

Southern Coast Care Ltd

Hatt House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

Hatt House is a residential care home providing personal and nursing care for up to 24 older people in one adapted building. At the time of the inspection 21 people were using the service.

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

People were not always protected from the risk and spread of infection. We were not assured that Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was communicated at inspection and the registered manager was supported to take immediate and appropriate action to address the concerns.

The provider had systems in place to monitor the quality and safety of the home; however, current published infection control guidance was not fully adhered to by the registered manager and staff team. We made a recommendation to the provider about this.

People were supported by kind staff who knew them well and knew how to keep them safe. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns.

Risks, such as those associated with the environment and people's physical and/or health needs, had been assessed and were being managed safely.

Medicines were administered safely, and records demonstrated that people had received their medicines as prescribed.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs.

The registered manager and staff promoted a positive culture within the service. Staff spoke positively about the registered manager and felt well supported.

Relatives were positive about the management of the service and communication they had received from the service during the pandemic.

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

Rating at last inspection

The service was registered with us with a new provider on 2 December 2019 and this is the first inspection.

The last rating for the service under the previous provider was good (published 30 April 2019).

Why we inspected

The inspection was prompted due to concerns received about infection control. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to Infection Prevention Control. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hatt House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team was made up of one inspector.

Service and service type

Hatt 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used all this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, six care staff, the cook, the head of care and two cleaning staff.

To help us assess and understand how people's care needs were being met we reviewed three people's care records and observed staff interacting with people. We also reviewed a number of records relating to the running of the service. These included infection control, medication, environmental safety, staff training and recruitment, and records associated with the provider's quality assurance systems.

After the inspection

We spoke with eight relatives to hear their views of the service and asked the local authority, who commissions care services from the home, for their views on the care and support provided. We contacted the local authority infection control team to ask them to support the service.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated 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.

Preventing and controlling infection

- People were not always protected from the risk and spread of infection.
- Best practice guidance was not always followed in relation to infection control. For example, we observed three staff members wearing their face masks below their chin.
- We were not assured that the providers arrangements for donning and doffing (putting on and taking off) personal protective equipment (PPE) were sufficient to prevent cross-contamination. There were no designated donning/doffing areas. Some staff carried PPE around with them in baskets/boxes. We saw one staff member had placed one person's clothes in the basket on top of PPE. This potentially placed people at risk from cross-contamination as bacteria or viruses on the person's clothes could transfer onto PPE used for other people.
- We were not assured that the current arrangements for the disposal of used PPE was sufficient to prevent the spread of infection and/or cross-contamination. There were insufficient bins to dispose of clinical waste. For example, there were no clinical waste bins located at two entrance/exits. There were no clinical waste bins in the communal areas of the service and during the inspection we saw used PPE had been discarded in general waste bins on a trolley in the dining area.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to infection control were being effectively managed and this placed people at increased risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We shared our concerns with the local authority.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people from abuse. The staff received safeguarding training and

were able to describe how to recognise and report abuse, and they told us they would not hesitate to do so. Staff told us they felt confident the managers would take appropriate action.

- We observed people looked happy and comfortable in the company of staff and people's relatives told us they thought their family members were safe and happy living at Hatt House. Comments included, "Absolutely safe! I cannot fault them at all, they are absolutely wonderful", "I can't think of any reason why she would be unsafe. If there's any problems, they ring me up straight away" and "They are very safety conscious. I think the staff are wonderful, so caring."

Assessing risk, safety monitoring and management

- Risk to people had been assessed, monitored and managed. People's care records included assessments of specific risks posed to them, such as risk of falls and risks arising from moving and handling, pressure areas and nutritional needs.
- Detailed risk management plans provided staff with the information they needed to manage risk and guidance for staff about how to support people to reduce the risk of avoidable harm. For example, where people lacked the ability to mobilise independently, care plans explained the equipment and the number of staff needed to assist the person.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks to people as risk levels changed.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references
- We found adequate staffing levels on the day of inspection, and rotas confirmed suitable numbers of staff on shift to support people and meet their needs.
- Relatives provided positive feedback about the staff. Feedback received included, "From the outside looking in everything is brilliant", "The staff have been excellent" and "It seems a happy place you always hear laughing and joking."

Using medicines safely

- Medicines were managed safely. People's medicine administration records (MAR) were completed when doses of medicines were given. These showed that people received their medicines as prescribed for them.
- Medicines were stored securely. Storage temperatures were recorded and monitored to make sure medicines would be safe and effective.
- When medicines were prescribed to be given 'when required', we saw that protocols had been written to guide staff when it would be appropriate to give these medicines.
- There were systems in place to record the application of creams and other external preparations, and records showed that staff signed when these were applied.
- Regular medicines audits were undertaken, and if any incidents were identified then appropriate actions were taken.

Learning lessons when things go wrong

- Records showed accidents and incidents were recorded and reported. Appropriate actions were taken such as referrals being made to other health care professionals.
- Falls were being analysed in a way which enabled trends to be identified and action taken to reduce risks.

Is the service well-led?

Our findings

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

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

- The provider had systems in place to monitor the quality and safety of the home; however, as detailed in the safe section of this report, current published infection control guidance was not fully adhered to by the registered manager and staff team. We raised our concern at the time of the inspection and arranged for the registered manager to be supported by the local authority Infection prevention and control team to make changes.

We recommend the providers governance systems are strengthened to help assess and monitor infection, prevention and control.

- There were clear lines of responsibility and accountability within the management structure. Staff were clear about their responsibilities and the leadership structure. The registered manager told us they felt well supported by the provider.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could monitor the service and check appropriate action had been taken.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured the service was continuously improving and worked with us during the inspection to put things right and improve the service.
- The service worked in partnership with people, relatives and other agencies to seek good outcomes for people. Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support, were made.

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

- The registered manager and staff promoted positive culture within the service. People received care that was person-centred, and staff knew people well. A relative told us, "They are all so very kind and seem to really care about [person's name]."
- Staff spoke positively about the registered manager and felt well supported. It was clear they had good

relationships with the senior team. One staff member told us, "You can always approach her, and it's run (the service) really well."

- People's relatives expressed a high level of confidence in the leadership and management of the home. Comments included, "I think the management is excellent. Couldn't have anyone better than [registered manager's name] managing and looking after the place", "[Registered manager's name] is very good, if you've got any problems you can always speak to her" and "They are very thoughtful."

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 was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- Relatives told us they were kept up to date with relevant information regarding their loved ones' wellbeing during the Covid-19 pandemic. A relative said, "Every time I call, they are very good and explain everything to me." Another relative explained, "I just have to phone up and they give me an update." Relatives also told us about how staff helped keep people in touch during the pandemic by video calls and sending relatives photographs of their family member enjoying activities.

- Staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure service users, staff and visitors were protected from the risks of infection and best practice was not always followed in relation to infection control which placed people at an increased risk of harm.</p> <p>Regulation 12, (1)(2)(a)(b)(h)</p>

The enforcement action we took:

On the 20th January 2021, the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 12, (1)(2)(a)(b)(h), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was required to become compliant with Regulation 12, section (1)(2)(a)(b)(h), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 3rd February 2021.