

Sonic Platinum Ltd

The Hermitage Care Home

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?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

The Hermitage Care Home is a residential care home providing personal care to up to 30 people. The service provides support to older people and those living with dementia and or mental health needs. At the time of our inspection there were 28 people using the service. The service historically only offered placements to females. The new providers have respected this decision and the service continues to only support females.

People have access to accommodation on one level. Most bedrooms had en-suite facilities. The home is near local shops and people have access to outside space. People share a large open plan lounge and dining area.

People's experience of using this service and what we found

The new provider of this service has made significant changes since taking over the service. Improvements had been made to the accommodation and the overall safety of the care people received. We found more personalised care was needed however the provider was aware of this and had plans to improve this area in the future.

People were supported by sufficient staff who received training to support them in their role. Staff had access to detailed care plans that explained the care people needed. Risks to people's safety were mitigated and people received their medicine as prescribed.

The home was clean, and the risk of infection was reduced by effective infection, prevention and control measures being followed. People's healthcare needs were met, and people had access to a balanced diet. We questioned the length of time meals times took as some people were seated at the table for a long period of time. The provider told us this was an area they will review with staff to see how this can be improved.

People were treated with kindness and referred to others in the home as a family. People's dignity was preserved, and people were encouraged to be involved in decisions about their care.

People were supported to have maximum choice and control of their lives and 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 team worked alongside others to ensure people's needs were met and referrals were made to other agencies when needed. People were given information in a format they could understand and supported to maintain relationships which were important to them.

People did have access to activities. However, these were often in communal settings and people told us they would like to be able to do more. Staff were trained to support people with learning disabilities, but

some staff wanted more support with keeping people active.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The provider had a vision for the home and worked alongside the registered manager to make the necessary changes. People and staff described the new management team as approachable and were confident issues would be resolved. Good governance systems were in place and the provider has a process for ensuring lessons were learnt when things went wrong, and the information was shared.

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

Rating at last inspection

This service was registered with us on 03 December 2021 and this is the first inspection. The last rating for the service under the previous provider was inadequate, published on 06 July 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Hermitage Care Home

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 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hermitage Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hermitage Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed feedback we had received from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who use the service and 5 relatives. We spoke with 12 members of staff including the registered manager, administrator, domestic staff, and care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 4 people's care files and 10 people's medicine administration records (MAR). 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 also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Processes were in place for the timely ordering and supply of medicines. Medicine administration records indicated people received their medicines as prescribed. Time specific medicines were being administered at the correct intervals. One person said, "They never forget to give me my tablets."
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis were in place. However, the information describing how these medicines should be administered needed to be more person centred and in greater detail so that these medicines could be administered safely and effectively.
- Records used to monitor the application of medicinal skin patches were not being completed to a standard that would demonstrate these patches were being applied safely and in accordance with the manufacturer's guidance .
- The administration of medicines was monitored by the service through a weekly count of the stock levels. This process of checking the medicines ensured that people received their medicines as prescribed. All medicines were stored securely.
- Staff administering medicines had completed safe management of medicines training and had been assessed for their competency to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding processes in place to protect people from harm.
- People told us they felt safe and knew how to raise concerns. One person said, "I feel safe here and don't worry about the staff. If I was concerned about any of them, I would tell somebody, whoever is in charge, especially if I was really worried."
- Staff received regular safeguarding training and were able to describe the action they would take, if they suspected someone was being harmed.
- Policies were in place to ensure all staff were clear when information needed to be shared with the local authority. The provider carried out safeguarding investigations in line with the agreed standards.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and managed. People's care files alerted staff to any risks they needed to manage. For example, when people use emollient creams which were potentially flammable.
- Care plans held information about risks which were specific to how the individual felt. For example, one person did not like the dark. Measures were in place to prevent the person from feeling unsure and at risk.
- We reviewed the health and safety records for the accommodation and found robust risk assessments had been completed. Regular checks were being carried out to mitigate the risk of potential harm. For example, water and fire safety checks were carried out on a weekly basis. Equipment used in the service was

maintained and the management team completed daily environmental walk arounds to ensure any wear and tear to the property or furnishings was highlighted and addressed .

Staffing and recruitment

- The provider used a staff dependency tool to calculate the required number of staff needed to support people on a daily basis and rostered staff accordingly. We saw people were having their needs met promptly and the feedback from people was mostly positive. One person said, "I always get the care I want and am very satisfied with the staff." Another person said, "They are very busy a lot of the time."
- We discussed with the registered manager the deployment of staff around mealtimes. We observed that mealtimes for some people took a considerable amount of time. They told us this would be an area they would review further and speak to staff to see if there was a more effective way to support people.
- Staff were recruited following the application of robust recruitment procedures. The provider checked new recruits background, character, and qualifications in line with requirements. This included the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "They clean my room every day. The home is always really clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The provider had taken the decision to continue wearing face masks despite the change in the guidance to protect people through the flu season.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were welcomed to the home, without restriction.

Learning lessons when things go wrong

- The provider could evidence lesson were learnt when things went wrong.
- Accident and incident forms were completed and reviewed, and any identified actions were taken. For example, care plans were updated, and updates were shared with the team.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans contained detailed assessments of their needs and indicated when additional support was required. Assessments included, nutrition, skin care and mobility.
- People's care plans contained guidance that enabled staff to understand the history of people's conditions and the support they required day to day. Staff recorded when people had received their care, and this was reviewed and evaluated by the management team on a regular basis.
- Care plans reflected best practice. For example, each care plan had a section on oral health care.

Staff support: induction, training, skills, and experience

- People were supported by staff who had received training specific to their role and had acquired the necessary skills to support them safely. We observed staff carrying out moving and handling tasks and found them to be competent in their actions.
- Newly recruited staff were given the opportunity to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training in supporting people with learning disabilities which is now a requirement. As well as training to support people living with dementia. Staff told us, "We get the right training, we get training all the time. I have just finished my autism training."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had access to regular drinks. People were given a choice at mealtimes and could request something specific if they did not want what was on the menu.
- The kitchen staff knew people's individual preferences and who required a modified diet. Modified diets were well presented, and staff were observed encouraging people to eat.
- People were offered a range of different drinks through the day and had access to drinks in their bedrooms.
- We discussed the length of time people were seated at the table for mealtimes as for some it was for a considerable time period. The provider reassured us this would be reviewed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide people with seamless care.
- People were referred to external agencies when required and care plans contained copies of any advice

given. For example, swallowing guidance from speech and language therapists.

Adapting service, design, decoration to meet people's needs

- The provider had refurbished some areas of the home and had plans for further development. The heating system had been recently replaced and there were plans to increase the communal space people could access and add in a hair dressing salon. One staff member told us, "With supporting all ladies it will be lovely for them to be able to get their hair done more often."
- People were able to personalise their room and people's own art and photographs were used to decorate certain areas of the home. People had access to outside space which was utilised for events in the summer.
- People had access to equipment to meet their needs. One person said, "I love the big bath here, it is so relaxing."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives. Staff were complimentary of the support gave people to help them regain their mobility. Staff explained how several people had come to the home on full bed rest but were now up and in the lounge socialising with others.
- People's care plans contained information which outlined the support they needed with specific health conditions, such as, diabetes. This ensured staff could provide care and support that was in line with best practice.
- The provider supported people to attend health appointments and receive professionals to the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were assumed to have capacity unless otherwise indicated. People were involved in making key decisions and staff had received training to assist them in understanding and applying MCA.
- Care plans contained detailed information to support staff convey information and indicated when it was necessary to involve other parties. Relatives confirmed they were engaged in conversations about people's best interests when necessary.
- Applications to deprive people of their liberty were made and no one was subject to any conditions at the time of inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were complimentary of the care and support they received. One person said, "Everybody is very pleasant, I know all the staff, they know me, they are all very lovely." Another person said, "Everyone is really helpful, and they do their best. Staff are good at keeping us moving."
- Staff were observed treating people with kindness and respect. We saw people respond positively when staff approached them. One staff member said, "Staff are professional, but we are also like one big family looking after each other."
- People's relatives supported this view. One relative told us, "[Relative] loves all the carers. They tell me they are family; staff are all very friendly with them."
- Staff were aware of people's diverse needs and people were being supported to connect with church leaders.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People were asked their opinion and given time to think about their response. For example, when asked about meal choices.
- People told us the staff supported them to decide when they got up in the morning, where things went in their room and who they spent time with during the day.
- Staff were also observed engaging with people before completing any care task to ensure they were aware of what was happening and were able to be involved. For example, before beginning any moving and handling activity.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted. One person told us, "The staff all protect my dignity."
- One relative said to us, "I'm really happy with the care they get. It's the best place around here just for women. The staff really care they even try to match their clothes, so they are all dressed smartly to protect their dignity."
- Staff were seen knocking on people's door before entering and all records were kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People were not always able to pursue their own interests and staff were observed being task focussed. One person said, "There isn't a lot to do, we definitely need to do more."
- Several staff told us they were able to meet people's needs but were not always able to offer people additional time to spend on their interests. One staff member said, "We don't always get time to spend extra time with people, we are often really busy. When we can sit with people it is loads better." Another staff member said, "It would be good to spend more time with people, we have a new activities co-ordinator so we are all hoping things will improve. Other staff noted they supported people with learning disabilities and wanted more specific activities that met their needs."
- We found when activities did take place, they often took place in a group setting. We observed times when people were trying to watch television, while others listened to music and others were played instruments. The provider told us they were working to make care more personalised and increase the activities and space available to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and people were supported to access information in a format they could understand. For example, one person was supported to access information from the blind service.

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

- People we supported to maintain relationships and develop friendships with others living at the home. People spoke fondly of others in the home and several referred to people as their friends.
- The provider had made efforts to ensure events were held which included family, friends, and the local community. People spoke positively of the summer fayre which was well attended.
- People were supported to use technology to increase the engagement they could have with family and friends. Staff told us, "People have visitors to the home and but we have kept using technology introduced during the COVID-19 pandemic to increase the level of interaction people can have."

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. People told us they would speak to staff if they were concerned about anything.
- The provider kept a log of all compliments and complaints raised and recorded any actions taken.

End of life care and support

- People's end of life wishes were considered and the provider engaged with health care professionals when additional support was required.
- People were asked to share their wishes for the future and where this has been provided it was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the home and the support they received. People and staff acknowledged improvements had been needed and felt good progress had been made. One person told us, "In many ways it's changed for the better. The new managers are nice, they've brought a lot of comfort to the place."
- Staff told us the registered manager was approachable and helped them to resolve any issue. They were also complimentary of the new provider and the changes which had been made.
- We spoke to the provider about their vision for the service and we found they had clear plans in place. Significant changes had already taken place within the accommodation and there were plans to extend the space available to people. Further to this staff had been supported through a period of transition and they were being supported to move towards more personalised care 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

- The provider understood their duty of candour and adopted an open and honest approach when things went wrong.

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

- Governance systems were in place and the registered manager had a robust system to monitor compliance against various regulations. They shared with us their running action plan for the service which covered all key components of the regulations and highlighted areas needing prioritised attention.
- We were advised since taking over the service the provider had carried out numerous audits and reviews and these were repeated on a regular basis to ensure improvements were embedded. One staff member told us, "I used to be terrified of the old medicine system but now I have confidence because there has been so much improvement. Everything was reviewed and it is so much better for staff now we have safer ways of working."
- The nominated individual visited the service on a regular basis and monitored closely the performance of all concerned.

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

- People's views and that of their relatives were sourced via regular conversation and quality assurance

questionnaire . We reviewed the responses to questionnaires which had been completed and found they were positive and confirmed improvements have been made to the service since the change of provider.

- We were advised at the beginning of the inspection the new provider had spoken to people and their relatives about the fact the home only catered for females. People and their relatives requested this was not changed. The provider gave reassurance they would continue to offer a safe space for females for the foreseeable future.

Continuous learning and improving care

- The provider could evidence continuous learning and how they were actively improving the care people reviewed.

- Reviews of people's care were held on a regular basis and changes were made when needed. We reviewed information regarding falls. We were advised of various improvements which had been made and how the number of falls people experienced had significantly reduced.

Working in partnership with others

- The provider was open and transparent about the needs of the service and the organisations they were working with to make the necessary improvements.

- Maintenance and service contracts previously held had been reviewed. This was to ensure the home was working with the most appropriate agencies to support the service progress.