Hatley Court Haven Ltd

Hatley Court

Inspection report

37 Burgess Road
Waterbeach
Cambridge
Cambridgeshire
CB25 9ND

Tel: 01223863414
Website: www.hatleycourt.co.uk

Date of inspection visit:
05 April 2018

Date of publication:
15 May 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Hatley Court is a 'care home'. People in care homes receive accommodation 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. Hatley Court is registered to provide personal care and accommodation for up to 35 people. At the time of the inspection there 32 people living in the home.

The accommodation is a purpose built building split over two floors.

This unannounced inspection was carried out on the 5 April 2018. At the previous inspection in August 2017 the home was given an overall rating of requirement improvement. During this inspection we found that Improvements had been made and the home now has an overall rating of good.

At the time of the inspection there was a registered manager in place. 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.

Medicines were in the main managed safely. Staff received training and competency checks before administering medicines unsupervised. Medicines were stored securely. Records were not always an accurate reflection of medicines people had received. Not all protocols informing staff when to administer "when needed" medicines were available as guidance to staff.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Risk assessments identified risks to people and provided staff with the information they needed to reduce risks where possible. Action had been by staff taken to minimise these risks to people.

Staff were only employed after they had completed thorough recruitment checks in line with the providers procedure. There were enough staff employed to ensure that people had their needs met in a timely manner. Staff received the training that they required to meet people's needs and were supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of people's history, preferences, likes and dislikes. People's privacy and dignity were respected.

People were supported to maintain good health. There was prompt access to external healthcare professionals when needed and in a timely manner.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

There was a wide range of activities for people to be involved in. These included activities held in the home, one-to-one activities and hobbies and interests.

Care plans provided staff with the information they required to meet people's care and support needs. People received support that they needed in the way that they preferred it.

There was a complaints procedure in place. People and their relatives' felt confident to raise any concerns either with the staff or registered manager. Complaints had been dealt with appropriately and in line with the providers guidance.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home, their relatives' and the staff. Where needed, action had been taken to make improvements to the service being offered.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Medicines were mainly manged safely. However no all records of medicines administered were accurate.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Staff were only employed after a thorough recruitment procedure had been completed.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Staff were acting in accordance with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring

People told us they liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any concerns.

People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Good

The service was well-led

The staff were well-led with clear person-centred vision and values in place.

There was an effective quality assurance process in place to identify any areas that required improvement.

People were encouraged to provide their views through surveys and regular meetings.

Hatley Court

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 5 April 2018 and was unannounced. The inspection was carried out by one inspection manager, one inspector, a pharmacist 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people who lived at the service, three relatives, the registered manager, one team leader, two care assistants and the chef. We looked at the care records for three people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

Requires Improvement

Our findings

During previous inspections in September 2016 and February 2017 we identified that people had not always received their medicines as prescribed. In response to this we took enforcement action and required the provider to submit monthly reports telling us how they were ensuring that arrangements were in place for the proper and safe management of medicines. During a further inspection in August 2017 we found that although some improvements had been made there was still a breach of the regulations. During this inspection although minor issues were identified we found that the regulations were being complied with.

Records confirmed that people living in the care home were receiving their medicines as prescribed. Administration of medicines was recorded on medicines administration record (MAR) charts which were provided by a local pharmacy. This was the first month of using a new pharmacy to provide medicines for the home and staff had already identified issues with the MAR charts and were working with the pharmacy to resolve them. The provider's policy had been updated to include these new arrangements.

If people refused their medicines we could see from records that appropriate action had taken place by staff speaking to the person's GP. We found one incident where a resident was receiving a medicine by a visiting district nurse which was not recorded either on the MAR sheet or in the medicines care plan. Other medicines that were prescribed 'just in case' were not recorded on the MAR sheet. NICE (The National Institute for Health and Care Excellence) guidance for managing medicines in Care Homes states that 'care home staff should keep a record of medicines administered by visiting health professionals on the resident's medicines administration record'. This was corrected after our inspection. Handwritten additions or changes to the MAR charts had been signed and checked by a second member of staff.

All medicines were available and suitable for use. There was a comprehensive system in place to clean and sterilise devices used to administer inhalers. Medicines were stored in three trolleys which when not in use were stored safely in a medicines storage room, where the temperature was monitored. The refrigerator to store medicines, was also monitored and kept within the recommended range. Medicine incidents were being reported and audits were taking place.

People had a photograph to identify them as part of their medicines record. Allergies were documented; however one person had received an antibiotic that according to their records they were allergic too. According to staff this had been discussed with the prescribing doctor who gave the authority to administer but this was not documented anywhere in the persons record. Evidence was provided after the inspection that the issue had been discussed with the doctor.

In most cases protocols for the administration of 'as required' medicines were available. These protocols provide guidance as to when it is appropriate to administer medicines that are not required regularly such as laxatives or inhalers. In a few cases these were missing for pain killers and a laxative.

There were records for medicines being applied topically such as creams and ointments in people's rooms. However, administration records did not always accurately reflect what was currently being used and the area of application.

There was a system in place to allow people to administer their own medicine's should they wish to do so. However, we did find some people's medicines in their rooms that were out of date, not currently prescribed or stored inappropriately in the refrigerator with food.

People told us that they felt safe and happy living at Hatley Court and felt safe when being helped by staff. One person told us, "I feel safe here," and another person stated, "I'm happy here."

Staff had received training on protecting people from harm and were able to tell us the procedure they would follow if they suspected anyone had suffered any harm. This included the outside agencies they would contact if they had any concerns. Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about anything in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Risks to people had been assessed and where possible reduced. We found the risk assessments were detailed and noted that they contained information the staff required so that they were aware of what action they should take to reduce risks. For example, for one person who was at risk of falling they had placed a sensory mat at the side of their bed which alerted staff if they were trying to get out of bed without staff assistance. They had also organised physiotherapy sessions for the person to attend in order to build up their strength and confidence when walking.

There was enough staff to keep people safe. One person told us, "I have a [call] bell. If I need staff they will come quickly." Staff told us they had adequate time to assist people with tasks such as personal care, administration of medication and assistance with eating and drinking. One staff member said, "There are enough staff available. We have time to talk with people." The registered manager stated that the staffing levels were based on a tool which considered the level of support each person required. The layout of the building was also taken into consideration when determining how many staff should be on shift and how they should be deployed. During the inspection we saw that when people requested assistance this was provided in a timely manner.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service. One relative told us, he thought that care at the home had got better over the year because the number of staff on duty was more stable and staff were better at communicating.

There was a prevention and control of infection policy and statement in place. Infection control audits were regularly carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care.

There was an accident and incident procedure which was being followed by staff. Staff completed records

about the accident/ incident and the registered manager conducted an investigation to see if any action was needed to be taken to prevent a reoccurrence. There was detailed analysis of accident and incidents so that any patterns could be identified or lessons to be learnt to avoid a similar accident or incident occurring. For example, there was an analysis of falls each month. This included looking at the potential cause, days of the week and time of the fall. Staff confirmed that this information was shared with them during staff meetings so that they had the information they needed to promote people's safety.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The fire alarms and emergency lighting had been checked regularly to ensure they were working. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to staff and the emergency services in the event of an evacuation. Staff confirmed that they had been involved in fire drills.

Good

Our findings

People's needs had been assessed in detail before moving into the home. This helped to ensure that the home was suitable for them and provided staff with the information they needed to write people's initial care plan. People's physical, mental health and social needs were all assessed. Staff also requested information about people's life history so that they could plan their care in a person centred way.

Staff told us that they felt supported in their roles. Staff confirmed they received regular one to one session with a line manager. One staff member said, "We can say if we need any more support or extra training. We also talk about areas for improvement." Another staff member told us' "I've had more support here in six months than I did in my previous job in four and a half years." Staff received regular supervisions and appraisals when applicable. New staff had completed an induction and training including safeguarding vulnerable people, fire safety, first aid, infection control and administration of medication.

We observed lunchtime and saw that people received the help and support they needed with eating and drinking. Staff were aware of the level of support people needed and this meant that people could still assist themselves to eat as much as possible. For example, we saw staff help one person to load food on to their fork and they could do the rest without help. Staff assisted people at a relaxed rate that suited the individual. Previously chosen meals were provided and care staff explained what the meal was when they served the food. We saw that when one person hadn't eaten very much of their meal they were offered alternatives. When the person didn't want any of the food offered they were offered a milkshake which they accepted and drank. Where needed thickening powder was added to some people's drinks to help them swallow the liquid without choking. The head chef told us, and the records confirmed, that they attended meetings with people who lived in the home. This was so that people could feedback any comments about the food and offer suggestions of different meals to try. The head chef told us, "I have a great budget for the food. The provider insists on the best quality ingredients." The head chef was aware of people's dietary needs.

People told us, "The food is quite good really" and "I do enjoy my food and I get what I like," another person said, "There's nothing to grumble about with the food." Two people told us that they weren't always happy with how the food was cooked. The registered manager stated that they had put a feedback book in place for people to raise any concerns about the food so they could respond immediately and take any action if needed. We saw that drinks and snacks were offered throughout the day.

Discussion with people and records showed that people had been supported to access health care professionals as needed. Staff supported people to arrange appointments with any healthcare

professionals such as a GP, chiropodist or physiotherapist. The registered manager had also put hospital packs in place. These packs were for people to take with them if admitted to hospital. The contained vital information for the hospital staff about people's needs and preferences.

The home had recently had a large scale refurbishment. Main areas had been decorated and new furniture provided. One person told us, "I chose the colour, I talked to the workman and he said I could choose it." The registered manager's office had been moved into the main lounge area so that they were more visible and easily accessible. The registered manager told us that the garden was due to be fenced off to provide a safe environment for people to access without the need for a staff member to be with them all the time. Health and safety checks for the building and equipment had been completed as necessary.

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 legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice.

Good

Our findings

All the people and their relatives spoken with said that staff worked hard and were kind, caring and respectful to them. One person told us, "They're [care staff] all very nice people here who want to help you. They're always very respectful." Another person said, "They're such good girls [the care staff]; they work really hard and have a laugh with you." One relative told us, "The staff work very hard and some come in on extra days [for special events] just for the residents."

One staff member told us that they promoted people's dignity and privacy by always ensuring that bedroom doors and curtains were closed before they assisted people with any personal care. Staff were observed knocking on bedroom doors before entering and ensuring that bathroom doors were closed before assisting people. Personal information about people was held securely so that it was only accessible to staff or visiting healthcare professionals as required.

Staff knew people well and were aware of how they preferred to be supported and what their likes and dislikes were. One person told us, "The carers are extremely nice; they're very good and work very hard. I'm comfortable here." One member of staff said, "The staff support each other, we're a good team." Staff were able to tell us how people liked to be supported and about what was important to people.

Staff told us how they tried to encourage people to make choices. For example, they offered people the choice of a bath or shower and what clothes they would like to wear. Staff also told us that they encouraged people to be independent and one staff member said, "We treat people as we would want to be treated. This is their home."

Throughout the inspection staff were observed in friendly one to one interactions with people. One person had knitted flowers and a ball hanging from their walking frame. They told us, "I don't know who put them there but it really helps me because I know it's my frame." One member of staff was overheard talking to a person and complimenting them on their appearance. The person responded positively to this and looked happy. One person told us, "Things seemed to have really improved with the new staff working so hard."

We saw compliment cards from relatives of people who lived at Hatley Court. One stated, "Just a heartfelt thanks to you and your wonderful staff for giving up your Christmas day and making it so special."

Information regarding advocacy services was available to people if they required it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Our findings

The care plans were detailed and included all of the information that staff required to meet people's individual needs. For example "Staff to encourage [Name] to wash herself. If [Name] can't manage this, staff will assist her to meet this need." Care plans also contained good information about signs and symptoms that staff should monitor. For example, for a person that was diabetic their care plan informed staff about possible symptoms to look for if the person was becoming unwell due to their diabetes. Clear information was available in people's care plans so that staff knew what action they needed to take. For example, one care plan we looked at showed how much fluid the person needed to drink each day, how it should be recorded and what action staff should take if they did not reach their target amount.

We saw that when people had returned from a time in hospital their care plans had been updated to reflect their current needs. Staff confirmed that they were informed about any changes to people's care plan and instructed to read them on a regular basis. Records showed that staff were following care plans. For example, the repositioning charts demonstrated to us that people were being repositioned as expected in their care plans to help prevent them from acquiring pressure ulcers.

People and their relatives confirmed that they received the support they needed. One relative told us, "I can't praise the care they've given [person living at Hatley Court] too much. They came here from hospital, with pressure sores which they've kept at grade 2 with regular turning and attention. If I have any concerns I go to the manager who is always available. The senior carer keeps me well informed about them and the staff always treat [named person] respectfully". One person confirmed to us that staff, "Ask me how I want them to help me when they're helping me shower."

During the inspection an activities coordinator led quiz sessions for people in the main lounge area before and after lunch with 9 to 12 people being actively involved. Although at times people looked sleepy, during the quiz they responded to the activity and staff member and smiled.

Although a schedule of daily activities for the week was not available at the time of the visit, (there was a weekly activities notice board, but there were no activities listed on it) activities were organised daily by activities coordinators. Additionally there were a range of other programmed events listed on the notice board for the coming weeks including church services; "Jukebox Legends" and "Entertainment with Frankie and Charlie;" An International Day of Cooking on 24th May; a Forget Me Not Dementia Café held every month; and a Royal Wedding street party to which everyone living at Hatley Court was invited. A hairdresser also visited the home weekly.. People were positive about the activities provided. One person told us, "The

activities are the best thing that's happened here." Another person told us, "I really enjoy the quizzes and we do other things as well." Staff were also observed talking one to one with residents sitting in the lounge area during the visit.

There was a complaints procedure in place. People and relatives spoken with said that they felt able to raise any concerns with the registered manager who they thought was accessible. During the inspection we observed a person raising their concerns directly with the registered manager, who responded appropriately. The records showed that any concerns or complaints had been investigated and any appropriate action taken. For example, when one person had complained about staff not answering their call bell it was investigated and a fault with the system had been identified and fixed. However, one relative told us that they had requested their relative to be ready to go out on a certain day. When they had arrived to collect their relative they were not ready. When the relative raised their concern with staff they were told that they request had not been recorded.

We saw that when needed people had detailed, personalised end of life care plans in place. The care plans included information about where people wanted to spend their time and if they wanted any medical interventions. Arrangements were made with healthcare professionals so that if people's conditions changed quickly they had rapid access to any equipment or medicines they needed to make them more comfortable.

Good

Our findings

The registered manager was observed chatting and interacting with the people throughout the day and actively involving themselves in supervising and assisting staff at lunch time and throughout the inspection. The registered manager knew each person well and they also knew her. We observed the registered manager spending time to reassure someone that was anxious about being in the home.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken. There were also clear records showing when safeguarding allegations had been raised, when they had been reported to the appropriate safeguarding authorities and the Commission and the outcome of any investigation.

Staff were dedicated to the jobs and told us that they enjoyed working at the home. Staff told us that they were encouraged to take on extra responsibilities and extra training was provided to staff who wanted to progress to a more senior role.

Staff confirmed that the values of the home were discussed with them during supervisions with their line manager and during staff meetings. Staff said that they had regular staff meetings and that they could raise any issues they wanted to. For example, one member of staff told us that they had raised a concern that people's clothing hadn't always been ironed. The staff member confirmed that after it had been discussed at the staff meeting the issue had been resolved. Staff meetings were also used to encourage staff to reflect on their own practice, what they done well and where they could make improvements. This had identified areas for improvement and staff had worked hard to make the improvements. During our inspection we joined a staff meeting and noted that staff were keen to share ideas and to give their views on the service.

The registered manager had strong links with other stakeholders and they told us that they had a good working relationship with heath care professionals.

There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the home. The registered manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans, personnel files and infection control. Improvements needed had been identified and actioned. For example we looked at a care plan audit and found it to be detailed with improvement identified and signed off when the tasks had been completed. The provider had also arranged

for an audit of the home to be carried out by an external consultant on a regular basis. One member of the care staff told us, "[Registered manager] and the provider have worked so hard to get things right."

There was documentation in place to show when maintenance checks were carried out and when they were next due. For example, servicing of the gas cooker and lifting equipment. This meant that the registered manager could organise checks to be undertaken in a timely manner.

Everyone living at Hatley Court was invited to the "resident's meetings". These meetings were used to discuss the food on offer, activities, what items people would like in the in-house shop, and any other issues. At the previous meeting the registered manager had noticed that one person had been very quiet and had spoken to them afterwards and discussed the issues they wished to talk about and included them in the record of the meeting. The meant that the person was supported to be able to make a recommendation for improvement even though they didn't want to speak up at the meeting.