Care Quality Commission

Hatherley Care Home Limited

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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

We carried out the inspection to Hatherley Care Home Limited on the 12 and 13 September 2017. The previous inspection was undertaken in July 2015 and the service was rated good overall but requires improvement in the safe domain with two breaches in regulation. At this inspection we found that improvements had been made and the service was now meeting the requirements.

On the day of our inspection there were 35 people living at Hatherley Care Home Limited, overall the service can cater for 37 people. The service was registered to provide accommodation and nursing care but was not providing nursing care at the time of the inspection. There was a registered manager in post. 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.

People told us that they were safe and they were supported by a stable staff team who knew them well. We observed that there were enough staff to meet people's needs safely although on occasion people told us that they had to wait for staff to be available. Staff were well organised and the manager told us that staffing levels were being constantly reviewed to ensure that the numbers met people's changing needs.

Risks were identified and steps taken to reduce the likelihood of harm to people using the service. There were checks undertaken on the environment and equipment was serviced to ensure it was safe for staff to use. The environment was tired in places and the lighting was poor in some areas. However we were assured by the manager that these fittings were being replaced as part of the upgrading programme. We saw that refurbishment work was underway to upgrade one of the communal areas.

Medicines were managed safely by staff who had been trained and assessed as competent.

Staff had access to training and were supported through supervisions and observations to develop their skills and knowledge.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The manager and the staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had made appropriate applications.

People's health was monitored and staff sought advice appropriately when people's needs changed. Staff had good working relationships with local health professionals.

People had access to a range of activities which promoted their wellbeing and enabled them to be involved in their local community.

Staff knew people well and could tell us about their needs and what they enjoyed. There were clear systems in place for communication both with relatives and with staff to ensure that they were aware of any changes in people's wellbeing and health.

There were processes to address complaints although people told us that they had not had to formalise any concerns.

The manager was an experienced manager who had worked at the service for many years and was supported by two senior staff who had specific areas of responsibility. Morale among staff was good and people and relatives were positive about the leadership of the service and told us that the management team were approachable and helpful.

The manager told us that they were well supported by the provider, who visited the service on a regular basis to check on the quality of care. A range of audits were undertaken by the senior management team to identify areas for improvement. We have made a recommendation about how these could be further developed.

There was a quality assurance system which sought the views of peoples and relatives and enabled them to influence how the service operated.

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

There were sufficient staff available to meet people's needs.

Risk assessments were in place and provided guidance to staff on how the risks should be minimised to protect people.

People were supported by staff who had received training and knew how to recognise the signs of abuse.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff had been provided with training which was relevant and provided them with the knowledge and skills they needed to fulfil their role.

Staff supported people appropriately and respected their decisions. They were clear about their responsibilities under the Mental Capacity Act 2005 (MCA).

People had access to varied and nutritious meals.

Staff monitored people's health and sought medical advice appropriately.

Is the service caring?

Good

The service was caring

People had positive and caring relationships with staff.

People were treated with care and kindness.

Care was provided in line with people's wishes

Is the service responsive?

Good

The service was responsive.

People had a care plan which reflected their preferences and provided information to staff about how they liked to be supported.

People had access to activities which promoted their wellbeing.

There were systems in place to address concerns and complaints.

Is the service well-led?

Good

The service was well led.

People were positive about the service and staff morale was good.

The manager was visible and accessible and known to the people who lived in the service.

There were systems in place to look at quality and drive improvement.

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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 the 12 and 13 September 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. The expert by experience had experience of the needs of older people and those with a diagnosis of dementia.

Prior to our inspection we reviewed information we held about the service. This included any concerns and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. The provider had 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 spoke with twelve people living in the service, seven relatives and six members of staff. We spoke with three visiting professionals as well as the registered manager. We reviewed care and support plans, medication administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

Good

Is the service safe?

Our findings

People and their relatives spoke positively about the service and told us that they felt safe. One person told us, "You cannot get out the door without a member of staff going with you and they open the door to check you at night to see if you are OK….I feel safe."

A visiting relative told us, "[My relative] is safe, I go to bed and know that they are safe, they kept falling at home and here they are well cared for." Another said, "The home is very good, you cannot fault the care."

At the last comprehensive inspection in July 2015 we found the provider was not meeting the requirements of the law in that people's medicines were not being managed safely. At this inspection we found that improvements had been made. Medicines were securely stored and the medicine trolley was locked when unattended. We observed staff administering medication and observed that this was being undertaken in safe manner. Staff made sure that people had the time they needed to take their medicines and had a drink nearby. They chatted about the medicines as they were administering, one person for example spoke about their pain relief medicines and the member of staff said it was to help them to, "Keep dancing."

The medication administration chart was up to date and provided staff with guidance on what they should be administering at what times. We checked a sample of the medicines against the records and the amounts tallied. There were clear arrangements in place for controlled drugs and checks were undertaken by two staff before being administered. Staff told us that their competency to administer medication was checked by senior member of staff before being able to administer and this was confirmed by the records we saw. Regular audits on medication were undertaken by a senior member of staff identify and address shortfalls.

At the last comprehensive inspection in July 2015 we found the provider was not meeting the requirements in that risks were not being effectively monitored. At this inspection we found improvements had been made. Risks were identified and there were management plans in place to guide staff on the actions needed to reduce the likelihood of harm to individuals. For example we saw that the risks relating to choking, mobility and diabetes had been considered and there were plans in place regarding their management. Moving and handling plans were in place and took account of people's variable mobility and needs. Staff knew people well and we observed staff assisting people to mobilise using a handling belt. This was undertaken in line with the risk assessment. Staff gave people lots of encouragement and people's safety was considered as they walked along side people. We heard a member of staff say to one person "Almost there …just watch your hands."

There were systems in place for the oversight of equipment and management of environmental risks. We saw that checks were undertaken on fire safety equipment to ensure that it was safe to use and staff spoken with, were clear about the process to follow in an emergency. There were systems in place to reduce the likelihood of equipment failure and checks were undertaken on the lift and call bells to make sure that they were safe to use and not faulty. Checks were undertaken on mattresses by the district nursing team but we recommended that they should set up an additional system to ensure that they were being maintained at the correct settings to promote skin integrity. The manager agreed to immediately undertake this.

Staff were clear about the safeguarding procedures and told us that they knew how to raise concerns if they were concerned that an individual was at risk. They told us that they undertook their safeguarding training in small groups to ensure that they understood the issues and showed us the procedures and telephone numbers which were on display for staff to access if needed. Staff completed incident reports and body maps if they had any concerns about individuals. In our review of documentation we noted that a staff member had recorded a concern which had not been escalated through the normal channels. The manager immediately responded to this, following it up with the individual to clarify their comments and staff members to remind them of their responsibilities.

There were sufficient staff on duty on the day of our inspection. The manager told us that additional staff had been rostered on duty as work was being undertaken on the heating and hot water system and it had been agreed that additional staff should be available to ensure that this did not impact on people. We observed that call bells were answered promptly and staff deployed effectively. People we spoke to gave us variable feedback on the availability of staff but the majority were happy. Some people told us that they had to wait at busy times but understood that there were a lot of people who needed help and delays were not excessive.

One person told us, "I wait some mornings but on the whole not too bad." Another person told us, "Always get staff, can be a bit of a delay five to ten minutes is the average. … very exceptional to wait longer, it is rare, rule is within five to ten minutes."

A relative told us, "At a Residents meeting other residents said the pull cords took a long time and the Manager pulled all the carers together and said you need to let the resident know if you cannot attend them, you need to let the residents know you will come back, she dealt with it very well"

Staff told us that the levels of staffing were adequate and enabled them to meet people's needs. They told us that there was a good staff team who knew people well and the service was not dependent on agency staff. Shortfalls in staff due to sickness and holidays were covered from within the existing staff team. The manager told us that they undertook regular reviews of staffing and levels of dependency and were reviewing staffing levels in the mornings.

Recruitment processes were in place to check on staff suitability and protect people. Examination of three staff files confirmed that relevant checks, including identity checks, criminal records check and appropriate references had been obtained on newly appointed staff. Disclosure and Barring First checks were in place for care staff who started work before the results of the full check was known. The manager was aware of their responsibilities to provide additional supervision to these staff. There was an anomaly with a new member of kitchen staff which the manager had risk assessed to ensure that there was no impact on individuals using the service.

The service was located in a Victorian property which had been converted and had a modern extension. The environment was tired in places and some of the lighting in corridors was low. The manager told us that there were plans to upgrade the lighting with LED lights and decorate other areas. They showed us work that was underway to develop a quiet room for residents to use.

The heating was being upgraded on the day of our visit and we heard some people say they were cold but staff immediately responded and obtained blankets.

Good

Is the service effective?

Our findings

Staff received training on a range of areas including first aid, fire safety, safeguarding, and moving and handling. Competency assessments were undertaken to check staff understanding of what they had learnt, and we saw examples of these which had been completed for training of medicines and moving and handling. Staff told us that they were able to develop their skills and undertake additional qualifications such as the qualification credit framework (QCF). Staff received regular one to one supervisions, which enabled them reflect on their practice and spoke highly of the support and guidance which was available from the management of the service.

New staff complete the care certificate which is a national scheme to support staff working in adult social care to gain good basic care skills. This is designed to enable staff to demonstrate their understanding of how to provide high quality care and support. Newly appointed staff confirmed that they had an induction to the role which included working on a supernumerary basis as well as attending training.

The Mental Capacity Act 2005 (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 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).We checked whether the service was working within the principles of the MCA and saw manager had made the appropriate referrals to professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of Deprivation of Liberty Safeguards (DoLs). People told us that they had a say in how they were supported and we saw people being offered choices. Staff told us that they had recently undertaken training and were able to demonstrate an understanding of their responsibilities.

The majority of people told us that they were happy with the food, Comments included, "It is pretty good here, always a good selection of food and more often than not here are seconds", "Food is very good here and they will always find something else if you don't like what they have."
Relatives told us, "I spoke to the senior as [my relative] does not like the skin on sausages nor spicy food and she sorted it out." Another said there is a, "Good variety of food, they have BBQ's, fruit and biscuits at tea time, and got a tuck shop and people can buy their own snacks"

We observed the lunchtime meal and saw that the majority of people ate well. There was a choice of two hot meals but some people had chosen a salad. Condiments were provided on the table and gravy was served separately by staff to ensure that people had the amount they wanted. Staff were observed to support people appropriately and items such as plate guards were in place to enable people to eat independently.

The cook was visible in the dining room and spoke to people individually about the food. The cook who was relatively new was aware of those individuals who required a specialist diet and showed us the list of

allergies and peoples preferences. They showed us the menus and told us that the menu was prepared following consultation with the manager and discussions at the residents/relatives meetings. However alternatives were always available and they aimed to give people meals that they enjoyed.

Although we observed people being supported to eat and drink on the day of our visit, there was inconsistent recording of fluids. One person in their room did not have a jug of water, although we were assured by staff and observed that they were regularly offering people drinks. Staff recorded in people's daily notes when people were offered drinks but were not consistently using fluid charts when people's health was deteriorating or they were unwell. We discussed this with the manager and they agreed that this was an area that they could improve and agreed to immediately action and subsequently confirmed that they had done so.

People were supported to access healthcare and staff were alert to changes in people's wellbeing. People spoke positively about the support they received, One person told us, "I have seen the chiropodist here and someone from the home took me to the opticians"

A weekly GP surgery was held at the service and staff had a good working relationship with the, GP, district nursing team and community matron. One of the professionals told us, "They are never frightened to ask for advice." We saw that appropriate referrals had been made to a range of health professionals including stoma nurse and occupational therapist. One person for example, told us that the sling they were using was not always comfortable and we saw that the service had already sought advice from the occupational therapist but agreed to seek further advice regarding sling types. We also saw that support from a speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. One person told us, "I was a very low weight when I arrived; they gave me extra food and check my weight regularly."

Good

Is the service caring?

Our findings

People told us that they were well cared for and this was a good service. Comments from relatives included, "It is excellent here, the care [my relative] is getting and the way they are looked after is excellent" and "Staff always very friendly and helpful, [my relative] is always up dressed clean and tidy, hair done."

People had good relationships with those who supported them. We observed warm and caring interactions between staff and people using the service. We observed a member of staff sitting beside a person stroking their hand and encouraging them to drink, staff were kind and gave the person the time they needed. We observed another member of staff kneeling beside a person giving them chocolate buttons, and there was lots of laughter. We spoke to staff about individuals and noted that they spoke fondly about them. We overheard a member of staff say to an individual, "You are lovely, adorable." Another member of staff told us, "Working here is like coming home, it's a big part of my life."

People told us that staff treated them with respect and dignity. One person said, the "Majority of the staff are very good, their English is very good and they are respectful to me, I would say they are well meaning on the whole." People told us that staff knocked on their doors and kept curtains and doors closed when assisting with dressing and personal care. This was supported by our observations and we heard staff showing respect and seeking consent when assisting people. One member of staff told us, "This is the resident's home, any issues we leave at the door." Care plans reinforced the importance of privacy and provided reminders to staff about covering people with a towel when providing personal care.

People were involved in making decisions about their care and their independence was promoted. One person told us that they, "Get up when we want and come down to breakfast 8.30 to 9.00, sit in the lounge and watch TV and go to bed when I want, they don't come and say off to bed." Another said, "I wash myself, I am a very private person, choose my own clothes and dress myself." We observed staff encouraging people to be as independent as they were able and heard a member of staff say to an individual, "Here let me get you a little table and you can do it yourself." We saw that one bedroom was being redecorated and the manager told us that the individual had chosen the room colour. Other parts of the service were personalised reflecting the interests of the people who lived there.

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the care and told us that the care was responsive to their needs. One person said, "I have always been happy here, well looked after and comfortable." Another said, "You get up when you want, breakfast in my room or dining room, my choice, I read and I go to the Methodist church." A relative told us, "It is very good and my relative tells me what she has had for meals, they cut it up and she wants for nothing."

People's needs were assessed prior to their admission. The manager told us that they try and invite prospective residents to the service for lunch so they can meet everyone before making a decision to move in. The information collated during the assessment, was used in the production of a care plan. The care plans we looked at were informative, containing information about people's needs and personal preferences. Information was included to guide staff on foot care, size of continence aids and dentures.- There were some areas where further information could have been provided, such on diabetes and how it impacted on people however the risk were reduced, as care staff knew people well and were able to tell us about them and their needs. We observed that the care provided corresponded with the care plan. For example those who required specialist cushions had them in place and individuals who had been identified as requiring support with eating received it.

People and their relatives told us that communication was good, one relative told us, "When I come in they tell me if [my relative] has seen the doctor and they keep me well informed." Another relative spoke about changes in their relative's mobility and said, "[My relative] was getting up herself but now needs help and uses a frame for walking and a wheelchair but we had the conversation on changes… I am kept fully in the loop."

As part of the inspection we observed the handover meeting for staff coming on duty. Information was handed over on what people had eaten and any changes in people's overall health or wellbeing to enable staff to respond appropriately. Staff were given clear direction and their responsibilities were outlined. For example, the senior member of staff set out which member of staff was undertaking activities, who was assisting with exercises and assisting people with baths.

Community engagement was good. The service was located centrally in Saffron Walden and people described the service as being part of the community. A relative told us that their relative, "Loves it here, and has got three residents here that they grew up with." People told us that they were supported to visit the local market and trips to the pub were arranged. Staff spoken with recognised the importance of people maintaining relationships and visiting places which were familiar to them. One member of staff told us, "We encourage families to take people out and be part of the local community; people are different out of the home."

People told us that they had good access to a range of interesting activities in which they could choose to participate. One relative told us they, "Have sing along, films with ice cream and popcorn, communion, book clubs, hand painting – it a nice social group." Another told us that that, "Staff are always asking [their

relative] if she wants to join in."

We observed that activities were limited in the morning but in the afternoon there was a range of activities taking place, including a book club. We observed a stimulating and inclusive discussion taking place which was facilitated by a member of staff who came in on her day off. Other activities included movement to music and singing. In another part of the service we observed a member of staff sitting alongside individuals reminiscing looking at photographs and magazines.

People were involved in the day to day life of the service; one person for example set the tables at lunchtime another person collected the plates after people had eaten. Staff thanked these people for their help. One person described how they and another person at the service helped, "We wash up and dry the dishes – she washes and I dry."

There was an activity planner on display but people told us that they did not always know what was planned, the manager responded to this immediately, by organising for the planner to be printed and placed on the dining tables so that people could look at what was available over lunch.

People told us they had no complaints but would talk to the manager if they needed to. There was a complaints procedure in place but we saw that no recent complaints had been made.

Resident and relative meetings were held on a regular basis to ascertain people's views and involve people in the day to day life of the service. People spoke positively about the meetings, one person told us, "Residents meetings, you can talk about anything, but there is nothing to complain about, there is always staff to help you, they are very good if you need them." Another person told us that there was a, "Residents meeting couple of months ago; they ask if we are happy with the food and they listened and changed some of the menus, you don't feel that the meetings are a waste of time."

Good

Is the service well-led?

Our findings

The people we spoke with used terms such as "Friendly" and "Family orientated" to describe the service. One person told us, "I love my room, it is my little palace, I am so happy here, and everybody gets on well….. Everyone is very kind and they all know my name." A relative told us; "I think it is a good home, people that run it are good, the senior is good and the manager is approachable"…It is the next best thing to home."

The service had a registered manager who was experienced and had worked at the service in excess of eighteen years. They were well known to the people living in the service, staff and visiting health professionals. The manager was enthusiastic about the service and was proud of the staff and the services place in the local community.

They were supported by two staff who acted as deputies to the manager and held different areas of responsibilities. One for example oversaw the training and the development of staff skills and the other medication systems. They also worked alongside staff when needed and provided out of hours management support. Shifts were led on a daily basis by the care coordinators who organised and deployed staff to ensure that people's needs were met. There was an established pattern of working and responsibilities were clear.

Staff morale was good and staff told us that there was a good team who worked together. They spoke highly of the management of the service and the support they received. One member of staff told us that the manager, "Does whatever is necessary for the residents and goes beyond the call of duty." Staff told us that the manager's door was always open and that they were hands on and helped when needed. We saw that staff meetings were held regularly and that staff had regular supervision to discuss what was going well and reflect on their progress. One member of staff told us, "We respect each other and work as a team." Another member of staff said, "The manager is wonderful this is the best place I have worked."

The service had been involved in a number of initiatives run by the local authority to drive improvements such as the prosper scheme however they told us that they were currently focusing on building links locally. They described the meetings that were held with health professionals and how these meetings were used to review people's needs and identify any changes to their wellbeing. Health indicators were also reviewed, such as number of and types of falls and hospital admissions/discharges to identify any patterns or learning outcomes.

People, relatives and staff were able to provide feedback about the service to the provider through surveys, the results of which were collated and made available. We saw that on the whole relatives and people provided positive feedback about the care that they received and where suggestions had been made they were collated and responded to. Meetings were also held for people and relatives so that they were included in the running of the service.

Audits were undertaken to evaluate the quality of care and safety of the service. We saw that the manager undertook regular walks around the service and checks on the environment. Audits were completed on

areas such as documentation, medication and health and safety. This included a review of infection control but we agreed with the manager that this would benefit from closer scrutiny. We have recommended that they seek advice from a reputable source on developing infection control audits.

The manager told us that the provider was helpful but they still had autonomy to run the service and set priorities according to people's needs .People told us that the provider visited the service on a weekly basis to check that the systems that were in place were working effectively.