Dr Charles Bamford Convalescent Home Trust

# The Hermitage Charity Care Trust

## 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** |

# Summary of findings

## Overall summary

This inspection visit took place on the 27 May 2016 and was unannounced.

The Hermitage Charity Care Trust provides accommodation and personal care support for up to 30 older women. There were 30 people who used the service at the time of our visit.

The service had 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.

At our previous visit on the 14 November 2014 the service was meeting the regulations that we checked but we did ask the provider to make some improvements. Although best interest decisions were in place for people that were unable to make specific decisions for themselves, mental capacity assessments had not been completed to demonstrate that these people lacked the capacity to make decisions. At this visit we saw that some improvements had been made, some people had received a capacity assessment, but they were not in place for everyone that needed support in making decisions. The registered manager had not made any applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people whose liberty may have been restricted.

People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable care to be provided in a safe way. Staff told us that they were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Policies were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

## 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 understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. The recruitment practices in place checked staff's suitability to work with people. People received their medicine as prescribed and medicines were managed safely. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

### Is the service effective?

Requires Improvement

The service was not consistently effective

The Deprivation of Liberty Safeguards were not being followed to ensure that where people were deprived of their liberty, their rights were protected. Capacity assessments had been undertaken for some people that required them, but these were not in place for everyone that needed support in making decisions. Staff received training and guidance to ensure they had the skills, knowledge and support required to meet people's individual needs. People's nutritional needs were monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

### Is the service caring?

Good

The service was caring.

People told us they liked the staff. People were supported in their preferred way by staff who knew them well. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

### Is the service responsive?

Good

The service was responsive.

People's individual needs were met. People and their relatives

were involved in discussions about how they were cared for and supported. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

## Is the service well-led?

Good

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

# The Hermitage Charity Care Trust

**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 was 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 visit took place on the 27 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. We looked at information received from people and the statutory notifications received from the home. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with nine people who used the service and the visitors of three people. We observed how staff interacted with people throughout the day. We spoke with the deputy manager, five care staff and the cook. The registered manager was not on duty on the day of our visit. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed three staff files to check that staff were recruited in a safe way. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

# Is the service safe?

## Our findings

People who used the service and their visitors told us they felt safe. One person told us "I'm well looked after." A visitor said, "I feel [Name] is safe living here". Another visitor told us, "My relative is settling in brilliantly. She walks with a frame and there is a wheelchair available if we want to take her out. I can't praise the staff enough. I feel she is safe, and all her possessions."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would tell the manager or deputy if I had any concerns." Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission.

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Records seen and discussions with staff demonstrated that accidents, incidents and skin care was monitored and reviewed. This assured us that people's safety was monitored and the appropriate actions were taken to keep people safe. Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw there were enough staff available to meet people's needs. People did not raise any concerns regarding the availability of staff to support them. One person said, "If I ring my buzzer they respond immediately." Another person told us, "The staff are always available when I need them."

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "I get my medication on time, there is a medication round at breakfast, lunch and teatime." Another person said, "I get my regular medication and know exactly what it's for." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Requires Improvement

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

At our last inspection visit on November 2014 the registered manager had undertaken best interest meetings for the two people, who at that time lacked capacity and this information was recorded in their care files. However, mental capacity assessments had not been completed for these two people. From discussions with the registered manager it was clear that their knowledge regarding how to assess a person's capacity was limited as best interest decisions should be undertaken after a person has been assessed as lacking capacity. The registered manager did not have the required documentation in place to assess a person's capacity when required.

At this visit we saw that mental capacity assessments were in place for some people that needed support in making some decisions and the staff had received training in relation to the Mental Capacity Act and had a general understanding of the Act. From discussions with staff, people and our observations, it was clear that other people may have also needed support to make decisions. However their capacity had not been assessed to clarify this and ensure that their legal rights were protected. This meant that although improvements had been made further work was needed to ensure the staff were consistently working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). At the last inspection visit the registered manager confirmed that two people who used the service, were being deprived of their liberty but they had not made a DoLS application for these two people.

In the providers PIR that was completed one month before this inspection visit, it stated that none of the people that used the service were subject to authorisation under the Deprivation of Liberty Safeguards. At this inspection visit we observed people who required an application to be made in relation to their deprived liberty. The registered manager confirmed they had not made any applications to the authorising body. This meant that people who were being deprived of their liberty under the DoLS criteria did not have their rights protected.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulated Regulations 2014.

We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights to make their own decisions when possible. People told us

that they were in agreement with the support they received.

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "The lovely carers are always so cheerful. They can't do enough for you." People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, " I have done first aid training and manual handling and safeguarding and we have had MCA and DoLS which I found really interesting and it has helped me to understand how dementia affects people. " Another member of staff told us, " If we have any concerns we can speak to the manager or the deputy they are always available."

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food is home cooked with a lot of variety. Extra drinks are available. In the evening, tea, coffee, horlicks and ovaltine." Another person said, "The food is good with choices; we are given choices for the coming week." We saw that when people needed support to eat their meal, this was provided by staff in a caring and respectful way by supporting the person at a pace that suited them. We spoke with the cook who had a good understanding of people's dietary needs and preferences. They confirmed that they spoke to each person regarding the meal choices for the following week. We asked the cook if people could choose another alternative if they preferred and they told us, "Yes, some of the ladies will often request jam sandwiches at teatime, it's quite popular and they enjoy them but they can ask for anything and we will get it for them." A visitor told us, "[Name] likes to eat a toasted teacake every day, now the staff get teacakes in especially for her." People's nutritional needs were met. We saw that staff followed instructions from relevant health professionals regarding people's nutritional support needs. For example where people with swallowing difficulties had been assessed as at risk from choking, they received the correct type and consistency of food and drink to ensure this risk was reduced.

We saw that people's health care was monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "When I'm unwell I visit the local GP accompanied by a carer. There couldn't be better care." And "I have no problem seeing a GP." Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One person told us, "If a GP is called out I am promptly informed. Couldn't ask for better. Recently I took [Name] out, when we returned she developed a cough; for the next 24 hours she was double-checked by staff. I am kept informed of any health appointments, there is good communication from staff." This showed us that people were supported to maintain good health.

Good

# Is the service caring?

## Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us "There is a light happy atmosphere here." Another person said, " The staff are lovely, I am very happy here." One visitor said, "The staff are very kind and speak well to the residents."

Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. For example we saw that staff knew how people liked their drinks served and how they preferred to spend their time. We saw that people were asked if they had a preference in the gender of staff that supported them. One visitor told us, "There are some male staff but [Name] is given a choice if she minds." A male carer told us, " I always check with the ladies that they are happy for me to help them before I provide any personal care."

We saw that some people wore accessories to demonstrate their style and preference. This demonstrated that staff encouraged people to maintain their sense of self and individuality. People told us they were able to follow their preferred routine one person told us, "I get up and retire when I want." Some people preferred to spend time in their bedrooms. One person said, " I go to the dining room for meals to socialise and there are a few of us that sit and have a chat but I do like my own space and a bit of privacy."

People told us their relatives and friends could call at any time. "Visitors can visit and staff make them welcome." One person's visitor said, "[Name] is always clean and dressed well. Family are always made welcome and can make hot drinks". Another visitor told us, "The staff are very welcoming."

Good

# Is the service responsive?

## Our findings

Opportunities were provided for people to participate in recreational activities. One person's visitor said, "The activities are marvellous, music, quizzes, visits from local schools, talks." Another visitor told us, "The hairdresser visits weekly and [Name] has hand massages and manicures. Recently she attended a family wedding, the staff did her hair, dressed her and had her ready for the family to collect her at 9.30am for the wedding. Nothing is too much trouble." We saw that people were supported to be orientated to the present time as there was a large notice board on the wall in the communal lounge showing the current day and date. There was information displayed in the communal areas about the activities taking place . We saw that people had been supported to celebrate commemorative events that were important to them, for example were saw letters received from HRH the Queen with a thank you for the gifts and cards received and a thank you letter from HRH the Duke and Duchess of Cornwall for cards and gifts received on the birth of Princess Charlotte. People told us that the activities coordinator had supported them to make these gifts.

On the day of our visit a quiz took place and several people participated. Holy Communion took place with a visiting minister and we saw that several people chose to take part in this. We also observed some people dancing with the activities coordinator. People confirmed that they were able to decide if they wanted to participate in activities. One person told us "I never join in the activities. I enjoy my own company. I do crosswords, and I'm a great reader." Another person said, "There are lots of activities if you like to partake. I do exercises in my own room"

We saw that people were supported to access the garden if they chose to. One person told us, "When the last gardener left we were asked for ideas for the garden, a wild flower bed was suggested, we're waiting for the results to grow." This showed us that people were encouraged to take an interest in the development of the home.

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well -being were monitored to enable the appropriate action to be taken. One person's visitor told us "I am informed of any changes to the care plan."

People we spoke with and their visitors told us that if they had any complaints they would report them to the manager. One visitor said, "I have no complaints, I am aware of the complaints procedure. If I had any concerns I would approach the manager or deputy." A system was in place to manage complaints and a copy of the complaints procedure was on display in the home. The deputy manager told us that no complaints had been received in the last 12 months and this was also confirmed in the providers PIR.

Good

# Is the service well-led?

## Our findings

The registered manager had been in post for many years. People and their visitors knew who the registered manager was and told us that they felt the home was well led. One person said, "I know the manager, she's about all the time and is extremely competent." Another person told us "It is a well run home. I can't criticize anything." And another person said, "The manager is very helpful, especially if it's something important, she gets down to it." This showed us that the culture of the home was open and inclusive.

During our visit we saw both staff and people who used the service interacted in a positive and friendly way towards each other. People spoke positively about the staff and the home. One person said, "This is a good home, hard working staff, clean, good atmosphere. I've been here so long I'm familiar with the routine and all the staff. The manager is always approachable." A visitor told us, "The place is very well led. I feel very welcome when I visit. The nicest thing is the laughter and banter, that's one of the most important things." The majority of staff had worked at the home for some time and this meant that an established staff team were in place that knew the people well and understood their needs and preferences. Staff told us that they enjoyed their work. The PIR completed before our inspection confirmed that staff were enabled to access training as part of their annual appraisal. Staff we spoke with confirmed that they were encouraged to professionally develop .

Staff had a clear understanding of their responsibilities and accountability within their role. A registered manager was in post at this service and they were supported by a deputy manager. Senior care staff were in post to support care staff. Monitoring from the registered provider was also in place to support the registered manager. This meant that people were cared for by staff that were appropriately managed.

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through annual satisfaction surveys, meetings with people who used the service and through monthly trustee visits. We saw at these visits people were asked for their views. One person told us, "The Trustees visit regularly and they appear to listen." Another person told us, "The trustees ask for feedback and complaints. I have no complaints."

Audits were undertaken by the registered manager to monitor the quality of the care and services provided. This information was fed back to the trustees and actions were taken as required to drive improvement. This included monthly audits for any accidents, hospital admissions, staff induction, training and a report on people's health and well-being. We saw staff kept records of incidents and accidents which the registered manager reviewed to identify any trends or patterns and take action where needed. We saw when patterns were identified action had been taken to reduce this risk. For example we saw that specialist beds and sensor mats had been purchased for people to reduce the risk of falling. This demonstrated that the audits and information were used to make continued improvements in ensuring the safety and care of people that used the service.

The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Some of the people that used the service were being unlawfully deprived of their liberty as applications to the authorising body had not been made to protect them. Regulation 13 (5) |