

Huntington House Limited

Huntington 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?	Good ●

Summary of findings

Overall summary

The inspection took place on 10 April 2018 and was unannounced.

Huntington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Huntington House accommodates up to 39 people in one adapted building. At the time of our inspection there were 32 people living at Huntington House.

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

At our last inspection of Huntington House on 12 December 2016 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related concerns regarding insufficient staffing levels, care plans and assessments not containing detailed guidance and the management oversight at the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-Led to at least good. At this inspection we found significant improvements had been made in all areas.

Sufficient staff were available to ensure people's needs were met in a timely manner and that staff had time to spend with people. Staff employed underwent robust recruitment checks to ensure they were suitable to work at the service. A programme of training and supervision was available to support staff in their role and this was monitored by the registered manager. Staff told us they felt supported and that their ideas were listened to.

People were protected from the risk of abuse as staff understood their responsibilities in safeguarding people. Risk assessments were completed to identify potential risks to people's safety and management plans implemented to reduce and monitor these. Accidents and incidents were reported and monitored to ensure any trends were identified and lessons were learnt. Safe infection control procedures were followed by staff. People lived in a clean and well-maintained environment which was adapted for their needs. Regular health and safety checks were completed and equipment was serviced as required. There was a contingency plan in place to ensure people would continue to receive their care in the event of an emergency.

People's medicines were managed safely and staff competence was checked. People had access to healthcare professionals and advice provided was followed. Clinical review meetings were held weekly to

review people's healthcare needs. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed and staff understood how this impacted on their role.

People were cared for by staff who showed them kindness and compassion. Staff knew people's needs well and took time to engage with them. There was a relaxed and friendly atmosphere throughout the service. People were encouraged to maintain their independence and keep in contact with those who were important to them. Visitors were made to feel welcome and there were no restrictions on the times they were able to visit.

Prior to moving into the service people were involved in an assessment process which ensured the service would be able to meet their needs. Detailed care plans were in place which were highly personalised and provided good guidance to staff. Staff knew people's needs well and were able to describe the different approaches they took when supporting people. There was a range of activities offered which took into account people's previous interests, hobbies and occupations.

There was a positive and open culture and staff were clear about the ethos and aims of the service. The registered manager and provider worked in partnership to ensure continuous improvement. A range of quality audits were completed and where action was taken to improve this was completed in a timely and systematic manner. Both people and staff were given the opportunity to share their views and offer suggestions regarding the running of Huntington House and these were acted upon. The provider had a complaints policy in place and people were aware of how they could raise any concerns.

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.

People were supported by sufficient, skilled staff.

Robust recruitment procedures were in place to ensure that suitable staff were employed.

Staff were aware of their responsibilities in keeping people safe.

Risks to people's safety were assessed and plans implemented to minimise these.

People lived in a safe, clean environment.

Is the service effective?

Good ●

The service was effective.

People's rights were respected as the principles of the Mental Capacity Act 2005 were followed.

People were supported by staff who received training and supervision to support them in their role.

Assessments were completed with people prior to them moving to Huntington House to ensure their needs could be met.

People were provided a varied choice of nutritious food.

People had access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well.

People's dignity and privacy were respected.

People were encouraged to maintain their independence.

Visitors were made to feel welcome and there were no restrictions on visiting times.

Is the service responsive?

The service was responsive.

Care plans contained detailed information regarding people's needs and preferences.

Staff were aware of people's individual needs and how they wished to receive their care.

There was a wide range of personalised activities for people to take part in.

People were aware of how to make a complaint and any concerns were responded to.

Good ●

Is the service well-led?

The service was well-led.

There was an open and positive culture within the service.

Quality audit systems were in place and any shortfalls identified were addressed.

People and staff were able to contribute to the running of the service through regular meetings and annual surveys.

Staff said they felt supported by provider and registered manager.

Records were securely stored.

Good ●

Huntington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 April 2018 and was unannounced. The inspection was carried out by an inspector, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had completed a Provider Information Return (PIR). The PIR 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.

During our inspection we observed the care people received and spoke with the registered manager, representatives from the provider and eight members of staff. We spoke with six people living at Huntington House, three relatives and two visitors.

We reviewed a range of documents about people's care and how the home was managed. We looked at six care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Huntington House and felt there were sufficient staff available to support them. One person told us, "Generally, there are enough staff. When I call for help, they come quite quickly, no problems." Another person told us, "Yes I feel safe. I think there are enough staff here." A relative told us, "It's definitely a safe place. I'm always happy about the staff numbers. She only has to call out and someone will attend very quickly."

At our last inspection in December 2016 we found that people were not supported by sufficient numbers of staff. At this inspection we found that staffing levels had increased and people's needs were now met in a timely manner.

Sufficient skilled staff were deployed which meant people did not have to wait for their care. The provider told us that following the last inspection staffing numbers had increased and rotas confirmed this was the case. A dependency tool was now being used to assess the levels of support people required and staffing numbers were adjusted accordingly. During the inspection we observed staff spending time chatting with people and there was a relaxed atmosphere. Staff did not appear rushed and communicated with each other well to ensure that people received their support when required. Staff told us that the increase in staffing levels had had a positive impact on people and their workload. One staff member told us, "The managers listened and things are so much better now. We can spend time with people. It's about them now, not just getting things done."

Robust recruitment systems were followed to ensure only suitable staff were employed. Staff files contained a copy of their application form, interview notes and a written assessment. Prior to starting work references from previous employers were obtained and a Disclosure and Barring check completed. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Medicines were stored and administered safely. People told us that staff were competent when supporting them with their medicines. One person told us, "I get my medication day and night and I take my vitamins myself." Another person said, "I get my medication when I should. They're very good with it." Each person had a secure, locked cabinet in their room which contained their medicines and medicine administration record (MAR). MAR charts contained relevant details including the person's name, GP and any known allergies. No gaps in administration were seen. When administering medicines staff ensured that all relevant checks were completed and best practice systems were followed. Protocols were in place for PRN (as and when required) medicines. We observed staff check these details prior to administering PRN medicines. Where medicines needed to be stored in a fridge this was done and temperatures of storage were recorded daily. People who required topical creams to be administered had body charts in place to guide staff on where the cream should be applied. Staff were trained in the administration of medicines and their competency was reassessed every year.

People were supported by staff who understood their responsibilities in safeguarding people from the risk of

abuse. Staff we spoke to confirmed they completed safeguarding training on an annual basis. They were able to describe the possible signs of abuse, indicators they should be aware of and reporting procedures. One staff member told us, "I'd report anything to the manager or the most senior person on duty. If I needed to I'd come to CQC or safeguarding." Staff confirmed they were aware of the whistle-blowing procedure. There was a safeguarding champion within the staff team who people or staff could go to with any concerns or questions. The provider had a safeguarding policy in place and concerns had been forwarded to the local authority safeguarding team in line with policy.

Risk management plans were in place to keep people safe. Risk assessments were completed in detail and covered areas including mobility, falls, skin integrity, waterlow and malnutrition. Where risks were identified guidance for staff on how to mitigate risks were detailed in people's care plans. Due to a complex health condition one person was at risk of their health fluctuating and deteriorating quickly. The service had worked closely with healthcare professionals to monitor this risk and the person's health condition was now more stable. This had led to their mobility improving and they were now engaging more with others. Another person was known to display behaviours due to their anxiety. Triggers to the person becoming anxious had been identified and there was good guidance available to staff on how to support the person. Staff told us that this had led to a reduction in the person's behaviour and they were now much calmer.

Accidents and incidents were monitored to minimise the risk of them happening again. Staff recorded all accidents and incidents and an investigation was completed by the registered manager or senior staff member. The registered manager told us, "I like to do it this way. Although it's quite a lot of work to do an investigation each time it means we learn from incidents." Each accident or incident investigation included a section on lessons learnt and actions taken. For example, a falls protocol had been implemented to ensure all staff were aware of the action to take following a fall. Group supervisions had been held with staff to explain the protocol and ensure lessons were learnt. A monthly audit of all accidents and incidents was also completed to so action could be taken if trends were identified. The registered manager also maintained a falls map where the location of each fall was plotted to identify any areas of risk.

People lived in a clean, comfortable and well-maintained environment. One person told us, "This is always a very clean place." A relative told us, "It's always spotless here, no smells ever." All areas of the service were clean, tidy and hygienic and staff were aware of their role in meeting infection control standards. Training in infection control procedures was completed by all staff and we observed staff wearing gloves and aprons when supporting people with their personal care. Infection control audits and hand hygiene audits were completed and action taken to address any shortfalls. Health and safety systems and checks were completed regularly to ensure the building remained safe and secure. Fire equipment was maintained at the required intervals and staff were aware of evacuation procedures. The provider had developed a contingency plan which guided staff on the action they should take in the event of an emergency to ensure that people's care would not be disrupted.

Is the service effective?

Our findings

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 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 the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in December 2016 we found inconsistencies in the way in which the MCA was applied. At this inspection we found that people's rights were protected as the principles of the MCA were followed and staff were aware of their responsibilities. Capacity assessments had been completed where it was felt people may lack the capacity to make specific decisions including living at Huntington House and the use of bed rails. Where decisions had been made in peoples' best interests there was evidence available that relevant people had been involved in this and that the persons' previous wishes were taken into account. However, this was not always formally recorded. Following the inspection the registered manager sent us additional information to show that this process had now been completed and that best interest decisions could be easily referenced. On occasions one person living at Huntington House requested to leave. However, they did not have the capacity to understand the implications of this decision and potential risks to their safety. When considering a best interest decision a risk assessment was completed regarding the person being able to walk around the grounds of the service without staff support. This ensured the person remained safe whilst applying the least restrictive measures. Where restriction to people's liberties were in place DoLS applications had been forwarded to the relevant authorities.

Staff told us they had completed MCA training and demonstrated a good understanding of how this applied to their job roles. We observed staff asking people's consent prior to supporting them with their care. One staff member told us, "People's capacity to make decisions can fluctuate from day to day so we have to constantly assess the situation. We have to give people choices and not just take it for granted they want the same as yesterday. If we're in doubt we'd ask a senior." One person had been assessed as requiring a pureed diet by the Speech and Language Team. However, the person preferred to eat some solid foods which put them at an increased risk of choking. The person had capacity to make this decision and a comprehensive risk assessment had been completed to minimise the risks to the person. This demonstrated that staff understood people's right to make decisions which may put them at risk.

People and their relative told us they felt the staff were well-trained and competent in their roles. One person told us, "The staff do seem well trained." A relative told us, "Yes, the staff seem very well trained and I have heard that training takes place. They all seem to know what they are doing."

People were supported by staff with the right skills and experience. Staff received an induction prior to working without supervision and on-going training was provided. Staff told us that prior to working with people they were required to complete training in areas including safeguarding, moving and handling,

health and safety, first aid and fire. In addition they completed a two week shadowing period where they were able to learn about the service and people's individual needs. Staff who were new to care also completed the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives. On-going training was provided to staff to ensure they continued to develop their skills and refreshed their knowledge. One staff member told us, "We've had some really good training recently. Particularly on the mental capacity and moving and handling. The dementia training really makes you think. I definitely understand more after doing that."

Staff received on-going supervision to support them in their roles. The registered manager maintained supervision records to ensure that staff received the support they required. Supervision took the form of one to one meetings, group discussions and observational supervisions. This enabled the registered manager and senior staff to build a clear picture of the on-going support which was needed for both individual staff members and the team as a whole. Staff told us they felt supported by the management team and that any concerns were acted upon quickly.

Records showed that assessments were completed by senior staff members prior to people moving into the service. This meant that the service could ensure they were able to meet the person's needs. Assessments were completed in a detailed manner and provided a good overview of people's care needs, medical information and their life history. The registered manager told us they had recently reviewed the assessment process. This had ensured that the information gained during assessment was transferred directly to people's care plans. Assessment documents showed that people and their relatives had been fully involved in the process.

People's nutritional and hydration needs were met. People and their relatives told us they enjoyed the food at Huntington House and that they always had a choice. One person told us, "The meals are good. We can have a drink (alcohol) before lunch and supper." Another person said, "I like the food here." Relative told us they were welcome to join their family member to have a meal. One relative said, "The food and meals are very good. When we eat here, we get choice and they will do something else if you order it." Another relative told us, "She is normally very happy with the food and will be given an alternative."

The majority of people chose to eat in the dining area although people were able to eat in their rooms or the lounge if this was their preference. Meals were attractively presented and the options were clearly explained to people. There was a good range of options available to people and alternatives would be prepared when requested. Where people required support to eat their meal this was done in a calm manner and at a pace of people's choosing. Staff interacted well with people during the lunch service and people were encouraged to engage in conversation with others. The catering team were made aware of people's nutritional requirements including meals of a modified consistency, allergies and preferences. People's weight was monitored regularly and action taken where any significant changes were noted.

A food committee was held on a regular basis and action taken following any suggestions made. People had asked if pureed foods could be more attractively presented. Food moulds had been purchased and were now being used. The committee had also said that portion sizes could be too large. As a result people were now asked what size portion they would prefer at each meal. One person had talked about a particular recipe they used to enjoy at home. The chef had asked for the recipe and this was now a regular item on the menu. The service took part in the Hydrate Project to make people and staff aware of the importance of maintaining good hydration. People were offered regular drinks throughout the day. There was a 'hydration station' which contained a variety of chilled drinks which people were able to access freely.

People had regular access to healthcare professionals. One person told us, "I get all the medical services I

need, like the GP." Another person said, "The doctor is called if needed without question." People's records contained evidence of the involvement of health care professionals including, GP, community nursing team, dentists, opticians and specialist consultants where required. Staff we spoke to demonstrated a good knowledge of specific conditions such as diabetes. They were able to give a good description of signs they would look for to enable them to monitor the condition of people's skin. Clinical governance monitoring was completed by the registered manager and clinical lead. This covered areas including any skin concerns, infections and significant changes to people's weight and ensured that appropriate and timely action was taken to address any on-going concerns. The registered manager told us they had also implemented what they termed a 'mini ward round' where each person's health would be discussed on a weekly basis to check if any additional support was required.

Is the service caring?

Our findings

People and their relatives told us that staff were attentive and caring. One person told us, "All the staff are kind." Another person said, "The carers here are marvellous." A third person said, "The staff are all very friendly, they are sociable." One relative told us, "The level of care is first class. The care and dedication are second to none." Another relative said, "The staff are so caring. Staff also care for me. They go the extra mile every time." A third relative told us, "This Home stands out head and shoulders above other places. Mainly it's about the delivery of the care and the attitude of staff."

We observed positive relationships between staff and people living at Huntington House. Many staff had worked at the service for a number of years and knew people and their families well. There was a relaxed and friendly atmosphere throughout the service. Staff were able to tell us about people's personal life histories in detail and we observed staff and people chatting about each other's families. The provider told us that Huntington House was a family run business and it was important to them to create a family atmosphere. We observed them sharing family news with one person, exchanging hugs and laughing together. The registered manager spent time with people throughout the day. We observed them approach one person with a heated lavender wheat bag and ask if they would like it. The person smiled broadly and thanked them. It was clear from their exchange this was a regular occurrence.

Staff took time to ensure people were comfortable and had everything they needed. We observed staff supporting people using a hoist to transfer. Staff offered constant reassurance throughout the process. They ensured that people were seated correctly and asked if there was anything else they required. When passing people in the corridors staff took time to stop and chat with people, enquiring how they were and what they had planned for the day. Staff sat or knelt next to people who were seated and made eye contact during their conversations. At lunchtime one person said they weren't quite ready to eat. Staff periodically returned to check if the person was ready and provide gentle encouragement.

Staff ensured that people's dignity and privacy were respected. One person told us, "I feel I am given respect when being dealt with." Another person told us, "They are always private with me." One relative told us, "The staff do exercise dignity with her." We observed staff knocked on people's doors before entering and always ensured doors were closed when supporting people with their personal care. Staff told us they understood the importance of respecting people's privacy. One staff member told us, "We always use a towel to cover people up as we go. I wouldn't want to be laid exposed so I wouldn't do it to them." Another staff member told us, "I always think how I'd like my parents to be treated when I'm helping people."

People were involved in decisions about their care and their independence was encouraged. One person told us, "The staff do help me with some decisions. Staff talk with me about my health." Another person said, "I do as I please and there's no problem with the staff." We observed people moving freely around the building and people had access to mobility aids where required. The external doors were unlocked during the day and people were able to go for walks around the extensive grounds. The service actively encouraged people to independently continue their hobbies and interests.

People were supported to continue to practice their religious beliefs. A minister visited the service on a regular basis to deliver holy communion and conduct services. The service also had links with a local catholic priest who visited when requested. Some people chose to continue to attend local church services and this was facilitated. People's care records contained details of any religious or cultural needs and how the service would support them with this. One person who had a long standing relationship with the church told us, "They are very giving and understanding. I've known the service for many years before staying here and they have been keen to cater for everyone."

There was good communication with relatives and visitors were made to feel welcome. One relative told us, "Communication from the home is very good. I am happy that they would contact me with any problem or issue. Staff have phoned me when the doctor has been to see her." Another relative said, "They communicate on matters concerning Mum, even down to the changes of medication." Visitors told us that they always felt welcome when visiting and there were no restrictions on visiting times. We observed people's relatives were warmly received and staff took time to chat with them.

Is the service responsive?

Our findings

At our last inspection in December 2016 we found that guidance in relation to people's needs and preferences was not always available to staff. At this inspection we found improvements had been made to the care planning process and that staff were aware of people's likes, dislikes and individual needs.

People were supported by staff who knew them well. Staff were able to describe people's personalities, support needs, family involvement, hobbies and preferences. Staff were animated when speaking about the people they supported and demonstrated genuine affection. When discussing people's care needs staff were able to describe the different approaches they took with different people and were aware of when to report any concerns to clinical or senior staff. One person's care records described how their mental health needs impacted on their care. Staff knew the importance of approaching the person in a sensitive way and how to offer reassurance. The person's records showed that they regularly accepted their care and engaged well with staff. Another person's records stated they needed to be repositioned regularly and wanted elements of their care provided at specific times. The person confirmed to us that staff knew them well and always followed these elements of their care plan. One person was known to refuse their medicines regularly. Guidance for staff was attached to their MAR chart detailing the specific way they liked their medicines prepared. Since following this routine the person had been taking their medicines regularly.

Care plans were comprehensively completed. People had signed their care plans where applicable which demonstrated their involvement in their care. There was clear guidance for staff on what was important to the person. One person's records stated it was important for them to have their talking clock within reach and we saw this was the case. All care plans were reviewed monthly as a minimum to ensure that information was up to date. Each person had an 'About Me' document in place which gave details of their past career, names of family members, important memories and hobbies and pastimes they were interested in.

Care plans contained information regarding how people wished to be cared for when nearing the end of their lives. There was evidence that this element of people's care had been approached although some people had not wish to discuss this in detail. Plans in place included details such as where the person wished to be, if they would prefer to go to hospital and which family members they would like to be contacted. Some people had Proactive Anticipatory Care Plan (PACe plans) in place to provide guidance to staff. Staff had developed boxes which they gave to relatives who were supporting their family members at the end of their life. These included items such as a bible, note paper and pens, a poetry book, CD player and a range of music, cream for massages and various sensory items. The registered manager told us they had received positive feedback regarding the boxes, "Relatives have been really grateful for them. They've told us they felt useless and didn't know what to do but that the boxes gave them ideas and provided comfort."

There was a varied activity programme in place which reflected people's hobbies and interests. One person told us, "I go to some of the activities, but I also entertain myself. There seems to be a good programme (of activities)." Another person said, "There are enough activities going on." One relative told us, "The activities

programme is a varied one. Examples are music, pat dog and small horse visits, garden centre visits and a trip to the Mary Rose in Portsmouth. They do get out in a minibus." The service employed a full-time activities co-ordinator and also encouraged staff to be involved in providing activities. Copies of the activity programme were distributed to people and were also prominently displayed. Activities provided included visiting entertainers, music, bingo, crafts, trips out to local shops and visits by a Shetland pony. On the day of the inspection we observed people taking part in a poetry group run by visitors to the service. People were encouraged to join in by the activities co-ordinator and appeared to enjoy the experience. A harpist was also visiting to play to people who spent time in their rooms. The activities co-ordinator told us that they spent time visiting people who chose to stay in their rooms each day and people confirmed to us this was the case. This reduced the risk of people feeling isolated or lonely.

Activities were personalised and planned around people's interests. The activities co-ordinator told us, "Activities must give residents pleasure and should be targeted at them." We observed people's artwork and poetry was displayed around the service in a creative and tasteful way. One person had an interest in sports and particularly horse racing. Staff ensured the person was able to watch the relevant sports programmes on television. A racing evening had also been held at the service which people enjoyed. There were raised beds in the garden to enable people who had an interest in gardening to continue with their hobby. One person had been experiencing low moods and said they didn't feel as though they had a purpose. The person used to have a job in administration so the service refurbished an old fashioned typewriter. The person learnt to type again, exchanging letters with the registered manager. People had commented that they missed having 'a proper pint'. A beer machine was therefore fitted in the bistro area to enable people to sit and have a drink together.

The complaints policy was displayed and people were aware of how to raise a concern. One person told us, "I've no complaints. I do love it here. I would approach the manager if I had a problem." Another person told us, "No complaints from me, but I would if I was unhappy." The registered manager maintained a complaints log which showed that three complaints had been received this year. All had been investigated and responded to within the timescales set out in the provider's policy. Where action was required following the outcome of a complaint this was processed and systems implemented to monitor. One complaint related to the information received during assessment. As a result the assessment procedure had changed and continued to be monitored by the registered manager.

Is the service well-led?

Our findings

People and their relatives told us they felt Huntington House was managed well. Comments included, "The manager does pop in. its run well.", "The manager is lovely. It's a well-run place.", "The management are extremely good here." And, "The owners are very accessible, they are always around."

At our last inspection in December 2016 we found that quality audits were not effective in ensuring improvements in service delivery and that the support provided always met the needs of people. Following the inspection the provider had employed a consultant to support them in implementing changes and to support the new registered manager. Systems were now in place to monitor the service and ensure that people's needs were met.

The provider and registered manager worked together to embed a positive culture within the service. The provider told us they delivered a monthly presentation for new staff to share the ethos of the service. This concentrated on the importance of empathy, compassion and respect. They told us, "We discuss the meaning and how it's applicable to what we all do." The registered manager spoke passionately about her commitment to ensuring the values of person centred care where people felt part of an extended family were clearly demonstrated throughout the service. The registered manager told us, "We (the registered manager and provider) talk all the time. I have lots of ideas and they are so supportive. We've worked really hard together to make improvements." Staff were able to describe the values of the service and felt there had been positive changes made by the registered manager. One staff member said, "There's an open door policy here with the registered manager. The owners are also very open and friendly. There's a very family feel about the place." Another staff member told us, "We want this to be a home from home. It's very family orientated." A third staff member told us, "It's a happier place since the manager came here." We observed that both people and staff appeared relaxed throughout the inspection. Staff were seen to work as a team and communicated well to ensure that all tasks were completed whilst still ensuring they had time to spend with people.

The registered manager had implemented systems to ensure that good practice was both shared and recognised. These included a 'compliments tree' in the hall where people, staff and visitors could write comments about things they had enjoyed. One person had commented on a staff member bringing them daffodils which had made them smile. A staff member had left a message to thank everyone for making them feel so welcome. There was also a 'Magic Moments' folder where staff were able to share things that had made them smile or had had a positive impact on people. This included a thank you to the catering staff for making a birthday cake for someone and another staff member sitting with one person humming a particular song.

Systems were in place to monitor the quality of the service provided. An audit schedule had been developed which included checks on care plans, infection control, capacity and consent, call bell response times, complaints and accidents and incidents. Where any shortfalls in the service were noted action plans were implemented to ensure they were addressed and changes were made to systems where required. For example, care plan reviews had identified that consent to care forms were not always appropriately signed.

A review of systems had been completed and consent forms were checked to ensure that they were signed by the person or someone with the legal authority to do so. Medicines audits had identified that the call bell system could be a distraction when administering medicines. The registered manager was in the process of exploring how different tones could be used to minimise this concern. It had also been identified that when emergency alarms rang staff did not have the equipment they may require immediately to hand. A bag containing wipes, dressings, blood pressure monitor etc. had therefore been placed on the medicines trolley so staff had quick access to items they may need to support people in an emergency. The manager had an action plan in place which was continually reviewed with the provider to ensure that the service would continue to develop and grow.

Staff told us they felt supported by the management team. One staff member said, "They're all really supportive. If you've got any problems they try and help you out. You can speak to them about anything." Regular staff meetings were held and staff told us they were able to contribute openly to developments in the service. One staff member told us, "Staff were unhappy about the quality of some of the agency staff on occasions. Management listened and acted on the concerns. Things are a lot better now,"

The service had developed positive links within the local community. These included a craft afternoon, 'Crafternoon Tea' which was held weekly and open to the public. This was attended by a number of local people and their children. One person and their elderly relative attended weekly but struggled to use public transport. A staff member had therefore offered to provide transport so they were able to continue to attend. The local nursery school visited the service on a weekly basis and activities were planned that both people living at Huntington House and the children could participate in. There was also evidence of the service being involved in raising awareness of local charity events.

The registered manager and provider valued people's feedback and acted on their suggestions. People were encouraged to have an input into the running of the service. During the refurbishment of communal areas an interior designer worked with people to create a mood board of the colours and styles they would prefer. This was then used to influence the design of the decoration. A residents committee was held regularly and where suggestions were made these were actioned. Minutes showed that people had requested staff wore name badges. We observed that this had been actioned during the inspection. Another person had requested that the curtains in their room be replaced. They had been involved in choosing the fabric and fed back they were pleased with the results. Activities and trips people would like to participate in were also discussed. In addition to the food committee, catering staff spoke to people individually each day to ask if they had enjoyed their food and if there was anything they would like prepared differently. The chef told us these records were used to help them plan menus and to gain greater knowledge of people's likes and dislikes. Annual surveys were conducted to gain people's views of the service provided. The results of the last survey were positive and reflected people were happy with the service provided.

People's confidential records were stored securely in locked cupboards. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.