

Tricuro Ltd

# The Hayes

## Inspection report

Culverhayes  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Hayes is a residential care home providing personal and nursing care for up to 50 older people. At the time of our inspection visit there were 45 people living in the home. The Hayes is a purpose built home made up of five small 'cottages' linked by a large communal area.

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

The Hayes had been through a period of unsettled leadership. Staff, people and professionals spoke highly of the new manager recognising their role in supporting the team and improving the quality of care.

People described a happy, relaxed service, where they felt safe, well cared for and respected by all staff. They received personalised and responsive care.

People were supported to pursue their hobbies and explore new experiences. People told us they enjoyed an interesting programme of activities. People were involved in their care; telling us they were free to choose how they spent their time. End of life care plans were in place and the service worked with other agencies to meet people's needs at the end of their lives.

Risks relating to people's individual needs and the environment were identified and planned for. Staff understood how to keep people safe and knew how to respond if any concerns were raised about people's well-being or safety.

There were enough staff, safely recruited, to meet people's needs.

The service was clean throughout and staff took precautions to minimise the risk of infection. Accidents and incidents were investigated and reviewed to mitigate further occurrences. Medicines were managed in a safe way.

The staff felt supported to carry out their roles. They told us they received training and supervision to support them.

Staff were kind and caring and treated people with respect. Staff had a good understanding of how to promote people's privacy, dignity and independence. The provider sought to meet people's needs in relation to equality and diversity.

People enjoyed the food and mealtimes were sociable occasions. The service worked with other agencies and professionals to support people's health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People knew how to raise concerns and felt confident the management team would address and rectify any problems.

Rating at last inspection -

The last rating for this service was good (published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Hayes

## 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

This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Hayes is a '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 did not have a manager registered with the Care Quality Commission. The manager in post had applied to be registered. The registered manager 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

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection-

We spoke with 18 people, six relatives, eight staff, the registered manager and a representative from the

provider organisation. We also spoke with two visiting professionals. We looked at a selection of records which included;

Minutes from meetings.

Five people's care records

Medication Administration Records (MARs.)

Health and safety records

Policies and procedures

A sample of accidents and incident records.

# 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.

### Using medicines safely

- There had been improvements in the way medicines were managed since our previous inspection. People received their medicines safely and, in the way, prescribed for them.
- There were person centred protocols available for 'when required' medicines.
- Staff received training and had competency checks to make sure they gave medicines safely.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. The medicines were stored in a bright, cool room with enough space for tidy storage.
- Regular medicines audits and checks were completed, and areas for improvement were identified and plans put in place. Any incidents were monitored and reported as appropriate.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt the service was safe. Comments included: "I feel very safe and comfortable here" and "I am happy here and I feel safe because there's always someone around to help should I need it".
- People were protected from the risk of abuse. Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns to the registered manager or to external agencies. They were confident action would be taken if they raised a concern. They understood how they could whistle blow if they had any concerns about practice and wanted their identity protected.

### Staffing and recruitment

- Staff were not rushed during our inspection and were able to support people when requests were made. One person told us, "I feel safe and the staff are all very nice. I ring my bell and there is someone to help me; yes, sometimes it takes a minute or two but they do come".
- No changes had been made to the recruitment process in the home since the last inspection.

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

- People were supported in sensitive ways to manage risks without unnecessary restriction. Where possible, risks were discussed with the person, to ensure they fully understood, and agreed actions to try to reduce their risk. Clear guidance was provided for staff and staff spoke confidently and consistently about the risks people faced.
- External professional advice was sought to ensure specific risks were safely managed. For example, referrals had been made to the speech and language therapist (SALT) when people had a risk of choking. Staff followed their guidance.
- Incidents and accidents were reviewed and investigated by the registered manager to ensure all necessary

action had been taken to reduce future risk. They also monitored records of accidents and incidents to identify any developing trends that might indicate further changes were needed. The provider supported this activity and trends were considered over the organisation as a whole.

- Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely.

#### Preventing and controlling infection

- The home was clean and fresh throughout with no malodours.
- Staff were trained in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. This ensured the service had the necessary resources to meet people's needs and expectations. People told us that they were happy with the move.
- People were supported in ways that reflected good practice guidance. They used nationally recognised tools ensure that people ate and drank enough and to keep their skin healthy. Action was taken to address any concerns.

Staff support: induction, training, skills and experience

- People, their relatives and professionals expressed confidence in the competence of the staff team.
- Staff received training and support to help them work safely and meet people's needs effectively. The provider offered a wide range of training, provided in different formats. Staff told us this training was effective in supporting them to carry out their roles.
- New staff felt supported during their induction. Staff new to care completed the Care Certificate, a national recognised set of standards for care staff. Competency frameworks were being developed to ensure learning was imbedded into practice.
- Staff had regular opportunities to meet with their line manager to discuss their work, training and performance. They told us these meetings were useful and supportive.

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

- People were supported to maintain a balanced diet which met their needs and preferences. Nutritional assessments had been completed and people's dietary needs, preferences and allergies were recorded and known to care and kitchen staff.
- The standard of catering and meal time experience was good. The atmosphere in the cottages was sociable and unrushed. People who needed assistance were supported throughout their meal by the same member of staff.
- People said they enjoyed the food. Comments included, "The food is good, plenty of choice and if you don't like the choices there's always something else to choose from" and "The meals here are good, there's always a choice".
- A variety of diets were catered for, including diabetic and vegetarian meals, and soft or pureed meals if required.

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

- The staff team worked effectively with other professionals to ensure people's needs were met. People were supported to access a variety of health care professionals. For example, GPs; community and specialist nurses; physiotherapist; speech and language therapist.
- Staff told us they were vigilant about any changes to people's health and wellbeing and ensured they received timely support from health professionals. Feedback from professionals was positive. Comments included, "They are quick and responsive for people" and "They have communicated very effectively".
- People were supported to maintain their oral healthcare and assessments had been completed. People could access local dental services.

#### 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.

- Staff understood the need to gain people's consent to care and we saw they encouraged people in decisions about their daily care and support.
- Individual mental capacity assessments had been completed to determine a person's ability to make specific decisions about their care and treatment.
- When a person was considered to lack capacity to make a specific decision the best interests decision framework had been followed in order to identify the most appropriate and least restrictive action for the individual.
- Appropriate applications for DoLS had been made to the local authority where necessary.

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

- The premises were well maintained and in good decorative order throughout. The layout of the building in five individual cottages met the needs of people who were established in small living groups.
- Easy to read pictorial signage designed to assist people with dementia was used to guide people to communal areas, such as the lounge, dining room and toilets and bathrooms. The signage assisted people to navigate round independently and was being added to at the time of our visits.
- If people found locating their bedroom difficult their doors were personalised. One person had found it easier to locate their room with a reference to their favourite football team in place.
- Each cottage area had a small garden. There were plans in place to develop some of these areas with support from the local community.

# 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 now 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 continued to receive a caring service. People were supported by staff who were kind, considerate and respectful towards them. Comments from people included, "...it's a lovely home, the carers are super, they look after me very well" and "I have been here some time now and I like it, the girls are very nice and care for me".
- Relatives and professionals were equally positive. A visiting professional highlighted how empathetic the team was.
- Staff were attentive to people's needs and there were warm interactions between people and staff. Staff had time for people and understood the importance of supporting people's well-being and promoting their self-esteem. For example, staff were considering the impact of reduced touch for people whilst infection control measures were in place.

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

- People were supported to be as involved in decision-making about their care as they could be. They were encouraged to live according to their wishes and values. During the inspection staff consistently offered choices to people and respected the decisions made.
- Advocacy support was available if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff supported people discreetly.
- People appeared well cared for, their hair was groomed and their clothes were clean and reflected their personal style. A group of women sat together and chose nail varnish in the afternoon whilst chatting about people they knew. This helped to improve people's self-esteem.
- Staff supported people to be as independent as possible. We observed staff reminding people to use equipment to help them to move safely, this promoted their independence and safety.
- The home is in a small town and is part of a close-knit community. The manager was aware that this was a strength in the staff team who cared deeply about everyone they supported. They were also aware that it sometimes meant confidentiality was challenging. They explained how they addressed this with the team.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People appreciated care and support delivered by a core team of staff that knew them well. People felt cared for.
- Care records contained personalised information including: risk assessments, likes and dislikes, medical history and medicine details.
- Staff were consistent in their descriptions of the support they and their colleagues provided to people. A social care professional described how the staff were able to adapt this care when people's needs changed and shared the information appropriately.
- Staff communicated with each other to ensure they understood people's current needs. They were confident they were aware of any changes. Some staff did not have access to the updates on the computerised system, they were kept updated by senior care staff.

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's communication needs had been assessed and details of their needs were recorded in their care plans. For example, information about the use of hearing aids and glasses was recorded. People were wearing clean glasses and had their hearing aids if they chose to use them. Staff understood the need to give people time to communicate.

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 enjoyed a range of activities. They were involved in discussions about how they wanted to spend their time and plans were made based on their preferences. One person described how they were able to continue with their hobby, "I like gardening and we have a gardening club here. I like to go out in the garden when weather permits".
- People told us they enjoyed activities or spending time chatting with staff. They told us they were able to invite their visitors into the home. A relative reflected on this saying, "The staff are so very nice, they welcome me with a smile, a cup of coffee, and I also get invited to lunch sometimes. I can't fault the place. I can bring my dog in here too to see my husband which is really nice for us both".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People and relatives knew how to make complaints should they need to and told us they were comfortable to raise concerns.
- Complaints were recorded and responded to promptly. Any learning was shared to ensure improved outcomes for people and staff.

#### End of life care and support

- People, who chose to, had plans in place which recorded their decisions about how they wanted to be cared for if their health deteriorated. The registered manager was committed to and experienced in providing high quality end of life care. They had a plan in place to continually review and improve this aspect of people's care.
- A professional highlighted a specific situation where a person had been able to stay in the home and have a dignified, peaceful death due to the staff care and skill.
- Staff in the home had received acknowledgements of their kindness, thoughtfulness and consideration when people were at the end of their lives.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others.

- The home had been through a period of unsettled leadership. Staff reflected on the impact of this on the morale of the team. A new manager had been appointed since the last inspection. They were experienced and qualified and staff all commented on the positive impact they were having by providing stability and clear direction. They had applied to be registered with the CQC.
- The manager was supported by the provider organisation including their line management and other registered managers in the area.
- People, their relatives, professionals and staff described the management team as approachable, professional, supportive and proactive when dealing with any issues. Comments included, "They are easy to approach, easy to talk to their door is always open. They will do what needs to be done."
- Feedback from professionals was positive about the leadership. They described the management team's commitment to improvement and active partnership with them, working to ensure people received the care and support they required when they required it. The manager of a local team reflected on how they had established open and effective communication with the home which enabled people in the local area to access the service when they needed it.
- There was a clear staffing structure in place and staff at all levels were clear about their roles and responsibilities. They said there was good team work at the service and that they were supported effectively as a team.
- Effective quality assurance and monitoring systems were in place to help drive improvements and identify shortfalls. For example, audits were carried out in relation to medicines, health and safety checks and care plans. Senior managers working for the provider visited the service regularly to carry out additional checks and ensure improvements were achieved. All learning was shared by the provider to ensure that lessons learned in one location were shared to benefit all people.

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

- The service respected the diversity and promoted the inclusion, of those who lived and worked there. People experienced a good standard of care and support, which resulted in good outcomes for them. One person said, "I've been here a couple of years and I'm very happy.....the staff and management are very helpful and pleasant."
- People and their relatives were involved in decisions about the care and support delivered. Regular meetings enabled people to discuss their care and express their opinion.

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

- Throughout our inspection, the management team displayed a candid and transparent approach. They spoke openly about challenges and shared the plans they had in place to address them.
- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to share their views and experiences about the service through regular satisfaction questionnaires. People's views were fed into the service improvement plan. People's suggestions were acted on with menus and activities developed and adjusted to meet their preferences.
- The service promoted staff involvement, information and recognition through regular meetings and informal discussion. Staff felt they could contribute their views and were listened to.