

## Barchester Healthcare Homes Limited

# Hethersett Hall

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Hethersett Hall provides accommodation and support to a maximum of 70 older people, some living with dementia. It does not provide nursing care.

People's experience of using this service:

Medicines were stored safely, but records for 'as required' (PRN) medicines were not always in place to show they were given appropriately. We have made a recommendation about this.

People's care records were not always accurate, up to date and detailed with sufficient guidance for staff. This included records around people's daily care, mental capacity and end of life. We have made a recommendation about following the Mental Capacity Act (MCA).

Not all risks to people's health were fully covered in their care plans, however risks to people's environment were mitigated.

Care plans were not always detailed with individual preferences and sufficient guidance for staff.

There were some effective quality assurance systems in place, but not all areas for improvement had been identified.

People had a range of activities which they engaged in and enjoyed, and they had positive relationships with staff.

Staff adapted their communication to interact with people in a way they understood.

Staff worked well as a team and were supported with training and supervision by a good leadership team.

People had access to healthcare and were supported to follow a healthy balanced diet and enough to drink.

Rating at last inspection: Good in all areas with outstanding in well-led (Published February 2017)

Why we inspected: We inspected this service in line with our schedule for services rated Good.

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated Requires improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Hethersett Hall

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, an assistant 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.

#### Service and service type:

The service provided accommodation for up to 70 people who require nursing or personal care. There were 60 people living in the home when we inspected, some living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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. We used all this information to inform our inspection.

During the inspection, we spoke with eight staff members including the registered manager, two unit

managers, a senior care worker, a care worker, an activities coordinator and two support workers. In addition, we had a brief talk with the kitchen staff, who were temporary. We spoke with four people and five relatives about their experience of the service. We also observed interactions between people living with dementia, who were unable to give us feedback, and staff.

We looked at six care plans and 16 medicines administration records (MARs), and checked further records relating to the running of the home, such as a sample of audits and maintenance checks.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection we found that medicines were being managed safely. There had been a decline in quality in this area as we found some risks had been overlooked.

- There were not always suitable protocols in place for people who received 'as required' (PRN) medicines. For people who were not able to explain to staff that they required a PRN medicine, there was limited guidance in place to explain how staff should recognise symptoms, and when they should administer this medicine.
- There was not sufficient guidance in place for administration of PRN pain relief for some people. For example, one person's care plan referred to limited verbal ability and guided staff to take cues from body language and facial cues. This was not reflected on the PRN pain medication protocol.
- Some PRN medicines did not have full associated care plans, for example for one person who was prescribed PRN laxative medicines, there was no mention or guidance around constipation in their care plan. A dietician visit letter in May 2019 referred to the person having loose bowels, but this information had not been used to update the care plan or review the laxative medicine. The person had received daily PRN laxatives without recorded explanation.
- There was not always appropriate recording around the administration of psychotropic medicines. For one person, the amount written on the PRN protocol, the MAR and the care plans relating to the PRN medicine were inconsistent with each other. The medicine was being administered above the maximum dosage stated on the care plan, daily. This meant the person was at risk of taking too much of their medicine which could affect their behaviour and sleeping patterns.
- When PRN medicines were given, there were no records of the reasons they were administered at the time of administration. This included for two people who were receiving regular PRN psychotropic medicine without recorded explanation each time it was administered.

The lack of robust care planning and recording around PRN medicines meant that potential risks to people had not always been considered and therefore mitigated. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Front sheets had photographs and information about how people wanted to take their medicines, as well as any allergies. However, we saw for one person that the box was left blank, whereas for others it had 'none known' or a list of allergies. Therefore, it was not clear whether the box had been overlooked and the person had allergies or not. This was remedied following the inspection.

- Other medicines we looked at were administered as prescribed and stored safely and securely.
- For people who were supported to take their own medicine, appropriate risk assessments were in place which deemed they were safe to do so.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. The provider responded immediately after the inspection.

#### Assessing risk, safety monitoring and management

At our last inspection we found risks to people were mitigated, but on this inspection, we found some risks had not been considered in care plans.

- There were risk assessments in place for individuals which covered their manual handling and pressure care risks and risks associated with certain conditions such as diabetes. However, not all risks to people's health, such as constipation, were covered in risk assessments.
- There were risk assessments in place for the environment which included management of fire, water, lifting and electrical equipment.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had knowledge of safeguarding and knew how to identify and report potential abuse. They received training in this area and told us what concerns they would report, and signs of abuse they would look out for.

#### Staffing and recruitment

- The service continued to maintain safe recruiting practices. This included ensuring new staff had undergone checks such as the DBS (Disclosure and Barring services) and references.
- People, relatives and staff consistently told us there were enough staff to meet people's needs and they did not have to wait for assistance.

#### Preventing and controlling infection

- The home was clean and there were regular checks in place to monitor infection control standards.
- Staff received training in infection control and had PPE (Personal Protective Equipment) available to use when delivering personal care.

#### Learning lessons when things go wrong

- There were monthly analyses of falls, pressure damage and incidents, as well as discussion in team meetings about any issues within the home. This helped to ensure that action was taken following incidents or accidents to keep people safe.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was not always consistent.

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

At our last inspection we found the service was compliant with the Mental Capacity Act 2005 (MCA). However, at this inspection we found a decline in quality around this.

The 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 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some information on DoLS applications made was incorrect, for example one male was labelled as female on a DoLS application. It also referred to sensory loss which was not mentioned anywhere in their care plan. There was a DoLS application for another person without any detail of what the deprivation of their liberty was. There had been no prior mental capacity assessments to ascertain whether a DoLS application was needed for people.
- There were mental capacity assessments in place for some decisions for people, but not all. For example, the use of bed rails or medical interventions had not been considered in mental capacity assessments. There were no records of mental capacity assessments or best interests' meetings for decisions made around the frequent use of PRN psychotropic medicines.

We recommend the provider seeks current practice guidelines on the MCA and takes action to ensure people's capacity is fully considered and records are in place.

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

- People's needs were assessed using best practice guidelines, prior to moving into the service. This



information was then used to inform a care plan. This enabled the registered manager to ascertain how they would meet people's needs.

Staff support: induction, training, skills and experience

- Staff received a range of training which included dementia awareness. One member of staff told us they had received training in dysphagia (swallowing problems) and the use of medicines to thicken drinks. Other training included manual handling and first aid.
- A staff member told us about their induction which included training prior to starting work, and then shadowing experienced staff.
- Without exception, staff felt supported in their roles. They reported attending supervisions and asking for advice or support when needed.

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

- People were supported to eat and drink enough. Kitchen staff demonstrated to us that they were aware of any specialist diets, such as diabetic or soft.
- Snacks and drinks were available throughout the day, and people were predominantly positive about the quality of the food, and the choice they received.

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

- Staff worked closely with external health and social care professionals to ensure people received consistent care. This included local continence, district nursing and mental health teams.

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

- The main building was a large, Georgian house with accommodation over two floors. It had been substantially extended to the rear and side on the ground floor. The side extension provided secure accommodation for people requiring more support, mostly due to dementia. The first floor of the original building was accessed via one of two stairwells or a lift.
- The service was adapted to meet people's physical needs, and had pleasant gardens, with a secure area for people living with dementia.
- There was a café area where visitors and people could help themselves to drinks and cake. A relative described the area as, "It seems to be very successful; the residents and visitors can get themselves a drink and some cake or a biscuit but it's also rather sociable." Other attractive communal areas included a library, dining room and lounge areas. People had en-suite areas as well as access to communal bathrooms.
- Although there were posters on some doors, such as bathrooms, in the residential unit, there were not on the dementia unit which may help people identify the rooms.

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

- People had access to healthcare services.
- Staff followed advice from professionals with regards to people's healthcare needs, however it was not always used to accurately update the care plan when needed. For example, when a healthcare professional such as a dietician or GP made recommendations around people's care.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the staff, one saying, "They are fantastic; they go above and beyond if you know what I mean." Another said, "They are very good. They do their best and they find time to stop and talk when they can." We saw pleasant, kind and caring interactions between people and staff.
- It was clear from conversations with staff that they knew people very well. A relative confirmed, "They know [person] likes music and it calms [person], they even know what sort of music [person] likes."
- There were many compliments received by the home which included relatives thanking staff for their compassionate care.
- People's equality and diversity was respected, and they were supported to follow their religious beliefs.

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

- We saw that people were supported to make choices, and where they lacked capacity, staff supported them as much as possible. For example, they showed one person two different meals at lunchtime so they could choose what they wanted visually.
- People and relatives told us they felt involved in their care and consulted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst delivering care to them. They described to us how they supported people to maintain as much independence as possible.
- On request of people living in the home, there was a washing machine made available for people to use to do their own washing. Staff told us they supported some people to use this, and this maintained their independence.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans did not always have full detail about how people preferred their care. For example, there were no specific oral healthcare plans for people who received support with personal care. Times people preferred to get up and go to bed and their preferences of how they received personal care were not always included in care plans.
- A relative said, "We do have confidence in the staff but sometimes we need to remind them about some parts of the care Mum is getting, such as oral hygiene so that it becomes routine." A staff member said, "Teeth cleaning is in daily personal care, as well as ears, hair and glasses and hearing aids." However, there were no records of this, either in daily records, or guidance in the care plan for staff who were not familiar with people.
- Care plans were not always effectively reviewed and contained some inconsistent information. For example, one person's diet care plan said they received a 'normal diet' but another record stated that a dietician visited in May 2019 and said, 'continue with fortified diet.'
- For some people who had limited communication, there was not always sufficient guidance for staff on how to support them. For example, one person's pain care plan had no information about where the person could suffer pain, or what kind of pain.
- When people presented with behaviours that could challenge others, there were care plans in place but not always records that these were being followed. For example, one care plan referred to unpredictable behaviour and guided staff to step back for a moment and offer lots of re-enforcement. However, there was no record of these de-escalation techniques being used.
- Care plans were not always person-centred, and some contained duplicate information. We saw two care plans which held exactly the same information about people's personal care support needs.
- A person told us, "I need some help walking and like to have a carer here when I do. I just ring the bell and someone will answer." People told us they did not have to wait long for assistance.
- Another person said, "I need help when I have a bath and I prefer to have female carers when I do. They know that and it's never been a problem." Staff consistently told us they were able to deliver care when people wanted, for example if and when a person wished to have a bath, they supported them with this.

Meeting people's communication needs

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

- Staff adapted their communication to meet individual's needs. Staff gave us examples such as communicating with people through singing, or supporting them to say prayers, in order to make a

connection with them.

- Where possible, information was made accessible for people with communication problems, for example due to living with dementia.

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

- A relative said, "They have a fabulous activities [person] here, very inventive. They found out what people are interested in then organise things which they like to do." Activities included a bridge club, a gardening club, yoga, arts and crafts and physical activities. There was an interactive table in the dementia unit, and the activities coordinator also spent time with people on a one to one basis in their bedrooms.
- We saw the use of technology in place to enhance people's experiences – staff supported one person to wear a virtual reality headset to do a tour of one of a pyramid.
- One person said, "[Last year] I went on four trips which were very good." Staff supported people to go out of the home on trips in the home's minibus after discussions about what people wanted to do.
- The home had regular communion and supported people with religious practice. One person told us, "It means a lot to me."

Improving care quality in response to complaints or concerns

- There were monthly meetings for people living in the home where they raised any concerns. A person said, "I think it has a number of benefits. It means we have to chance to speak our minds and for the management to respond."
- We looked at records of concerns and complaints and saw that these had been addressed and resolved appropriately.

End of life care and support

- There were not always end of life care plans in place, or records of conversations in this area with people and families. However, staff described to us some examples of when they delivered end of life care. One staff member said, "[Relatives] are going through a lot, it's not easy, it's important that we care for them too, do what is right for [people at end of life], what they need for pain and keep them clean."
- We also saw that feedback from relatives was very positive. One family member wrote in to express their gratitude that some staff sat with their relative in their own time when nearing the end of their life.

# Is the service well-led?

## Our findings

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

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

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

- Quality assurance systems were in place, and in some areas, these were effective in maintaining a good standard of care. Audits were undertaken by unit managers, the registered manager and the provider. However, there were some areas for improvement we found which had not been identified so no action had been taken to ensure they were rectified.
- There were weekly and monthly medicines audits, however these had not identified some issues we found with the records.
- Contemporaneous records pertaining to people's care were not always kept detailed, accurate and up to date.
- The registered manager ensured that some improvements were made immediately following our visit, for example in respect of the administration of PRN medicines. This included reviews of the documentation and medicine by the GP where needed.
- A staff member said, "Any time we need support from our manager it's just a phone call away, even at night." Staff worked well as a team, had good morale and were well supported by their management.

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

- People, relatives and staff told us consistently that the registered manager was approachable and visible throughout the home. One staff member told us, "[Registered manager's] main concern is for the people and their relatives."

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 registered manager communicated well with families and understood their duty of candour responsibility.

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

- The home continues to maintain its' presence in the local community. An open gardens event was recently held and members of the public visited. The home also maintains strong links with the local church.
- There was a community engagement plan which set out all plans to engage the local community in the

activities and events at the home, for example, inviting other groups of older people in the community. This included details of visits from a local organisation who brought children in to visit people at the home. There was also an upcoming summer fete and had recently been an open day, which engaged the local community.

- People told us they were involved in the running of the service. People were offered the, 'Weekly Sparkle' magazine which held any news, reminiscence articles, quizzes and puzzles which also kept people engaged with the home.

#### Continuous learning and improving care

- The home had a wide range of audits which included actions to be taken when any issues were identified.
- Areas for improvement were discussed both with staff and people living in the home, and feedback was sought in order to make improvements.

#### Working in partnership with others

- The service worked with other organisations where needed to ensure that anyone coming into the service had a smooth transition.
- Staff worked in partnership with teams, for example mental health, dementia and speech and language therapy teams when required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment  How the regulation was not being met: Risks to people were not always adequately assessed and mitigated. Infection control practices were poor.  12 (2) (g)