

PSP Healthcare Limited Hatherleigh

Inspection report

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Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 18 December 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to those breaches.

We undertook this focused inspection to check that they had followed their plan with regard to the breach of Care and welfare of people who use services, and to confirm that they now met that legal requirement. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hatherleigh on our website at www.cqc.org.uk

The inspection visit took place on 31 March 2015 and was unannounced.

At the December 2014 inspection people's care needs were not always responded to in a timely manner. We found the required improvement has now been made.

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

Hatherleigh provides residential and nursing care for a maximum of 53 people. The first floor provides accommodation for people living with dementia. The ground and lower ground floors accommodate people with other nursing or residential needs. There were 53 people resident the day of our visit.

People were receiving the care they needed to maintain their hygiene and safety.

Changes in staffing arrangements had led to a more relaxed atmosphere and staff were able to respond to people's needs and preferences in a timely manner. For example, helping people move safely, engaging with people with friendship and providing the assistance needed with eating, bathing and toileting needs.

Most people and their family members spoke positively about the care provided. One said, "Staff are very good. They don't intrude but help with personal care; they keep a watching eye, they know us and we know them".

Where people had complex needs staff understood those needs and how to meet them. However, some care plans lacked the detail which should be available to staff for reference. Monitoring records were sufficiently detailed so any concerns about people's health and care needs could be identified quickly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The responsiveness of the service was much improved.

People's care needs were being met in a more consistent and timely manner.

People's well-being was promoted.

Some care plans lacked the detail which should be available to staff for reference toward providing person centred care.

Requires Improvement



Hatherleigh

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.

The provider had sent us an action and service development plan following the inspection on 9 and 18 December 2014.

The focused inspection visit took place on 31 March 2015 and was unannounced. The inspection was specifically to look at whether people's care needs were being met in accordance with their needs and wishes. We did not look at every aspect of the question: Is the service responsive?

The inspection team consisted of two inspectors.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/ complex needs. We therefore spent time observing the experience of some people.

Before our visit we asked commissioners for any relevant information about the service. During our visit we spoke with nine people who used the service, seven people's families, five staff and the registered manager. We looked at records which related to six people's individual care, the staffing rota and meeting records.

Is the service responsive?

Our findings

The service had been in breach of Regulation 9, Care and welfare of service users, following the previous inspection.

Most people and their families spoke positively about the care they received. Comments included, “Excellent, really, really, good with my aunt”; “Exceptional”; “Quite good, very good like that” and “I am looked after well; I am kept clean.” One person said they had a shower and their nails cut the day prior to our visit and they were happy with the arrangements for meeting their personal hygiene needs. However, one family member said they often needed to help their father shave when they visited. One person described their care as “Adequate at least; quite caring at times; sometimes better than others”.

People’s health and independence was promoted, people saying, “When I first came I had to use a two handed beaker. Staff have encouraged me and now I use a cup” and “Care is particularly good. Staff have done wonders.” A health care professional had noted positive improvements in the care and appearance of a person whose care was being reviewed and had received positive feedback about the care they were receiving.

People’s preferences and needs were responded to. People confirmed they could rise and retire at their preferred times although two cited occasions when they had to wait for staff availability to assist them. One added, “It doesn’t happen very often.” People said staff were usually able to attend them quite quickly, with comments including, “No problems, staff come quickly”; “Variable; they came quick this morning” and “When I call, staff usually come quite quickly; it depends on how busy they are.” Food was being served to people within a reasonable timescale during lunch.

People received the support they needed in a relaxed atmosphere. For example, interactions were friendly and people responded with a smile. Some people were

engaged in arts and crafts activities. Staff said organised activities were now a regular part of each day, with the exception of Sundays. One person wanted to move around a lot and staff ensured they received the support they needed to do so. A staff member spent time with a person to try to establish if they wanted any desert by giving lots of options and gentle encouragement. A staff member said, “It is a lot quieter now”. Another said, “There are good staff. They know what residents want.” They gave the example of how they provided the assistance one person required to eat safely and without choking.

The registered manager described, and the staffing rota confirmed, how staffing arrangements had been reviewed. For example, more staff were now available during the evening and night time periods. This meant people, who might be confused or anxious, were unlikely to be left alone without the staff attention they required. Staff confirmed that the increased numbers of staff continued over the week-end period also. No person using the service required one to one care to ensure their safety. The registered manager said they had recognised they were unable to provide that level of support in a consistent way and so would not admit people with such level of need in the foreseeable future.

Records described the care people had received and also why there were gaps in care monitoring records, for example, if a person did not need assistance with hygiene this was recorded. Two care plans provided the information needed by staff to provide safe care in line with their needs but four people's did not provide a picture of the person’s individual needs and level of help required. The registered manager acknowledged difficulties with the organisation’s documentation and understood the need for a less standardised, more personalised approach.

People confirmed they were consulted about their care needs and involved in their care planning. One person’s family member said, “Mum had been involved right the way through”. Nothing but praise.”