PAKS Trust

Hatfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Hatfield House is a residential care home that provides accommodation and personal care to four people who are living with a learning disability or autistic spectrum disorder.

The service has been developed and designed in line with the principles of CQC's policy 'Registering the Right Support' and other best practice guidance. This aims to ensure people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:
People told us they felt safe. Staff understood how to keep people safe and how to report any concerns they may have.
Risks associated with people's care had been assessed and were identified in risk assessments, but they lacked detail. It was not always clear how decisions within risk assessments had been reached to keep people safe.
Staff were recruited safely, and processes checked the background of potential new staff.
People received their medication as prescribed. However, improvements were required to some medication processes.
People's needs, and wishes were assessed before they started to use the service. These needs and wishes were recorded in people's care plans. Care plans were regularly reviewed to ensure staff had up to date and relevant information about people's care needs.
Staff knew people well and understood their individual needs and preferences. People were offered choices. For example, in the meals and drinks they were offered.
Referrals were made to healthcare professionals where required to ensure people's health needs were met.
People had identified goals they wished to achieve but there was no information in care records about what staff could do to support people to achieve these goals.
People and relatives told us staff were caring, kind and respected their privacy and dignity.
Staff received the training and guidance they needed to complete their role. Staff understood how to prevent the spread of infection.
People received information about the service in a way that was appropriate to their needs.
People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005. However, improvements were required to the recording of decisions relating to mental capacity.
A complaints process was in place and people and relatives felt confident to complain if they needed to.
Systems and processes had not always been effective in driving continuous improvement at the service
Knowledge of meeting the regulations was limited. For example, notifications the provider is required by law to send us about events that happen within the service had not always been sent to us in a timely way.

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 16 June 2018). Improvements had been made and the service is now rated good overall. However, the service was not consistently well-led and this key question remains requires improvement.

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider still needs to make some improvements. Please see the well led section of this full report.

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**

Hatfield House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one adult social care inspector and one assistant inspector.

Service and service type
Hatfield House is care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection visit because it is a small residential care home and we needed to be sure that they would be in.

What we did
Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 sought feedback from the local authority and other professionals who work with the service such as

Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning the inspection and helped identify some key lines of enquiry.

During our inspection we spoke with four people and two relatives about the care people received. We also spoke with the registered manager and three members of support staff.

We reviewed two people's support plans in full and looked at specific issues relating to risks and care within other people's care records.
We looked at staff induction and training records, medicine records and quality monitoring records the provider used to assure themselves of the quality of service provided.

Good

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

At our last inspection we found Hatfield House was not consistently safe because risks were not always assessed or recorded, and safe medicines practice was not always followed by staff. At this inspection we found improvements had been made and this key question is now rated as good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Staff always check I am okay" and "I feel safe. If I am unhappy I can speak to the manager."
- Staff understood safeguarding procedures and how to keep people safe. One staff member told us, "It is all about making sure people are not abused or mistreated. I would see a change in the person's behaviour." Staff told us they would report any concerns to the registered manager and felt confident these would be investigated.
- The registered manager understood their safeguarding responsibilities and told us any concerns would be shared with the local authority and CQC as required.

Staffing and recruitment

- The service had a robust recruitment process to prevent unsuitable staff working with vulnerable adults. Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check and satisfactory references.
- People and relatives told us there were enough staff to keep people safe. The registered manager explained the rota was designed around the needs and preferences of the people who lived at the home.
- Staff used the 24 hour on-call system to seek emergency advice when necessary. The on-call system also ensured any unexpected staff shortages were resolved.

Assessing risk, safety monitoring and management

- At our last inspection we found risks associated with people's care had not always been identified and assessed. At this inspection we found some improvements had been made and risk assessments were in place where required. However, it was not always clear how the level of risk had been identified and instructions for staff on how to mitigate risks lacked detail.
- We discussed this with the registered manager who had received limited guidance on how to complete a thorough risk assessment. However, a new risk assessment form had been introduced which detailed clearly how decisions within risk assessments would be reached and the registered manager was in the processes of completing this for each person's known risk.
- Staff knew how to manage risks associated with people's care despite records not always being clear. One staff member explained how they used a chair for a person in the shower as this made them feel safer. Another staff member told us how they limited risks to a person whose health condition meant they could

become anxious.
● A relative told us their family member was safe and explained, "I have never had any worries about [Name's] safety at Hatfield."
● Regular health and safety checks took place to make sure the environment was safe for people and staff to use. For example, fire alarms had been checked and Personal Emergency Evacuation Plans (PEEPS) guided staff on how to support people in the event of a fire.

Using medicines safely
● Medicines were stored safely and securely and there were clear records of storage temperatures and medicines were dated once opened. This reduced the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date.
●The registered manager had taken swift action to manage risks to a person when their prescribed cream was out of stock. Medical advice had been sought, and this person was being observed for any adverse effects until stock arrived later that day.
● Overall, medicine administration records (MAR) had been completed correctly to show how medicines had been managed. We identified one person's record had not been completed as per the provider's expectations. Immediate action was taken by the registered manager to discuss this with the staff member and a new process for booking in medication was introduced.
● Protocols to guide staff when administering 'as required' medicines ensured people were given their medication consistently by staff.
● Staff had been trained and deemed competent before they administered medicines. However, this was not regularly re-assessed. Following our visit, the registered manager confirmed a plan to ensure all staff had been re-assessed at regular intervals.

Preventing and controlling infection
● Staff had completed infection control and food hygiene training and followed good infection control practice such as wearing gloves and disposable aprons and washing their hands regularly. One staff member explained, "We are all responsible for cleaning. It is a team effort. It is important because we don't want people becoming ill."

Learning lessons when things go wrong
● Lesson's had been learned when things went wrong. For example, it had been identified that medication errors were occurring due to staff being disturbed when handling medicines. A red tabard had been introduced as a visual reminder to people and staff not to disturb the person administering medication which had reduced the number of medication errors.
● There was a process for staff to record accidents and incidents which were analysed by the registered manager to identify patterns and trends. These could then be acted upon to reduce the risk of reoccurrence.

Good

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

Good: 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 individual needs had been assessed and the information was used to develop their care plan.
- Care plans were reviewed regularly and amended to reflect changes in people's support needs.

Staff support: induction, training, skills and experience
- Staff received an induction when they started working at the service which included time working alongside experienced staff to learn about people's routines and preferences.
- The provider's induction for staff new to care, included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- One staff member spoke positively about their induction and said, "The induction gave me the confidence to understand people's routine's and I felt able to support people after that."
- Records showed staff had not always completed refresher training in line with the provider's expectations. The registered manager planned to ensure all staff had completed this following our inspection and was in process of arranging additional training, such as autism awareness, to develop the knowledge and skills of the staff team.
- Supervision and appraisals were not always formally recorded to demonstrate staff had opportunities to discuss their training needs, welfare and professional development. The registered manager assured us there was a plan to complete any outstanding supervision's following our inspection.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet. For example, one person had high cholesterol and was encouraged to eat low fat foods.
- People had access to a choice of food and drink and could eat at times to suit them. Menus were designed weekly with people to ensure their preferences were met. Staff respected people's right to change their mind and other options were offered as required. One person told us, "I like the food here and there is enough choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Appropriate and timely referrals had been made to professionals involved in people's care and action had been taken to act on advice given.
- Each person had a 'Health Passport' to ensure other healthcare professionals had relevant information

about the person in an emergency. For example, one person required reassurance when having their blood pressure taken to reduce their anxiety.
● Staff ensured people received the required healthcare in a timely way. One person told us about an occasion where they ill and the staff called the doctor quickly for them.

Adapting service, design, decoration to meet people's needs
● The registered manager had considered people's mobility needs around the home. One person told us, "I occasionally need help getting up and down stairs." Handrails were available to support this person.
● People told us they sometimes had to wait to use the shower which at times, caused them to become anxious. The registered manager told us, the provision of a shower in the upstairs bathroom was being discussed with the provider, to better suit the needs of the people living at the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff understood the principles of the Act. One staff member told us, "They all have a capacity to make day to day decisions and we always ask people even though we probably know the answer. We encourage other choices but don't force them. Even if they agree on something, they have the right to change their mind at the last minute."
● Where people had capacity, they had given their consent to the way in which their care was delivered.
● Where people lacked capacity to consent to their care, applications had been made through the DoLS procedure to ensure any restrictions were done lawfully. During this process mental capacity assessments had been complete by the local authority. However, there was no clear internal process to demonstrate how the service had come to a decision a person lacked capacity. The registered manager told us they required further training to ensure internal mental capacity assessments were completed and had requested this training from the provider.

Good

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

Good: 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 staff treated them well. Comments included, "Staff are caring and kind" and "I like my staff, they are kind and help me."
- Relatives spoke positively of the care their family members received. Comments included, "I am very, very happy [person] gets good care" and "I know [person] is happy there because they won't stop here (relatives' home). They always want to go back.".
- We observed kind interactions and staff offered reassurance to people when needed. For example, one staff member patiently reassured a person about a forthcoming family visit.
- Staff enjoyed their role and were focussed on ensuring people received the care and support they wanted. One staff member told us, "I enjoy being able to cheer people up. We all want the best for the people we support." Another staff member said, "It feels like a family."
- Staff knew people well and respected their individual choices. For example, a newer member of staff had not yet provided personal care to a person living at the home as the person had expressed they wanted to get to know the staff member a bit more first. The staff member explained, "It is a very personal thing and I respect that."
- The provider recognised the importance of promoting equality and diversity. A policy was in place to outline the provider's commitment to ensuring everybody was treated equally and without discrimination.
- Social and cultural needs had been explored with people and recorded in their care plans. Staff supported people to maintain relationships with their family and friends where this was important to people.

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

- People were encouraged to make day to day decisions about their care. One person told us, "I had [cereal] today with milk. I picked it."
- People were encouraged to express their views formally through a monthly keyworker meeting. Feedback from these meetings was shared at staff meetings to ensure people's voices were heard. For example, one person expressed they preferred stew to be served in a bowl which was communicated to the staff team.
- Where people needed extra help to make decisions, information relating to advocacy services was available when people did not have an appropriate person to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy and dignity. One staff member explained, "I always think about how I would want my family to be treated and treat people like that."
- Staff encouraged people to be independent. One staff member told us, "I see my role to support the residents to live as independently as possible."

● A relative told us, "They encourage [person] to go out more than I could. They have a nice approach."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised care. A relative told us, "[Person] chose the home themselves. It was all led by [person]. They now have the life they want to live."

● People's care plans were personalised and provided information to staff on how to support people in the way they preferred. One person talked to us about how staff supported them with their personal care and said "They [staff] did it really well. They know how I like it."

● Activities were focussed around what people wanted to do. People told us they were happy with their individual routines and had no desire to change these. One person explained how they enjoyed going to a local pub as they provided a free refill coffee whilst another person visited the day centre.

● People's goals and aspirations were recorded on an individual 'wish list' but it was not always clear how staff encouraged people to achieve these goals. We discussed this with the registered manager who explained this was an area they had already identified needed to be improved and was discussing this with the provider.

● The registered manager was also introducing new positive behaviour support plans to further guide staff on how to enhance and promote people's emotional well-being.

● People told us they were supported by staff who knew them despite there being new staff at the service. A relative told us, "There seems to be a high turnover of staff, as one comes another goes but it's not drastic and they always make sure they know [person] well". A person told us, "When new staff members start, I am introduced to them and an existing member of staff is always present."

● People's communication care plans recorded their preferred method of communication. The registered manager was aware of the Accessible Information Standard which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had access to records in an 'easy read format' to aid their understanding.

● Relatives were involved in their family member's care where necessary. One relative told us, "We have an internal care plan meeting and go to that about once per year with the council who fund [person]. We all work together."

Improving care quality in response to complaints or concerns

● A system was in place to manage and respond to complaints and concerns and was available to people in a way they could understand. In the twelve months prior to our inspection there had been no recorded complaints.

● People and relatives felt confident to raise any concerns and felt they would be investigated thoroughly. A relative told us, "I have never had any major concerns, but they always come to back me with any minor issues."

End of life care and support

● 'Faith' care plans recorded people's wishes after death, but these did not always demonstrate people had been supported to make decisions about end of life preferences. The registered manager was in the process of arranging a meeting to discuss this with people and their families and assured us they would liaise with healthcare professionals to ensure people received the right care at this time.

Requires Improvement

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.

Requires improvement: This meant the service management and leadership was inconsistent. Systems and processes did not always assess, monitor and drive continuous improvement in the quality of service provided.

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

- At our last inspection we found Hatfield House was not consistently well-led because the provider's quality assurance systems had not been effective. Where actions had been identified, these had not been completed in a timely way. At this inspection we found improvements were still required to monitor the effectiveness of the care people received.
- The registered manager delegated some internal checks and audits to a staff member to ensure the safety of the service was maintained. These were checked weekly by the registered manager and actions identified were recorded and acted on. For example, a health and safety audit had identified a person was having difficulty opening a walk-in wardrobe door and these were being replaced with curtains.
- However, these audits did not always identify actions needed to continuously drive improvement. For example, mental capacity and medication competency assessments were not in place and risk assessments lacked detail. The registered manager accepted work was required to improve these areas and following our visit they became part of the membership body for registered managers in England, so they could enhance their own knowledge and development.
- Where issues had been identified, improvement plans were not in place to ensure action was taken in a timely way. Following the inspection, the registered manager confirmed they had implemented a structured weekly management check list and any areas of concern would be placed on an internal management improvement plan to monitor improvement.
- The provider visited the home to monitor the quality of the service and any areas needing action. Actions identified from those visits were completed in a timely manner when needed. For example, they had identified a broken door closure which had been repaired at the time of our visit.
- The registered manager and provider had not met their legal obligation to notify us about people with a Deprivation of Liberty Safeguards (DoLS) in place. The registered manager assured us the notifications would be submitted without delay.
- The last inspection rating was displayed within the home and on the provider's website as per their legal requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a registered manager who had worked for the provider for many years and had been registered with us (CQC) since 2010. The registered manager was responsible for two homes registered with us and told us they visited the home at least weekly and was always available by phone if needed.

● Staff spoke positively about the management of the home. Comments included, "I always feel fully supported and can ring [registered manager] at any time," and "I really like the manager and supervisor. They are very approachable and want everything to be done in the right way."
● The registered manager was motivated to ensuring people received high quality care and told us the steps they had taken to improve since our last inspection such as making improvements to the safety of the environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were encouraged to give feedback about the service through satisfaction surveys and responses showed a high level of satisfaction. Comments included, "Care is brilliant" and "I feel happy and confident that PAKs Trust take the upmost care of [person]s daily needs."
● Regular staff and resident meetings took place to promote effective communication. Communication books were also used to record information about people so that staff had the most up to date information to support people's needs.

Working in partnership with others
● Staff worked in partnership with people's families and health and social care professionals in promoting people's physical and mental health.