

Nellsar Limited

Hengist Field Care Centre

Inspection report

Hengist Field
Borden
Sittingbourne
Kent
ME9 8FH

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hengist Field Care Centre is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. People living at the service had long term conditions, mobility needs and some were living with dementia. The service can support up to 75 people.

Hengist Field Care Centre accommodates people across three separate floors, each of which has its own lounges, dining area and activity spaces. People received care in rooms with en-suite facilities and the service had adapted bath and shower equipment.

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

People spoke positively about the management at the service and we saw that action plans had been implemented to ensure the legal requirements of the regulations were now met. However, we found some inconsistencies in record keeping whilst improvements to recording systems were implemented. There was a vision to improve the service and we saw evidence of plans to improve the environment and documentation. Checks and audits were used to identify areas for improvement and systems involved people, relatives and staff in decisions about the service.

People told us they felt safe at Hengist Field Care Centre and staff practice reflected this. Staff responded appropriately to risks or incidents and knew how to raise safeguarding concerns. People's medicines were managed and administered safely, by trained staff. The home was clean with regular checks to ensure the environment was safe and hygienic.

People spoke positively about the food and there had been improvements to nutrition since our last inspection. Staff were trained and nursing staff spoke positively about the support they received to stay up to date with current practice. People's healthcare needs were met and staff supported them to access healthcare professionals. People received assessments and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they were cared for by a kind staff team who they got on well with. Staff were committed to their roles and we made positive observations of how they interacted with people. People received dignified care and staff were respectful of their privacy. Staff supported people in a way that encouraged them to retain skills and independence.

There was technology used to enable staff to engage with people in a meaningful and personalised way and we observed instances where this achieved positive outcomes for people. There was a variety of activities for people and care plans reflected people's interests, as well as their needs and preferences. Complaints were acted upon and responded to in line with policy.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (Report published 5 September 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Hengist Field Care Centre

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 was carried out by two inspectors, three assistant inspectors, a specialist advisor nurse 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

Hengist field Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection and contacted placing authorities. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and seven relatives. We spoke with the registered manager, the regional manager, the nutrition and wellbeing manager, the recreation and wellbeing manager, a wellbeing co-ordinator, four nurses, one senior care assistant and four care assistants.

We reviewed care plans for ten people including risk assessments, personalised care planning, daily notes and charts. We checked five staff files and records of staff training and supervision. We reviewed records of accidents, incidents, complaints, surveys and meetings. We also looked at a variety of checks and audits.

After the inspection

We received email evidence from the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe living at Hengist Field. One person said, "I am very happy living here; I couldn't be happier." A relative said they thought the service was safe because their loved one was at risk of falls and staff supported them safely. A visiting GP said, "This is a safe home. I trust that they always inform me of concerns."
- Risks to people were assessed and plans were implemented to ensure people received safe care. Plans were in place for risks such as falls, malnutrition, behaviour and pressure sores.
- One person was at risk of pressure sores and had a recorded plan in place to inform staff about how to protect their skin. This included checks of skin, prescribed creams and equipment. Staff kept accurate charts documenting these actions so they could be monitored.
- The provider kept a log of any accidents and incidents and these were closely monitored. Staff accurately documented any incidents such as falls or injuries. Each incident form had been checked by management and actions taken had been signed off. Incidents were discussed at regular clinical meetings so learning and action points could be shared.
- Staff routinely reviewed risk plans in response to incidents and considered additional measures to keep people safe. For example, where a person had fallen their mobility care plan was reviewed and additional supervision was put in place when they mobilised. The person was also seen by the GP as staff had noted changes to their health.
- Where there had been learning from individual incidents, this had prompted measures to ensure people's safety. Following an incident at night time that highlighted a potential risk the provider had introduced additional equipment and checks at night.

Using medicines safely

- People told us they received their medicines as expected. A relative said, "[Person]'s medication is reassessed regularly."
- People had care plans that informed staff about what medicines they were prescribed and when to administer them. One person was prescribed medicines that increased risks if they sustained a cut or bruise. Records showed staff responded appropriately where the person had sustained a minor injury.
- Where people received medicines on an 'as required' basis, there was detailed guidance for staff and staff kept accurate records of how and why they had administered these medicines.
- People's medicines were stored securely and in line with best practice.
- Medicines were administered by trained staff who followed best practice, checking people's medicines before dispensing them and completing charts accurately after medicines had been administered.

Preventing and controlling infection

- People told us that they lived in a clean home environment. One person said, "The cleaning is good."
- The home environment was clean with no malodours, housekeeping staff were observed cleaning communal areas and people's rooms throughout the day.
- Staff had access to appropriate equipment to allow them to provide personal care safely. Handwashing areas had supplied soap, hot water and hand towels to ensure staff could maintain effective hand hygiene. Staff also had access to personal protective equipment (PPE) such as gloves and aprons.

Staffing and recruitment

- There were sufficient staff present to safely meet people's needs. We observed staff providing care and spending time with people throughout the day.
- People, relatives and staff said they felt staffing levels were appropriate for people's needs. We received feedback from one source that staff responses could be delayed at times. However, the provider regularly checked call bell response times and these showed requests for support were answered promptly.
- Staffing levels had been calculated based on people's needs and records showed the calculated numbers of staff was regularly exceeded.
- Checks were carried out on all new staff to ensure they were suitable for their roles. Staff files contained evidence of a variety of checks of staff background and character to ensure they would be safe to work in a social care setting.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and respond to suspected abuse. Staff were able to describe types of abuse and demonstrated a good understanding of local safeguarding procedures.
- Information about how to raise concerns was on display within the home. Staff had been trained in safeguarding and it was discussed at meetings.
- Records showed that where there had been safeguarding concerns, the provider had worked with the local authority and healthcare professionals to keep people safe. A recent concern had prompted a review of risk plans for a person and a referral to healthcare professional.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our inspection in July 2018, people's nutritional needs were not always met. Responses to weight loss were inconsistent and people's food and fluid intake was not always monitored robustly. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 14.

- People were satisfied with the food staff prepared for them. One person said, "The food is very good if anything they try to give you too much." Another person said, "You always have a choice." A relative said, "The food is excellent, they know her preferences. They encouraged her to eat as she was losing weight and now has her food pureed."
- In response to the findings at our last inspection, people's care plans had been reviewed and increased monitoring of people's nutrition was put in place. Monthly nutrition meetings took place where people's weight and dietary needs were discussed and reviewed. The provider employed a Nutrition and Wellness manager who visited the service regularly and had undertaken training with kitchen staff.
- People were supported to maintain their nutrition. Care plans were in place and these showed where people had lost weight, they had been referred to healthcare professionals and guidance was drawn up with interventions such as fortified meals to encourage people to gain weight.
- One person had recently seen a speech and language therapist (SALT) due to difficulty swallowing and a recent choking incident. The SALT recommended a pureed diet and thickened fluids and there was detailed guidance about this in their care plan.
- People's care plans documented their favourite foods, including snacks and drinks. We observed staff bringing people drinks and snacks throughout the day and they showed a knowledge of people's preferred hot drinks and snacks.
- The kitchen had a record of people's dietary needs, likes and dislikes. Kitchen staff regularly asked for feedback and records showed people were asked about food at meetings and surveys, in order to identify any areas for change or improvement.

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

- People's healthcare needs were planned for and met. Where people had specific medical conditions, there were care plans in place for these.
- One person had a long term condition that affected their mobility. There was a care plan in place that

reflected the fluctuating nature of their needs, we also saw healthcare professionals had been consulted where required and had input into care planning.

- Where people's health needs changed, staff supported them to access healthcare professionals. One person told us, "As soon as someone is not well, they [staff] call the doctor."
- One person had a recent infection and we saw staff contacted their GP promptly so they could be prescribed treatment.
- We spoke with a visiting GP during the inspection and they told us staff communicated well, passing on important information about people's health and wellbeing to support them to make decisions about people's health.
- People had regular health check-ups and staff monitored when people had been seen by dentists, opticians and podiatrists. Where people had input from professionals for mobility, mental health or long-term conditions, care files contained evidence of regular visits with them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved into the service. Assessments gathered information about people's needs, preferences and routines. Robust handover meetings took place so important information was passed on to staff so they could write personalised care plans.
- One person had recently moved to the service and an assessment document covered a range of needs, such as their preferred times for care, social background and information about diabetes. The person had a detailed care plan in place which covered the areas of care captured in their assessment.
- Assessments involved professionals and relatives where required. One person had come to the service from hospital and staff had visited them there to carry out an assessment before admission. We saw evidence of staff working alongside physiotherapists following admission to enable the person to improve their mobility.
- Documentation used for assessments followed nationally recognised formats in areas such as malnutrition and skin integrity. Staff were using these tools competently to gauge levels of needs and risks in these areas. Assessments were being regularly reviewed and so up to date information was reflected in care plans.

Staff support: induction, training, skills and experience

- Staff had the right training for their roles. During the inspection, staff showed a good knowledge of people's medical conditions and how to respond to needs associated with them. One staff member described diabetes care and how they supported a person to maintain their blood sugar levels. We observed staff communicating with a person living with dementia in a way that showed understanding of the condition as well as the person's needs.
- Nursing staff told us they got support to maintain their clinical competencies. They received clinical supervision and there was regular training in clinical procedures to ensure their practice remained up to date.

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

- The home was purpose built with wide corridors, hand rails and spacious doorways to enable people to move around the home with walking aids or additional support.
- We identified areas where more signage would enable people living with dementia to orientate themselves. However, we observed people living with dementia moving around communal areas and there were pictorial signs and items for them to engage with.
- Improving the environment was something the provider was already in the process of addressing and plans were in place to redecorate areas of the home after the inspection. The plans followed best practice in

dementia care. We will follow up on the impact of these improvements at the next inspection.

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

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.

- People were asked for consent throughout the day, with staff asking permission before offering to support them with tasks.
- Where people lacked the mental capacity to consent to their care, staff completed decision specific mental capacity assessments and recorded best interest decisions. The best interest decisions involved relatives, healthcare professionals and staff. Where best interest decisions involved restrictions or supervision, applications had been made to the DoLS team at the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people 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 told us they were supported by caring staff. One person said, "All the staff are good, I haven't found anyone bad." Another person said, "The staff are terrific." A relative said, "I think it is a lovely place and the staff are very caring." A staff member said, "They [people] are my family and I treat them as such."
- We observed positive interactions between people and staff. In the morning, staff spent time with a person helping them plan activities and talking to them about their interests. We observed staff supporting another person to choose where they wished to spend their morning, the person chose to stay in their room and staff helped them make this choice.
- Care was provided in a way that was considerate of peoples' diversity. Care plans and assessments recorded information about people's culture, religion, sexuality and gender.
- The provider was in the process of delivering training in sexuality and staff members had become champions in this area. Staff were able to describe how they would create an environment that was safe for people to disclose their sexuality or gender identity.

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

- People told us they were offered choices in care and this matched our observations. Staff gave people choices about when they received care, what activities they took part in and which foods or drinks they would like.
- People's care plans documented their backgrounds and preferences and these had been used to inform planning for activities and menus. People also regularly gave feedback in these areas and discussed them at meetings.
- Meetings and surveys were used to enable people to identify improvements and these were implemented. A communal area had been recently redeveloped to create a space where people could relax and prepare their own hot drinks, in response to a request from people.

Respecting and promoting people's privacy, dignity and independence

- People said staff enabled them to carry out tasks independently. One person said, "I am quite independent, every morning I wake up early, make my bed and go and have a shower."
- Care plans reflected people's strengths, such as personal care tasks they could do themselves. One person was able to do most care tasks themselves, but required staff to be present to ensure they were safe. Records showed they received care in line with this guidance.
- People told us staff respected their privacy and provided them with care that was dignified. Where people were supported with personal care, this took place behind closed doors. People looked smart with hair

made and clean, well-fitting clothes.

- Staff were observed knocking on people's doors and waiting for permission before entering. Staff had training in how to promote dignity in care and they were able to describe to us ways in which they provided care respectful of people's 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.

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 told us they liked the activities on offer. One person said, "We regularly have lovely singers." Another person said, "We play bingo, card games, have outside entertainers and do bird watching." Another person told us, "At the moment due to the nice weather we are sitting in the garden a lot." A relative said, "The well-being co-ordinators come into [person]'s room to spend one to one time with her."
- The service employed wellbeing co-ordinators who oversaw the activities programme and helped to engage people in group activities or on a one to one basis. There was a timetable of activities which covered a range of interests.
- During the inspection we observed a coffee morning taking place and people, visitors and staff engaged in conversation and socialised. We also observed people using technology, such as an interactive sensory table which had images projected onto it that people could play games on.
- People and staff engaged with tablet devices called 'Interactive Me' these had profiles for every person living at the service including a life history, their preferences and media such as their favourite TV shows and music. The devices were also used to upload pictures for relatives to view and relatives could upload images from people's past remotely, so staff could look at them with people.
- We observed staff using the device to support a person who became anxious and it calmed them by playing some of their favourite songs. Every person's profile we viewed showed a high level of detail of their backgrounds and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was planned around people's needs and preferences. At the time of inspection, staff were in the process of implementing an electronic care planning system. Care plans contained information about what was important to people, as well as information for staff about how to meet their needs in a personalised way. Records showed people's needs were being regularly reviewed.
- One person was living with dementia and could become anxious. They had a detailed care plan informing staff about how to respond in a way that calmed them. We observed staff following this guidance during the inspection and it was effective, causing the person's mood to improve.
- Where people were in receipt of end of life care, care plans contained sufficient detail to ensure the care they received was appropriate and dignified. Care plans reflected people's preferences as well as their background and any religious or cultural needs.
- We identified instances where information about people's preferences and advanced wishes lacked detail, because care plans were being updated. In these cases, end of life care was not expected to be required soon and work was underway to improve care planning and involve relatives in this.

- The impact of this was reduced because care plans contained personalised information in other areas and there had been multiple compliments from relatives of people who had passed away at the service, praising the care their loved ones had received.
- Staff had received training in end of life care and nursing staff had a good knowledge of medicines and equipment that may be required at this stage of people's lives.

Improving care quality in response to complaints or concerns; 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.

- People told us they knew how to complain and felt confident any issues would be addressed. One person said, "If there was a problem, I'd go straight into the office but I have never had to complain." A relative said, "If I've got an issue I'll talk to the manager or her deputy."
- The provider kept a record of complaints and these showed actions were taken to investigate issues and respond in line with policy. There had been 9 complaints in the last 12 months.
- Where a relative had complained about one aspect of their loved ones care, this had prompted a review and their care plan had been updated. The registered manager responded to the relative who was satisfied with the outcome.
- Information was provided to people in accessible formats, poster displaying the complaints process were in large print and presented clearly with pictures. People were also reminded about how to raise any issues they had at meetings.

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 remained the same. This meant the service management was inconsistent. Records were not always up to date whilst improvements in this area were being implemented.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our inspection in July 2018, people's records were not always accurate and up to date. We also found the provider's checks and audits were not robust to identify and address these issues. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 17 but there were inconsistencies in records whilst systems were updated.

- Since our last inspection, records had been reviewed and updated with increased checks of documentation to ensure records were accurate. At the time of this inspection, an electronic recording format was being implemented and staff told us these made care plans easier to view and update.
- We identified instances where information was still being updated. In two cases, information was not consistent with care delivery. This had not impacted upon people because staff knew people's needs well and we saw they had thorough handover meetings. However, the service will not meet the characteristics of a 'Good' rating in Well-led until records are consistently accurate and up to date.
- Staff kept accurate daily notes and charts. The electronic system made recording information, such as amounts of fluid people had consumed, easier. We saw evidence that these charts had been used to flag up changes in people's health or wellbeing.
- There were a variety of checks and audits in place to monitor the quality of care that people received. A variety of daily, weekly and monthly audits took place and these were documented and resulted in actions to improve areas such as the environment, cleanliness, medicines and documentation. A recent audit had identified a need for staff to have training refreshed in dysphagia so this was arranged by management.
- There was a vision to improve the service and this was in the process of being implemented. Alongside the recent introduction of electronic care planning and use of technology, there was a plan to redecorate the service and we saw plans to introduce dementia friendly areas and activity spaces. Records of meetings showed people had been consulted on decisions about the improvements to their environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they had regular meetings. One person said, "Residents meetings are good with the new

manager." Another person said, "Things are actioned from the meeting."

- There were regular meetings for people and relatives and these provided opportunities to give feedback and make suggestions in areas such as the environment, food and activities. Records of a recent meeting showed changes to the menu in response to feedback and the introduction of a coffee machine so relatives could make coffee when they visited their loved ones.
- Staff told us they felt supported and had input into the running of the service. One staff member said, "[Registered manager] is very approachable and very compassionate with her staff, she treats us like family. She has created a really good culture." Another staff member said, "We have team meetings often. Staff meetings are mixed for the different teams."
- Records of staff meetings showed staff regularly discussed training, recording and events such as improvements to the service. There were also daily meetings at the changes of shifts to pass on important information about people's needs and wellbeing.
- Staff described how they could make suggestions to management and these were actioned. A staff member described to us how they had identified a person's needs had changed and they may be better suited to another room. Management acted upon this suggestion and supported the person to move to a new area of the home.
- There were annual surveys which were used to identify any areas for improvement. People, relatives and staff had opportunities to answer questions about the service. The surveys for 2019 were being completed at the time of inspection. Records of last year's surveys showed these had prompted improvements such as changes to the laundry. Management had met with relatives after the survey to discuss the findings and actions taken.

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

- Relatives said they were kept informed about any incidents or issues. One relative said, "There's great communication, the slightest little thing I get a phone call."
- There was a governance system to ensure all incidents were checked by management and this included considering that relevant bodies had been informed, such as CQC or the local authority safeguarding team. These checks also ensured relatives had been informed of any incidents that had occurred.
- Where required, the provider had notified CQC of events they were required by law to do so. Records showed that where there had been injuries, deaths or safeguarding concerns, statutory notifications had been sent to CQC.

Working in partnership with others

- The provider had developed links with the local community which people benefitted from. Links with a local school had led to activities with people and children such as Christmas activities and attending performances.
- When assessing needs and planning care, staff worked alongside health and social care professionals. We saw evidence in care files of information being gathered or shared when required. Staff regularly attended appointments or visits with people and ensured any actions following them took place.
- A visiting GP described how the service worked well with them. They described knowledgeable staff and good communication when they visited, with their advice being taken forward when necessary.