Hawkinge House Limited

Hawkinge House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Hawkinge House is registered as a community healthcare service, domiciliary care service, extra-care housing service, supported living service and a care home with nursing.

A community healthcare service provides nursing and other clinical resources to people who live in their own homes. A domiciliary care service provides personal care to people living in their own homes. A supported living service provides care and support to people living in supported living settings so that they can live as independently as possible. Under this arrangement people's care and housing are provided under separate contractual agreements.

An extra care housing service provides care and support to people living in 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. In both supported living services and extra care housing services people's care and housing is provided under separate contractual agreements.

In a care home with nursing service people receive accommodation, nursing and personal care as a single package under one contractual agreement.

Hawkinge House is registered to provide accommodation, nursing and personal care for 115 people. It can accommodate younger adults, older people and people who live with dementia. It can also provide care for people who need support to maintain their mental health and/or who have physical adaptive needs.

At the inspection there were 81 people living in Hawkinge House of whom 15 were using the care home with nursing service. They were funded by a health authority as they needed complex nursing care.

The remaining 66 people used the supported living service, rented their accommodation and had tenancies with Hawkinge House Limited. These people could choose which provider delivered their care. All the people using the supported living service had chosen to receive their nursing and personal care from nurses and care staff employed by Hawkinge House Limited. This provision was made by Hawkinge House Limited acting as a domiciliary care service.

At the inspection no-one living in Hawkinge House was using it as a community healthcare service or an extra-care housing service.

The accommodation was provided on three self-contained floors comprising a number of bedrooms, communal bathrooms and lounges. Each person had their own bedroom and private bathroom. There was no physical separation between the accommodation used for the supported living service and the care home service. A person using the care home with nursing service might have their bedroom next door to a person using the supported living service and both people may use the same communal lounge.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person using the supported living service said, "I like the staff well enough and they're very helpful." A relative said, "The staff are excellent, caring and loving to the residents."

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed. There were enough nurses and care staff on duty and safe recruitment practices were in place. People were helped to take medicines in the right way and lessons had been learned when things had gone wrong. Hygiene was promoted to prevent and control infection and people had been helped to quickly receive medical attention when necessary.

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

The accommodation was designed, adapted and maintained to meet people's needs and expectations.

People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care and had been given information in an accessible way. People were supported to pursue their hobbies and interests. There were arrangements to quickly resolve complaints. People were treated with compassion at the end of their lives so they had a dignified death.

There was no registered manager. Some people had not been fully consulted about the development of the service. Quality checks had been completed, good team work was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Requires Improvement (published 24 April 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not consistently well-led.	**Requires Improvement**

Hawkinge House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by an inspector, a specialist professional advisor who was a nurse 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.

Service and service type
This service can provide nursing and personal care for people living in a supported living setting so they can live as independently as possible. People's care and housing are provided under separate contractual arrangements. The Care Quality Commission does not regulate premises used for supported living. This inspection looked at the nursing and personal care provided for these people.

Hawkinge House is also a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provide and both were looked at during this inspection.

At this inspection no one living in Hawkinge House was using it as a community healthcare service or an extra-care housing service.

The service did not have a manager registered with the Care Quality Commission. It is a requirement that Hawkinge House has a registered manager. Together with the registered provider, a registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

In this report we only refer directly to 'the supported living service' and 'the care home with nursing service'

when our conclusions do not relate to the whole service.

Notice of inspection
The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 19 people using the supported living service and two people using the care home service. Using sign-assisted language when necessary. We also met with eight relatives.

We spoke with four care staff and three duty managers two of whom were nurses. We also spoke with two of the activities coordinators, the chef, administrator and maintenance manager. We met with the deputy manager who was the clinical lead and who supervised the delivery of nursing care. We also met with the service manager and compliance manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for eight people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, 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 speak with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• At the last inspection nurses had not always fully recorded the way pain relief had been offered. Although there was no evidence people had been harmed the shortfall had increased the risk of this happening. At this inspection robust arrangements had been made to plan, deliver and record pain relief including how nurses had consulted with and followed advice from healthcare professionals.
• People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A person using the care home with nursing service said. "The staff are very helpful to me and they do lots of things to get me through each day." People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer by using hoists and supportive handling belts.
• People were helped to keep their skin healthy. When necessary people were provided with special air mattresses. They reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, nurses and care staff used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People's continence was promoted. They were discreetly assisted to use the bathroom whenever they wished and nurses regularly checked to ensure people had not developed a urinary infection.
• Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
• The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Preventing and controlling infection
• At the last inspection some checks of infection prevention and control had not been done in the right way. This had resulted in some unclean cushions not quickly being replaced. At this inspection new and more robust checks had been introduced and all the cushions in use were clean.
• Nurses and care staff were correctly following guidance about how to assist people to maintain good standards of hygiene. A relative said, "The place is very neat and clean. The cleaners always seem to be hard at it."
• Staff used disposable gloves and aprons when necessary. Fixtures and fittings were clean as were mattresses, bed linen, towels and face clothes.

Learning lessons when things go wrong
• At the last inspection accidents and incidents had not always been robustly analysed so lessons could be

learned and improvements made. Although this had not resulted in people experiencing harm it had increased the risk preventable accidents and incidents would recur. At this inspection this shortfall had been addressed. Accidents and incidents had been carefully examined to establish what had gone wrong and what needed to be done about it. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action to give people the assistance they needed. This included requesting assistance from healthcare professionals. An example was helping a person using the care home with nursing service to get out of bed without falling. With the person's agreement a low rise bed and floor mats had been provided so there was less risk of injury.

Staffing and recruitment
• At the last inspection a small number of people and relatives thought there were occasions when there were not enough care staff on duty. Although we found the service was adequately staffed we recommended the compliance manager review staffing levels.
• At this inspection two relatives told us on some occasions there were not enough care staff on duty to quickly provide people with the personal care they needed. However, most relatives and all the people living in the service said there were enough care staff on duty to meet their expectations. A person said, "When I use my call bell the staff come quite quickly." A relative said, "The staff are very busy but they're organised and seem to get things done. I've not seen people waiting and in need of care."
• There were enough care staff on duty. Records showed that planned shifts were being reliably filled. People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. However, we told the service manager and compliance manager about the reservations two relatives had raised about the adequacy of the number of care staff on duty. The compliance manager assured us they would consult with everyone living in the service and with relatives. This was so any necessary changes could be made to ensure staffing arrangements better met their expectations.
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the service manager could identify what assurances needed to be obtained about applicants' previous good conduct. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person using the supported living service said, "The staff are kind to me and to everyone else." A relative said, "I don't have to worry at all when I leave as I know the nurses and care staff are genuinely kind."
• There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Using medicines safely
• People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.

• There were written guidelines about the medicines prescribed for each person. Nurses and senior care staff who administered medicines had received training. Medicines were administered in the correct way so each

person received the right medicine at the right time. A person using the supported living service said, "I want the nurses to hold my medicines so I don't get muddled up and they sort them for me."
• There were additional guidelines for nurses and senior care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary.
• The deputy manager regularly audited the management of medicines so they were handled in the right way.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• At the last inspection there had been an incident when medical attention had not been quickly obtained for a person after they had fallen. After the inspection all nurses were given additional training in how to follow the service's policy and procedure about requesting medical assistance. At this inspection nurses knew what steps to take following an accident. People were being assisted in the right way so medical attention was quickly sought when it appeared likely hospital treatment was necessary.
• People were supported to receive coordinated care when they used or moved between different services. This included nurses and senior care staff passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see occupational therapists, dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS). When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

• At the last inspection suitable steps had not always been taken to obtain consent for the care provided for people who lacked mental capacity. At this inspection relatives and healthcare professionals had contributed to make decisions in people's best interests. An example was a decision to relocate a person to another bedroom that more suited their needs.

• Whenever possible people had been supported to make everyday decisions for themselves. Examples of this were people being supported to choose the clothes they wanted to wear, when they wanted to have a shower or bath and when to get up and go to bed. A person using the supported living service said, "My day's my own and it's up to me what I do."
• Applications had been made to obtain DoLS authorisations for people using the care home with nursing service who lacked mental capacity and needed to be deprived of their liberty. For people using the supported living service who need to be deprived of their liberty in order to receive care and treatment the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty. The deputy manager had established what authorisations had been obtained through the Court of Protection. There were arrangements to ensure that any conditions placed on both types of authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The deputy manager met each person before they moved into Hawkinge House. They established whether the person wanted to use the supported living service or the care home service. People who wanted to use the supported living service were offered the choice of receiving their nursing and personal care from an alternative provider or from members of staff employed by Hawkinge House Limited. The assessment also established the nursing and personal care a person needed to ensure the service could meet their needs. An example was arranging for any special medical devices a person needed to use to be available as soon as they moved into the service.
• The assessment also established how to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage. Another example was establishing how a person wished to meet their spiritual needs.

Staff support: induction, training, skills and experience
• New nurses and care staff received introductory training before they provided people with care. Care staff had also received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Nurses had received refresher training in clinical subjects including managing healthcare conditions and wound care. Care staff regularly met with a senior colleague to review their work and to plan for their professional development. Nurses met with the deputy manager to discuss their clinical practice.
• Care staff knew how to support each person in ways right for them. An example of this was a member of care staff responding appropriately when a person became upset and was at risk of placing themselves and people around them at risk of harm. The person was anxious because they could not recall when their lunch time meal was due to be served. A member of care staff quietly pointed to a nearby clock and reassured the person they would assist them to go to the dining room in plenty of time for their meal.
• Nurses and care staff supported people to maintain good oral hygiene. Care staff described how they provided practical assistance such as noting when a person needed to buy a new toothbrush or renew their supply of denture cleaning products. People had also been supported to attend dental appointments. A relative said, "I do think the nurses and carers are pretty much on the ball. I've never seen my family member not wearing their dentures or them not being clean."
• Nurses knew how to provide safe clinical care. An example of this was the assessment, treatment and evaluation of an area of sore skin a person had developed before they moved into the service. Records of the care provided and photographs of the wound healing showed nurses had the knowledge and skills they needed to provide clinical care in the right way.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals that gave people the

opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is pretty good actually and there's always a choice."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.
• Speech and language therapists had been contacted when people were at risk of choking. Kitchen staff, nurses and care staff were following the advice they had been given including blending food to make it easier to swallow. The chef had developed a special technique to prepare some blended dishes so they closely resembled conventional dishes including sandwiches and beans on toast.

Adapting service, design, decoration to meet people's needs
• There was a passenger lift giving step-free access around the accommodation. There were wide doorways, bannister rails in hallways, supportive frames around toilets and an accessible call bell system.
• Each person had their own bedroom which they had been encouraged to personalise by decorating and furnishing them as they wished.
• There was enough communal space. Signs on communal doors and bedroom doors and different wall-colours helped people to find their way around.
• The accommodation was well decorated and the grounds were neatly maintained. There was enough car parking for visitors.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• At the last inspection people had not always been consulted about whether they wanted their close personal care to be provided by a male or female member of staff. At this inspection more robust arrangements had been made. The deputy manager asked people about their preference before they moved into the service. Also, since the last inspection people already living in the service had been consulted again about their choice. There was information in each person's care plan about their preference and their choices had been respected.
• People were positive about the care they received. A person using the supported living service held hands with a member of care staff and danced with them when we asked them about their care. A person using the care home with nursing service said, "I'm treated very well by the staff – all of them." A relative said, "The staff go over and above their duties to make the residents feel comfortable. They are patient, kind and lovely."
• Nurses and care staff provided care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. A religious ceremony was held in the service each month.

Promoting people's privacy, dignity and independence
• At the last inspection people had not always been offered a key with which to lock their bedroom door. At this inspection people had been asked if they wanted to use the lock on their bedroom door and if requested had been given a key.
• People's right to privacy was respected and promoted. Nurses and care staff did not intrude into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. Communal bathrooms, toilets and bedrooms had working locks on the doors.
• Private information was kept confidential. Nurses and care staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them. Paper records were stored securely when not in use.
• People's dignity was promoted. They were assisted to wear neat and clean clothes of their choice. A hairdresser called regularly to the service and care staff also helped people to wash, comb and style their hair if they wished.
• People received compassionate care. This included having personal keepsakes with them providing comfort.

• People were encouraged to be as independent as possible. An example was a person who liked to help care staff laying tables for lunch. A person said, "I like to do things in my own way and at my own speed and the staff leave me to potter around and don't rush me."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a person choosing where to sit in a communal area so they could look out over some nearby shops. A member of care staff noticed this and sat with them chatting about how much the local area had changed in recent times.
• People had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The service manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

• At the last inspection a person with mental capacity who used the supported living service had not been fully involved in reviewing the care they received. At this inspection more robust arrangements had ensured people with mental capacity were consulted about the care to be provided. The results were recorded in an individual care plan for each person describing the nursing and personal care they needed and wanted to receive. People who did not have mental capacity were supported to review their care by relatives and/or social care professionals.

• People received personalised care responding to their changing wishes. An example was new chairs having been provided making it easier and more comfortable for people with limited mobility to leave their bedrooms and enjoy spending more time in communal areas. Call bells were answered quickly. A person using the care home with nursing service said, "It's reassuring that when I use my call bell the staff come because I know I'll get whatever help I need."

• Some people needed to have most of their care provided in bed or while they were sitting in their bedroom. Nurses and care staff regularly called to each person to make sure they were comfortable and had everything they needed. A relative said "The care staff come in from time to time to check if my family member is okay because they are unable to call if they needed help. I was once in the room when they dropped by not knowing I had come to visit, and I have experienced this many times."

• The service was about to introduce a new way of organising the delivery of care called, 'care companions'. This involved care staff providing care for a small number of people so their experience of receiving assistance more closely matched a normal family setting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• At the last inspection people had not always been supported to go out and about in the local community. At this inspection people had been offered more opportunities to enjoy community resources. They had been supported to visit local places of interest including a garden-centre and the sea-side.

• People were supported to pursue their hobbies and interests. There were activities coordinators who invited people to enjoy small group events including armchair exercises, games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. People had been invited to contribute to imaginative themed events such as remembering journeys they had completed to different destinations around the world.

• There were outside entertainers who called regularly to the service. People were supported to celebrate seasonal occasions such as Easter and Christmas and personal events such as birthdays.

• People had been supported to keep in touch with their families. With each person's agreement the service manager and deputy manager contacted family members to let them know about any important developments in the care being provided. A relative of a person using the supported living service said, "I want to be kept up to date with how my family member is doing and generally I am."

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

• People had information presented to them in an accessible manner. Parts of care plans were written in a user-friendly way using an easy-read style with pictures and graphics. A person with hearing-loss said, "The staff speak close to my ear so I can understand what they are saying."
• There was a written menu and care staff chatted with people at meal times helping them decide which meal they wanted to have.
• Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.
• The complaints procedure was written in an accessible way using larger print to make it easier to read. It explained how complaints could be raised and how they would be investigated.

Improving care quality in response to complaints or concerns
• The complaints procedure reassured people about their right to make a complaint. The tenancy agreements for people using the supported living service had a procedure to resolve disputes. A person using the supported living service said, "I've not had to complain about anything major. If I did I'm sure the manager would sort it out." A relative said, "The new manager is definitely more visible around the place and much more approachable and down to earth. I'm more confident as a result things will get sorted if it's needed."
• There was a management procedure for the service manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The compliance manager who supervised the handling of complaints said no complaint would be closed until the complainant was satisfied with the outcome.
• Records showed the service had not received any formal complaints since our last inspection visit remaining to be resolved.

End of life care and support
• People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
• The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.
• Although at the inspection no one was receiving end of life care the service held comfort medicines. This was so the medicines could quickly be given in line with a doctor's instructions to provide a person with pain relief if necessary.
• The service was working towards accreditation by a nationally recognised standard of good practice in supporting people to live and die well.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager. The previous registered manager had left their post shortly before the inspection. The service manager had been in post since the registered manager left and was about to submit an application to us to be registered in their role.
- Nurses and care staff understood their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment including hoists and medical devices.
- There was a senior member of staff on call out of office hours to give advice and assistance to care staff.
- Nurses, care staff and ancillary staff had been invited to attend regular staff meetings. These meetings were used to promote team work and to discuss developments in the running of the service.
- Nurses and care staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the service manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

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

- Some people had not been fully supported to comment on their experience of living in the service. Although there were residents' meetings these had not been well attended and little had been done to develop new ways to engage people in suggesting improvements to the service. We raised our concerns with the compliance manager who said additional steps would be taken to encourage people to contribute to the development of the service.
- Relatives had been invited to complete quality assurance questionnaires to give feedback about their experience of using the service. Their suggestions had been implemented including the provision of more social activities during weekends.
- The service subscribed to an internet website through which anyone can anonymously post a review about Hawkinge House.
- Members of staff had been asked to comment about working in the service. They said after a period of low morale in the service things had considerably improved after the arrival of the service manager. This was because they were better supported, included and treated as valuable team members.
- Healthcare professionals had been invited to complete a questionnaire about their experience of working

with the service.

Continuous learning and improving care
• People considered the service to be well run. A person using the supported living service said, "The place is quite organised and the staff seem to get on well together and that makes it a happy enough place." A relative said, "When I call to the service things are calm and that reassures me."
• Quality checks had been completed so people reliably received safe care and treatment meeting their needs and expectations. These checks included the delivery of care, management of medicines, learning lessons when things went wrong and health and safety.
• The compliance manager regularly called to the service to complete additional audits of how the service was running. They could also remotely access a lot of information enabling them to check on a real-time basis how well the service was doing. An example was the time taken to respond to call bells.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• There was a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "This is a big building but each of the floors has its own staff team and this helps to create more of a family feeling because everyone knows each other."
• The service manager understood the duty of candour. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
• Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. Notifications to Care Quality Commission had been submitted in an appropriate and timely manner.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The service manager subscribed to some professional publications relating to best practice initiatives in providing people with care.
• The registered manager attended a meeting with the managers of other services run by the registered provider. This was done to share and learn from examples of best practice in the provision of residential and domiciliary care.