

Anchor Carehomes Limited

Hatton Grange

Inspection report

Oldham Street
Hyde
Cheshire
SK14 1LN

Tel: 01613684484
Website: www.anchor.org.uk

Date of inspection visit:
01 October 2019
03 October 2019

Date of publication:
04 November 2019

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

About the service

Hatton Grange is a residential care home providing personal care to 69 people aged 65 and over at the time of the inspection. Care is provided over six separate units across three separate floors. Three units provided residential care and three specialised in providing care to people living with dementia. The service can support up to 70 people.

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

We observed there were sufficient staff to meet people's care and support needs and staff knew people's needs well. However, people and relatives did not always feel there was enough staff. The registered manager acknowledged that recruitment was an ongoing challenge and appropriate action was being taken to recruit staff. The risks to people were assessed and minimised and people were protected from the risk of abuse. People were supported to take their medicines as required and there were systems to ensure concerns were quickly identified and addressed. There were suitable systems for ensuring the home was clean and equipment was safe for use.

Staff worked very closely with other healthcare professionals to ensure that people had the right type of support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. There were mental capacity assessments in place and the right people were involved in best interested decisions for individuals who lacked capacity. The policies and systems in the home supported this practice.

People were positive about staff and told us they were kind and caring. Staff supported people to maintain their independence and encouraged people to remain mobile. Staff had a good understanding of people's care needs, preferences and how to meet these. Staff spoke affectionately about the people they were supporting.

Care plans were detailed and provided guidance for staff to support people with their care and support needs. These records were maintained and updated as required. People felt able to raise any concerns and make complaints and these were addressed by the registered manager. Staff provided a range of activities and we observed that people engaged well with these activities.

People and their families were happy and felt the home was being well run. The registered manager completed a range of regular checks on the quality and safety of the service and was committed to driving improvement within the home. There were close working relationships with other organisations and opportunities for people, families, staff and other agencies to contribute to improving the quality of service.

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

Rating at last inspection.

The last rating for this service was requires improvement (published 20 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hatton Grange

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.

Inspection team

The inspection team consisted on an 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

Hatton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted local commissioning teams to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this information was used to help support our inspection.

During the inspection

We looked at six people's care records which included a wide range of support plans and risk assessments. We reviewed a variety of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with two visiting professionals. We spoke with ten members of staff including the registered manager, deputy manager, district manager, care workers, laundry and kitchen staff. We used 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found there were insufficient staffing to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that although people raised concerns about staffing there was no evidence that people had come to harm or there was impact for people from insufficient staffing levels. We therefore found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People commented that there was not always enough staff on duty. One family member said, "On the whole I think Mum's safe but there not always enough staff." Staff told us, "When the full number [of permanent staff] are in it is not a problem." The registered manager was aware that there had been recent use of agency staff and advised the home was continually recruiting to ensure continuity of staff.
- However, throughout the inspection we observed that there were sufficient staff to meet people's care and support needs. We saw that call bells were responded to quickly and staff were present within communal areas throughout the day.
- We reviewed accident and incident records and noted that that when people had fallen in a communal area this was witnessed by a staff member, indicating that people were not left on their own for lengthy periods of time.

We recommend that the home continues to closely monitor staffing levels to ensure there are sufficient staff to meet the needs of the people living at the home.

- The home followed robust systems for recruitment and staff had appropriate checks with references and checks with the disclosure and barring service (DBS) being made

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and understood their roles and responsibilities. Information about safeguarding was displayed on various notice boards throughout the home.
- People and families told us they felt safe. They said, "I feel safe and can rely on the staff to come if I need help." "I like it here, it will always be mine, so I feel safe." and, "I feel safe as there's always someone around."

Assessing risk, safety monitoring and management

- Suitable processes were in place to assess, monitor and manage risk. There were a variety of risk

assessments in place to cover the environment and individual risks.

- Equipment was subject to regular checks and maintenance to ensure it was safe for use. This included lifts and hoisting equipment, as well as gas, electric and water.
- The environment was clear from clutter and trip hazards., Rooms where potentially hazardous materials were stored were all locked and secure. Staff had a good understanding of how to support and protect people from potential hazards.

Using medicines safely

- The home had appropriate systems to ensure people were safely receiving their medicines. Medicines were securely stored and records of administration were accurately maintained.
- The home had systems for auditing and checking people's medicine and all the medicines we reviewed were correct and accurately recorded.
- There were PRN protocols to guide staff when supporting people who needed, 'as required' medicine, such as paracetamol, to manage pain. Guidance was in place for people who required prescribed creams and patches, to ensure these were applied appropriately.
- Staff who were responsible for the administration of medicines had received training and competency checks.

Preventing and controlling infection

- The home had recently been refurbished and the environment was clean and free from any unpleasant odours. People commented that the home was always clean and well decorated
- Staff had completed training in infection control and understood their responsibilities. Throughout the inspection we observed that staff wore personal protective equipment (PPE) such as disposable gloves and aprons when supporting people with personal care.
- The kitchen was clean and tidy and there were schedules in place to ensure appropriate checks and cleaning was undertaken. The home had received the highest award from the food hygiene standard agency.

Learning lessons when things go wrong

- The home had systems in place for the oversight of incidents, accidents and safeguarding concerns. Themes and trends were analysed, and appropriate action was taken to reduce the change of reoccurrence. The registered manager told us that the system identified areas for improvement and actions plans were put in place quickly.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans contained a pre-admission assessment which considered their needs and risks to ensure the home could safely meet these.
- The care plans were person centred, highlighted people's needs and included information and advice about how these needs should be met. These were reviewed and updated when changes occurred.

Staff support: induction, training, skills and experience

- Staff spoke positively about the induction process and ongoing training they received. They told us, "The induction gave us everything we needed." "Training has been very beneficial. We have done all sorts of things and get observed for moving and handling." and, "There is lots of training we have to keep up to date with."
- Staff told us they felt supported and said, "I feel well supported. Everyone is really approachable with anything." and, "The team leaders are good and support us. They do our supervisions. We have all the support we need to do the job." Records demonstrated that staff had regular supervision and appraisals.
- Our observations during the inspection was that staff had the skills and experience to provide appropriate support to people. The staff we spoke with were knowledgeable and we observed appropriate use of moving and handling techniques.

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

- Staff were supported to have a healthy diet including those who require a specialist diet. Staff, including kitchen and care staff, had a good understanding of people's care needs. They knew how to support people who require their meals modified due to swallowing difficulties or fortified to increase the calorie content of meals for those losing weight.
- People and families generally spoke positively about the meals. They told us, "The food is no problem, there's always alternatives." "The food is quite nice." and, "Food is good, but there is not always enough choice. There is too much soup and sandwiches."
- We observed that mealtimes were a pleasant and sociable occasion, tables were nicely presented, choice was offered, and a variety of drinks were provided. We observed staff were present throughout meal times to support people. Not everyone felt this was the case and one family member told us, "I don't think there is enough supervision at mealtimes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had good working relationships with other agencies and health care professionals. We saw that

there was regular input from district nurses and we saw that staff were able to effectively support these visits. One health care professional told us, "Communication has definitely improved over the last few years. Staff are helpful."

- Care records demonstrated that appropriate referrals were made to services such as speech and language therapy, district nurse and doctor services and dental and opticians. Advice and updates from these health care professionals were implemented and incorporated into the updated care plans.

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

- The home was purpose built and spacious and free from potential hazards and risk. The home had been recently redecorated and the environment was comfortable and homely.
- The home had dementia signage throughout the home and other adaptations such as coloured toilet seats, contrasting coloured walls and hand rail and pictures on bedroom doors were in place to support people being able to mobilize around the home independently.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were detailed assessments regarding people's mental capacity. Best interest decisions were clearly recorded and had the involvement of an appropriate advocates including family and external advocacy services.
- DoLS applications were made when people were subject to restrictions and the registered manager had a system to ensure oversight of these applications. This information was clearly recorded with care records.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and families were generally happy with the support and care they were receiving at Hatton Grange. They told us, "Staff are very caring." "Staff are good. I know them all." "I'm well cared for and have all I need. The staff look after me and I look after them." and, "The staff are kind, caring and obliging. They always put themselves out for you and will listen to what you have to say."
- During the inspection we observed that staff knew people's needs well. We saw positive interactions between people. Staff were caring and spoke to people with compassion and kindness.
- Staff were passionate about providing good quality care and spoke about the people they supported with genuine affections. Staff told us, "They feel like family to us. We love them to bits."
- Care plans contained information about people's diverse needs and how these would be met. There was information on notice boards about support service available for those with specific protected characteristic, such as support for people who are lesbian, gay, bi-sexual or transgender (LGBT).

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

- During the inspection we observed that people were given choices and opportunities to make decisions around their care. Staff were good at promoting choice. The cook would ask people daily about their preference at meal times.
- Care records contained specific information about people's preferences and wishes for delivery of care. We saw that preferences were being considered and care delivered in line with this.
- People generally felt involved in decision making and staff had a good understanding of how to support people to express their views.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed that independence was being promoted. People were encouraged to remain as mobile as possible. We saw that staff patiently supported people to mobilise throughout the home and equipment was in place to support this.
- People confirmed that their dignity was respected, and we observed staff supported people discreetly when providing personal care. We observed staff knocked on people's bedrooms before entering and consideration was given to privacy.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at during the inspection were personalised to the individual. There was evidence that people and families had been involved in developing plans of care, although not everyone was clear how they had been involved in care planning.
- The care plans we reviewed were person centred and showed people's likes and dislikes, how they would like to be cared for and encouraged choice for the person. Life stories had been completed for each person. Staff were aware of people's preference and how to meet these.
- Staff we spoke to understood the importance of treating each person as an individual. Staff told us, 'That is everything isn't it? They are here to live not exist.'

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.

- The registered manager was committed to the requirement to meet the Accessible Information Standard. They were able to provide information in a variety of formats to meet people's needs.
- Care plans indicated any aids the individual requires for effective communication such as reading glasses and hearing aids. We saw that people were encouraged and supported to use these aids and staff would ensure people readily had access to their glasses.

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

- People were encouraged to engage in a variety of activities on an individual and group basis. The service had activity champions who promoted activities and an initiative called Anchor Active. Staff told us "I can't fault it (Anchor Active), it has changed completely how much more there is on offer." The manager told us that there is an iPad champion whose role is to promote using Skype and interactive games on a one to one basis. Skype is a system which allows people to make video and audio calls to each other and provided the opportunity for people living at Hatton Grange to maintain contact with people who are important to them.
- During the inspection staff were actively engaged with people. People had the opportunity to go on trips regularly to places such as the Manchester Museum and Blackpool Zoo. The home had provided onsite resources for people unable to go out. For example, the home had just created a cinema room which was designed to recreate the cinema experience for the residents.
- The provider had invested in an interactive projector game which was shared between the provider's

homes. People were actively engaged and appeared to enjoy taking part in the variety of games on offer.

- People using the service were generally positive about the activities and told us "There's usually something to do." and, "We sometimes go to the shops and have other trips out."

Improving care quality in response to complaints or concerns

- People and families generally knew how to raise concerns and make complaints. One person told us, "I tell the team leaders if I have a problem and they sort it out." The registered manager told us that they operate an open-door policy and people and families can come and discuss any concerns with them.
- The complaints file showed that the two complaints received had been resolved. The responses showed that the manager had responded promptly to people's complaints. However, it was not always clear if the people who complained were satisfied with the response they had received.

End of life care and support

- Staff we spoke to demonstrated a good understanding of what good end of life care looks like. The registered manager told us, "When somebody is on end of life we allocate a member of staff to go and sit with them and comfort them."
- Records showed that people and their families had been involved in discussions around end of life care. The registered manager told us that they work closely with the community matron to develop personalised advanced care plans. There was a record of people's spiritual preferences where required.
- The service used a 'looking ahead' document to record people's end of life preferences. The care plans showed that this document was not always fully completed due to the preferences of the individual.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a system of leadership in place and staff had a clear understanding of their roles and responsibilities. Staff told us they knew who to speak with if they had concerns and felt confident these would be addressed if these concerns were serious. They told us, "The registered manager will pop onto the units to check on us. Any concerns we get feedback on." "I feel I can definitely raise concerns and that things get done." and, "They take serious concern and will tackle them, but sometimes I feel they dismiss less major concerns."
- People and families were generally happy with the support and care provided at the home and felt that the service was generally well led. People and families knew who to discuss their concerns with and had regular contact with the management team including the registered manager and deputies.

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

- The registered manager and district manager conducted comprehensive audits around the quality of service provision and developed action plans to drive improvement within the home. The records showed that where required, action was taken to maintain or improve the home and this work was ongoing.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager submitted relevant statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home held meetings with residents and relatives. Records demonstrated that these provided people with an opportunity to provide feedback and share ideas and suggestions to improve the home. Feedback was displayed within each unit in the form of 'you said, we did'.
- The home held regular staff meetings which were used as an opportunity for discussion, information, and feedback to staff. Staff told us they found these meeting useful and informative.
- Staff spoke positively about working for the home and there was a strong ethos of team work across all units. They said, "I feel the whole team work approach has worked" and, "Team work is really good, we share the stress. Staff always support each other."

Continuous learning and improving care

- The registered manager had a system for oversight with accidents, incidents and near misses and used this information to drive improvement within the service. This included action to prevent future reoccurrences. Learning was shared across the provider's services.
- The home had good links with local commissioners including the local authority and clinical commission groups (CCG). They attended local registered manager meetings and meetings across the provider locations to share good practice and improve the quality of service being delivered.