Nellsar Limited

Hengist Field Care Centre

Inspection report

Hengist Field
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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

Overall summary

We carried out this inspection on the 10 and 13 February 2015, it was unannounced.

Hengist Field Care Centre is a purpose built service in a rural location with 75 single occupancy rooms, all with en-suite facilities, over a 2 storey building, with a large central courtyard area for people to enjoy

The service provides nursing and personal care, accommodation and support for up to 75 people. There were 45 people at the service at the time of the inspection. People had a variety of complex needs including dementia, mental and physical health needs and mobility difficulties. The management and staff team included nurses, and care assistants. The ancillary staff team included administrators, receptionist, activity co-ordinator, kitchen and housekeeping staff.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process, for example people that had had a stroke. People demonstrated that they were happy at the service by

Summary of findings

showing open affection to the registered manager and staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for help.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, the registered manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Where people lacked the mental capacity to make decisions the registered manager and staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

People and their relatives told us that they were involved in planning their own care, and that staff supported them in making arrangements to meet their health needs. Visitors said they felt able to talk to staff or the registered manager if there were any problems.

Medicines were managed, stored, disposed of and administered safely. People received their medicines on time.

People were provided with a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food.

People were given individual support to take part in their preferred hobbies and interests.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People were involved in making decisions about their care and treatment. The registered manager investigated and responded to people's complaints. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff.

The quality of the service was regularly reviewed, and meetings held regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

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 safe?
The service was safe.

People were protected from abuse and staff were recruited using safe procedures.

Medicines were managed safely.

Risks to people's safety and welfare were assessed. The premises were well maintained and equipment was checked and serviced regularly.

Good

Is the service effective?
The service was effective.

People said that staff understood their individual needs. Staff were trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Good

Is the service caring?
The service was caring.

Staff treated people with respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

There were systems to assess the quality of the service provided in the service.

People's views were sought and acted on.

Hengist Field Care Centre

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 checked 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 Regulations 2010 which correspond to the Care Act Regulations 2014 from 1st April 2015.

This inspection took place on the 10 and 13 February 2015 and was unannounced. The inspection team consisted of two inspectors.

We spoke with the registered manager, operations manager, nurse on duty and five members of care staff. Some of the people were unable to communicate verbally with us because of their dementia. We spoke with six people and five relatives. We looked at personal care records for five people, medicine records, activity records and four staff recruitment records. We spoke with staff and observed their interactions with people whilst carrying out their duties such as supporting people into the dining area at lunchtime.

We normally ask providers to send us a Provider Information Return (PIR). Because we carried out this inspection in response to concerns the provider would not have had time to complete this form. 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.

Before the inspection, we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We last inspected the service Hengist Field Care Centre on 15 July 2014, when no concerns were identified and there were no breaches of regulations.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. Relatives commented, "People are safe and well cared for" and "I feel fine leaving after a visit, knowing that they are safe here and well looked after".

There were suitable numbers of staff to care for people's safely. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. There was one nurse and six carers on the ground floor and one nurse and six carers on the first floor at the time of the inspection. One carer was from an agency as a member of staff had telephoned in sick. This showed that arrangements were in place to ensure enough staff were made available at short notice. Other members of staff on shift were the housekeeping staff, cook and kitchen staff, activities co-ordinator and administration staff. At night time, there was one nurse and three carers upstairs and one nurse and two carers on the ground floor. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. People told us there was a stable staff group. One person said "High standards and professionals, same faces most of the time". We observed that call bells were answered promptly, and people received support at a time that suited them.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Registered nurse's registration was checked and these were valid. Staff told us they did not start work until the required checks had been carried out. These processes ensured that the service employed suitable staff to care for people. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local social services department. Staff had received training in protecting people, so their knowledge of how to keep people safe was up to date. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. The registered manager said if any concerns were raised, she would telephone and discuss with the local safeguarding team. The registered manager and staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. People could be confident that staff had the knowledge to recognise and report any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, and skin integrity risk assessments were in place for staff to refer to and act on. One moving and handling assessment stated "Transferred using a full hoist with the assistance of two/three carers". We saw that staff used appropriate moving and handling transfers. In this way people were supported safely.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to try to prevent future incidents.

Medicines were stored, disposed of, and administered safely. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. People told us they received their medicine on time. There were systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. The contents of the medicines cupboard and register were checked and had been correctly accounted for. Staff accurately documented when each person was given medicines. There was information for staff about possible side effects people may experience in relation to certain medicines so they were able to recognise any of the symptoms and take appropriate action. Staff who handled medicines had completed training to do so safely.

The premises had been well maintained and suited people's individual needs. People said, "The home is very clean, tidy, light and airy" and "Housekeeping standards are very good". Equipment checks and servicing were regularly carried out to ensure the equipment was safe. The registered manager carried out risk assessments for the

Good

Is the service safe?

building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency and how to protect people.

Good

Is the service effective?

Our findings

People told us that staff looked after them well. Staff commented "Spot on with training" and "They are good at updating our training".

New staff told us that they had received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was deemed competent. One staff member said, "When I started work I was supervised by other members of staff. Most staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness, diabetes awareness and nutrition. Staff were supported through individual one to one meetings and appraisals. Regular clinical supervision was provided for the nursing team. This allowed management to ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. People told us that staff asked for their consent when assisting with personal care. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions. The registered manager told us that currently none of the people had their liberty unlawfully restricted.

People were supported to have a balanced diet. The registered manager told us that after listening to people's comments about the previously pre-made and delivered meals service, a decision was made to employ chefs/cooks and kitchen staff to make fresh meals on the premises. People commented that the food was better now. There was a menu in place that gave people a variety of food they could choose from. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen. A recent visit from a dietician complimented the service on developing a 'Milkshake of the week' this being a different flavour made fresh twice daily, that included ice cream, cream and full fat milk. These were offered to people who required a higher calorie diet to maintain a healthy weight or if they found it harder to eat due to ill health. Other examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People were weighed regularly to make sure they maintained a healthy weight and action was taken to refer people to health professionals if their weight dropped or they were not eating well.

The registered manager had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. One person had been seen by the dietician and another person had been referred to the tissue viability nurse. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

People told us the staff are all very good. People commented "Takes care of Mum the way I would", "Wonderful care, no problems at all" and "Staff speak to people respectfully". One relative commented "Struck gold finding this place, could not fault it". Another relative wrote to the service with the comments "You made my Mum so comfortable, happy and safe in her surroundings and showed her love and compassion at all times. In doing this for Mum you have, without realising it, showed the same compassion to me".

People and their relatives said that they felt welcomed on arrival at the service and had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible too. People were helped into the dining room and staff helped people that needed assistance during the mealtime, for example supporting them to eat their food.

Due to people's varied and complex needs some had a limited ability to verbally communicate with us, for example people that had had a stroke. One relative commented "The staff are very helpful and our relative seems to be building up a rapport with them. This is certainly helping them to settle in". Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. This meant staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff knew the needs and personalities of the people they cared for. They were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible too.

People said they were always treated with respect and dignity. One person said "When my door is closed, staff always knock and wait before entering". People's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend residents' meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. For example, the change from pre-made delivered meals, to home cooked food. The registered manager followed these up and took appropriate action to bring about improvements in the service.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. People commented “I feel involved and kept involved”, “Staff are approachable and we are kept informed of any changes” and “Treated as family”.

Feedback from a social care professional who visited the service on a regular basis was positive about the overall quality of the service. They spoke highly of the staff, and the care that was given. They said that the staff responded to people’s needs and that care plans reflected people’s individual requirements.

The management team carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People and their relatives or representatives had been involved in these assessments. People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. For example, “Likes his meals and has a good appetite”. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

People were supported to take part in activities they enjoyed. People commented “The entertainment is very good and this has been the making of my Mother because she loves singing” and “Provision of various entertainments with variety”. There was an activities co-ordinator who supported people to take part in a range of activities. There was a weekly activity programme on the notice board. Activities included music for health, coffee morning, movie day. Forthcoming events in the Hengist Newsletter included Saxophonist, Karaoke and Jazz singer. There had also been a Valentine’s celebration and Mother’s Day afternoon with tea and cakes. There were links with local services for example, local churches and local entertainers. People’s family and friends were able to visit at any time.

The service was suited to people’s needs and adapted to meet their needs. Beside bedroom doors there was a picture of the person, together with a glass fronted box that contained items that the person would recognise and know that this was their bedroom. Toilets had large pictures of a toilet on the outside of the door to assist people in finding a toilet and maintain their independence. There were grab rails and raised toilet seats as appropriate. Corridors were wide to facilitate easy use of wheelchairs and hoists, and bedrooms contained adjustable beds, some with special mattresses to support people who had poor skin integrity.

The complaints procedure was displayed in reception. People were given information on how to make a complaint in a format that met their communication needs, such as large print. One person commented “Concerns are listened to”. The registered manager investigated and responded to people’s complaints. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately and resolved these.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. Written comments received by the service included “There is always a calm and professional atmosphere throughout the premises and at every level of care. Individually all members of staff are approachable, supportive and friendly” and “I have always found the staff to be very caring and kind. I really appreciate the professionalism of the nurses and manager”. A professional continuing care senior nurse assessor commented “One of the best homes I have ever visited”. Staff commented “Work very well as a team, it is a nice place to work” and “Manager has an open door if you have a problem”.

The provider had a clear vision and set of values. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs.

The management team at Hengist Field Care Centre included the registered manager, unit managers and nurses. The company provided support to the registered manager through regional managers. Additional support was provided from the company’s training and development department, human resources team, and the sales and marketing departments. This level of business support allowed the registered manager to focus on the needs of the people and the staff who supported them. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these.

People, relatives and health and social care professionals spoke highly of the registered manager and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. The provider carried out ‘customer’ satisfaction surveys to gain feedback on the quality of the service received as well as ‘resident and relatives’ meetings where people were asked about their views and suggestions. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. One comment received stated “High standard and professional, same faces most of the time”. Thank you cards received by the service commented “You have gone above and beyond and still been able to give this individual respect whilst promoting their care and dignity” and “We would like to express our thanks for the care and compassion shown to our relative. Words cannot express how grateful we are for the way they were cared for by you all”.

Minutes of monthly staff meetings showed that staff were able to voice opinions. We asked four of the staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered manager had consistently taken account of people's and staff’s input in order to take actions to improve the care people were receiving.