One staff member told us, "You have time to get to know them and about their past". Another said, "Some days they want to be up at 8am, another 12 o'clock. However they want stuff to be done, that's how it is".

People were involved in decisions relating to the service. There were regular residents' meetings chaired by a relative. In the minutes we saw that the discussion included the food, garden and activities on offer. New staff members had been introduced to people. The relative who chaired the meetings told us that staff gathered any discussion points from people who were unable to attend and that these were fed into the meeting. They told us, "Most things do get done, (the registered manager) sorts things out". One person said, "We have meetings so you can air your view which is very good. They're very, very obliging". In a bulletin to staff dated June 2015 we read, 'Each resident has the right to voice how they wish to have things done. They come first. We must bend our ways of working to suit them and their choices'.

People were encouraged to maintain their independence. In a survey conducted by the registered manager, four of the five people who responded confirmed that they were helped to be as independent as possible. The fifth had not provided a response. People's care plans included directions for staff on which tasks people could manage

Good

Is the service caring?

independently. For example, 'Encourage (name of person) to take part in her own hygiene routine as much as possible; she can wash her own hands and face with a flannel'. One relative spoke of the change they had seen in their family member since they moved to the home. They told us, "In the six months my relative has been here they have improved tenfold due to the quality of the care".

People were treated with respect by staff. One person said, "They asked what I wanted to be called when I came here". Staff paid attention to the small things that were important to people, such as wearing a specific piece of jewellery, how they liked to style their hair and the way they liked to be addressed. One staff member told us, "You get them washed and dressed in the way they want to do it". Another said, "They want to live as their home, with independence and dignity. We give them freedom".

The induction programme for staff covered the importance of treating people with respect, keeping their dignity and privacy and obtaining their consent. It also addressed issues of confidentiality. One staff member told us, "You don't talk with other residents; we do not talk in front of everybody". Another said, "We don't talk about people out in the community". Visits from health professionals were carried out in private in people's own rooms. We observed that when staff discussed people's care needs they did so in a respectful and compassionate way.

Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in and making sure the doors and curtains were closed and the person covered when assisting them with personal care. One relative told us, "They treat my relative with the utmost respect and always ask me to leave when they need to change them". Another relative had commented on the home on an external website. They wrote, 'The staff are very caring and helpful, meticulous in all ways, treating the residents with great respect. I feel that this is due to the way in which the manager oversees the care given'.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. One person told us, "They're very kind and thoughtful," and explained how staff had offered them soft food options after they had some teeth removed. We observed staff were quick to pick up on people's needs and wishes. One person who was living with dementia took an orange from the fruit bowl. They then put it down and continued to walk around the dining room. A staff member who had seen this took the orange, peeled it and presented it to the person. The person sat and ate the fruit in the company of the staff member. The registered manager had taken action to respond to changes in people's needs and had made referrals for equipment or support from external healthcare professionals. They had also taken action to keep people safe. For example, in response to one person's frequent falls in the early evening, the registered manager had arranged for a staff member to provide one to one support during this time. Early indications were that this had reduced the incidence of falls. A relative had written to the home thanking them for the care and attention they gave to their family member. They wrote, "It could not have been better".

When a person moved to the home they and their relatives were asked for information about their experiences and interests. This was added to by staff as they got to know people better. Details on their individual care needs and preferences were recorded in a care plan. Since our last inspection a new care planning system had been developed and implemented. The care plans contained a life history which set out what were the most important things in the life of the person. For example, their family and friends, hobbies and past employment. This meant staff were able to see what mattered to people they cared for. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. The care plans gave details of things people could do for themselves and where they needed support.

People's abilities and needs were kept under review and any increase in dependence was noted in the daily records and added to the care plans. Staff maintained a daily 'Full care chart' for each person which recorded the support they had received with repositioning, mouth care, fluids and continence support as appropriate. Staff told us that this chart was useful. One said, "You know whether everything has been done – you can keep an eye on the care". Handover meetings were held at the beginning and end of each shift. This helped staff to keep updated on any changes in people's wishes or needs. In the minutes of a staff meeting in July 2015 we read, 'All staff have something to contribute as they come into contact with our residents and their role and should feel valued for passing on information'. One staff member told us, "Handovers work well, everyone is spoken about and they are very helpful".

In June 2015, a 'Resident of the day' system had been introduced. This meant that on a monthly basis, each person's care was reviewed, their bedroom was fully cleaned and their care records updated. In the main, records were up to date and reflected people's current needs. For example, one person's mobility care plan had been updated to reflect a change in sling size to be used when hoisting them. Another person's care plan described how staff should provide personal care to the person in bed since they were no longer able to stand safely. We found a few discrepancies in records where changes in support had not been accurately recorded throughout the care plan. In each case staff provided consistent responses and were aware of people's current needs. We highlighted these discrepancies to the nurse on duty who undertook to update the records in question.

People were encouraged to pursue their interests. Individual interests such as flower-arranging or gardening, were noted in people's care plans. Others were supported when they demonstrated an interest in helping at the home. For example, one person used to work as a cleaner. In their care plan we read, 'Remembers her time as a domestic and can often be seen polishing with her hand. Offer X a cloth to clean with'. Another person was keen on budgerigars and was seen blowing kisses to the birds kept at the home. A third person enjoyed puppets and was writing a script to put on a show with and for people who lived at the home. They told us that staff were enthusiastic about this, with one staff member being "dead keen". A fourth person showed us the photograph album that one of the care staff had prepared for them.

The home had several budgerigars and an aquarium to interest people in one of the communal areas and a recently developed garden with raised beds which several people spoke very positively about. The focus of activities was one to one support. The registered manager said, "One to one time is part of the care package as far as we're

Good

Is the service responsive?

concerned". During our visit we observed staff spending time with people in their bedrooms. A relative told us, "The staff do look after her. They do come and chat to her". We saw photos of one person baking a cake with staff in the week prior to our visit. Another person showed us the white board which had recently been fixed to the wall by their bed which they liked and found very useful to communicate messages. Others told us how they enjoyed going up to the sea front for an ice cream or spending time with a dog that regularly visited the home with a staff member. Another relative explained that their family member enjoyed receiving a daily paper delivered to their room.

There were also group activities and outings. An activity programme was displayed in the home. One person said, "They're very good here, they put on quite a few things here to entertain us, like a singer, outings to the harbour". Regular monthly events included an afternoon of musical entertainment, Holy Communion for those who wished and outings to such venues as garden centres using the local community transport. The activity co-ordinator told us they had joined an activity co-ordinator forum where they had an opportunity to share ideas.

When people raised concerns these were responded to. In the response to a satisfaction survey from July 2015 all five respondents had said they felt their views would be welcomed if they had thoughts on something that could be improved. One person wrote, 'Yes, staff are always prepared to listen'. We saw that points raised during residents' meetings had been taken forward. For example, it was noted that the temperature of hot drinks on the tea round had improved and staff had been requested to pay more attention to the tidiness of people's bedrooms. One person was unhappy that their medication was preventing them from being mobile. In response to their concern, their medication was reviewed by the person's GP and the medication administration time was change to the evening. In the minutes of the May 2015 residents' meeting we read, '(Name of person) would just like to say that every time she has asked for anything she has always had a speedy response'.

People knew how to make a complaint and told us they would feel comfortable to do so. They were confident that any issues raised would be addressed by the registered manager. One relative told us, "The standard here is - if someone has something to say you say it and you can be confident it would be addressed, although there has never been a need for us". The registered manager analysed the complaints received and grouped them under, 'Care, attitude, laundry, housekeeping, kitchen, maintenance, finance or other'. Action had been taken in response to complaints. There had been no complaints made since June 2015.

Information on how to complain was provided to people in a welcome pack when they moved to the service. This included details on where people could turn if they were not satisfied with the response they received from the home. The information did not provide a timescale for response. This could mean that people who complained might not know what response to expect and when. The registered manager explained that they were updating the policy to make reference to legislation introduced in April 2015, that this information would be included and that the policy would then be put on display.

Good

Is the service well-led?

Our findings

The home had an open and friendly culture. People appeared at ease with staff and staff told us they enjoyed working at the service. One said "This is a friendly happy place to work, the residents are lovely and the staff work together as a team". Another said "I love this place and all the residents." Relatives felt welcomed and were able to visit at any time. One said, "This place is run like one huge family". Another had written a thank you card to the staff which said, 'Thank you very much for looking after our Mum so well. We will always have fond memories of Hooklands and the wonderful, warm reception you always gave to all visitors. You are a great bunch'. An optician who visited people at the service told us, 'Their communication is excellent. We and our service are always made to feel valued and welcome'.

The service had a statement of aims. This read, 'The main concern will be to maintain the independence and quality of life of the residents'. The staff values of, 'Caring, accountable, respectful, ethical, dedicated and enabling' were detailed in the staff induction book. Staff we spoke with were able to tell us about the values of the service and described how they put them into practice as they supported people. In the minutes of staff meetings we saw staff were thanked for their work and encouraged in their professional development. Staff felt confident to raise any concerns. They told us, "(The registered manager) has an open door and we can speak to her". In the satisfaction survey carried out by the registered manager, all respondents had rated their quality of life at the service between eight and ten, with ten being 'Excellent'.

People knew who the registered manager was and held her in high regard. One said, "She's very nice, you can speak to her". A relative said "The manager is brilliant; she runs a very tight ship and cares about the residents and the staff". The registered manager spent time on the floor and both staff and people using the service said she was open and approachable and they would go to her if they had any queries or concerns. Staff felt supported by the registered manager and told us that the home was well led. One said, "Kerry is a good manager, you have access all the time. She encourages us to come to her". Another told us, "There have been improvements since Kerry became manager; in documentation, maintenance and staff training. We are building up the standards. We share knowledge".

Staff told us they had regular staff meetings when they had an opportunity to bring up suggestions for improvement in the quality of care provided. For example one staff member told us how a suggestion, made recently at their meeting to improve the level of staffing on the floor around handover, had been adopted to good effect. Another recent suggestion adopted was the introduction of a second laundry bin to save staff carrying individual items for the laundry down from the top floor. One staff member said, "If it is for good she (the registered manager) makes changes. She listens to us". Another said, "She tries to find a way of resolving it".

The registered manager did not receive formal supervision from the provider but had taken the initiative to hold a group supervision with the staff team and obtain their feedback on her performance. The registered manager had also made contact with registered managers from other services in the local area. She told us that, in addition to attending local registered manager forums, she now felt able to 'pick up the phone' to these new contacts and found this a good means of support.

The registered manager was making improvements at the service. She told us, "The last year has been the best learning curve. If you could see the journey we have made you'd see that we embrace change". She told us that staff had supported her and that, "The whole team has done it". One staff member said, "The manager is brilliant. She managed to bring about lots of good changes to this service". Another told us, "Kerry has been amazing with everything". A SALT who visited the service told us, "I felt the atmosphere was more buoyant and staff seemed more responsive to people and to me. I noticed a huge improvement".

The registered manager had a system of daily, weekly and monthly checks through which she monitored the quality and consistency of the service that people received. This included checks on monitoring records such as food and fluid charts, cleaning, maintenance, complaints, equipment and activities. Many of the daily and weekly tasks had been delegated within the staff team with the registered manager completing the monthly review. In addition senior staff had specific responsibilities such as for wheelchair cleaning and maintenance or for infection control. One staff member said, "There's a lot more structure".

Good

Is the service well-led?

The registered manager took note of audit findings. For example, after reviewing accidents and incidents they saw that one person fell most often in the early evening. They arranged one to one support for this person during this time period. The person's care plan had also been updated to ensure that their night medication was not given too early as this could also increase their risk of falling. In response to an infection control audit in February 2015 new commodes and mattress covers had been purchased and the internal cleaning schedules and audit were developed.

Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Action had been taken in response to the audits, for example a new hoist was to be purchased and four slings which had failed the audit had been disposed of. Staff told us that any faults in equipment were recorded in the maintenance book and were rectified promptly; records confirmed this. The provider had achieved a level five rating at their last Food Standards Agency check.

The registered manager was clear about where further work was needed and was aware of the issues we identified during this inspection. She told us that DoLS applications needed to be submitted, staff appraisals scheduled and that many of the home's policies and procedures needed to be updated. Issues with the Medication Administration Records (MAR) had been identified and the registered manager had requested a meeting with the pharmacy to review the paperwork and procedures in place. She explained that time was the limiting factor and said, "I haven't stopped since the last inspection". In order to keep track of outstanding actions and of requests she had made to the provider, the registered manager explained that she was planning to create a record of actions. This would also help to demonstrate the work completed. At the current time she told us, "The audit file keeps the focus going". One staff member told us, "She's always trying to do new things to make it safer for residents and to help staff".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment had not been provided with the lawful consent of the relevant person and the provider had not acted in accordance with the provisions of the Mental Capacity Act 2005. Regulation 11 (1) (3)