

Anchor Carehomes Limited

Hatfield House

Inspection report

Crookesbroom Avenue
Hatfield
Doncaster
South Yorkshire
DN7 6JQ

Date of inspection visit:
16 October 2018

Date of publication:
08 November 2018

Website: www.anchor.org.uk

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

This comprehensive inspection took place on 16 October 2018 and was unannounced. The last comprehensive inspection took place in March 2018, when we identified four breaches of Regulation. People did not always receive care and treatment which was person-centred and met their needs. The registered provider did not always act in accordance with the Mental Capacity Act 2005. The provider did not always ensure there were sufficient staff available to meet people's needs in a timely manner. There was a lack of governance and oversight as the service had not been effectively managed. The service was rated as inadequate and was placed in special measures.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do to improve the service.

At this inspection we checked if improvements had been made. We found that the provider had addressed all the concerns raised at our last inspection and made sufficient improvement to meet the requirements of the regulations. The overall rating of the service improved to good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Hatfield House' on our website at www.cqc.org.uk.

Hatfield House 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.

Hatfield House is a purpose-built care home located in the Hatfield area of Doncaster. Some people using the service are living with dementia. The service can accommodate up to 48 people over three floors. At the time of our inspection there were 39 people using the service.

At the time of our inspection the service did not have a registered manager. 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. The provider had appointed a manager who had worked at the home from March 2018 and was in the process of registering with the CQC.

There had been changes in the management team and they were beginning to establish and lead the service. Systems in place to monitor the service had not always identified areas of concern and required further embedding into practice.

People were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what actions they would take if they suspected abuse.

Risks associated with people's care were identified and managed appropriately which kept them safe.

There were sufficient staff available to support people who used the service in a timely manner.

Medication was predominantly managed in a safe way as errors had been identified and followed up. However, the documentation regarding medicine management could be improved.

The service was clean and people were protected against the risk of infections.

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 received the training and support required for them to carry out their roles effectively. People received support from healthcare professionals when required and their advice was followed.

People were supported to maintain a healthy and balanced diet which included their choices and preferences.

We observed staff interacting with people who used the service and found they were kind, caring and considerate. Staff respected people's privacy and dignity and involved them in their care and support.

The service was responsive to people's needs. Care records we looked at contained current information required to assist staff in how to support people. People were involved in social activities and enjoyed a range of social events.

The provider had a complaints procedure which was available if people wanted to raise concerns. Complaints were dealt with appropriately and used to improve the service.

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?

Good ●

The service was safe.

Medication was managed safely and administered by staff who had completed appropriate training.

People were safeguarded from the risk of abuse.

Risks associated with people's care had been identified and were managed appropriately.

People were supported by sufficient numbers of staff.

The service was clean, well maintained and infection prevention and control procedures were followed.

Is the service effective?

Good ●

The service was effective.

Staff were supported to carry out their role.

People had access to healthcare professionals when required.

The service was meeting the requirements of the Mental Capacity Act 2005.

People received a healthy and balanced diet which met their needs.

Is the service caring?

Good ●

The service was caring.

People received care and support from a staff team who were kind and compassionate in their approach.

We observed staff interacting with people and found they maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's needs and care records were accurate.

People enjoyed a range of social activities.

The provider had a complaints procedure and handled complaints in a positive manner.

Is the service well-led?

The service was well led, but systems required embedding.

Audits were in place to monitor the service but did not always identify concerns.

People had a voice and the provider offered various opportunities for people to be involved in the service.

Requires Improvement ●

Hatfield House

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 checked 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 16 October 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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 service. An inspection manager was also present at the inspection. Their role was to observe how the inspector's conducted the inspection. This is part of the way CQC monitors inspector's performance.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with Healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also gathered information from other professionals.

We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine staff including care workers, senior care workers, catering staff, the manager, and the head of care. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for

improvement.

Is the service safe?

Our findings

At our last inspection of March 2018, this key question was rated as Inadequate. The provider did not always ensure there were enough staff available to meet people's needs in a timely way. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we found the provider had taken sufficient actions to address the issues raised at our last inspection. We observed staff interacting with people and found there were enough staff to ensure people's needs were met in a timely way. The provider had a detailed system in place to identify the staffing levels required to meet people's needs. Each person had a detailed dependency assessment which identified whether they were low, medium or high dependency. Then a tool was used to calculate the hours required to support people. This was kept under review by the manager.

From our observation, talking to staff and people who used the service we found there was enough staff on duty to meet the needs of people living at the home at the time of our visit. We saw staff were always available in communal areas and when people requested assistance staff responded in a timely way.

We spoke with people who used the service and their relatives and the majority of them told us there were enough staff. One relative said, "There always seems to be enough staff when I come." Another said, "Yes, there always seems to be somebody there." However, one relative felt that each floor could benefit from one more member of staff.

We saw staff assisted people to move around the home, this was done discreetly and safely. Staff discussed what they were doing with people and gained their consent before they commenced care and support. The staff told us there was a moving and handling coach to ensure staff maintained the correct procedures and moved people safely.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and had their competency assessed. However, we found some minor medication issues. We saw the medication audits had identified some shortfalls, but did not cover all aspects of medication administration so some errors had not been identified. These did not impact on people and the manager agreed to address the issues to ensure they were covered on the audit tool.

People we spoke with felt they received their medicines as prescribed. One relative said, "The staff know all about it [medicine]. I have been here when the lady comes round with the tablets and it's always at the same time." Another relative spoke about their family member receiving time specific medicine and they commented, "I am happy that it is always on time."

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as falls, moving people safely, and risk of pressure damage. Records we sampled provided clear guidance to staff to help them manage situations in a consistent and positive way, and had been regularly

reviewed to reflect any changes. For example, we saw good detail in moving and handling risk assessments they gave the type and size of sling to use and the correct loop configuration to ensure the persons safety.

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people could evacuate the premises safely in the event of an emergency. These contained good detail to guide staff and other personnel and clearly stated if the person was unable to self-evacuate.

We found people were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what actions they would take if they suspected abuse. We found there were satisfactory arrangements in place for people who had monies managed by the service.

The control and prevention of infection was managed well. We found the service was clean and well maintained. There was an infection control champion to ensure policies and procedures were followed. We saw regular audits and cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene.

We spoke with people who used the service and one person said, "The home is definitely clean. They [staff] are very good with cleaning, cannot fault it." One relative said, "Absolutely spotless, it always smells nice when I come in."

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.

Is the service effective?

Our findings

At our last inspection of March 2018, this key question was rated as requires improvement. We found the provider was not always compliant with the Mental Capacity Act 2005. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the home was meeting the requirements of the Act, this included having copies of legal documents that evidenced that named people could act on people's behalf. Care records had been improved since the last inspection, so they better reflected each person's capacity to make decisions. People told us staff involved people in decisions and gained their consent before providing care or support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted to the local authority as necessary.

The people we spoke with told us they felt the staff provided effective care that met their needs. One person told us, "The staff are lovely, I like it here." People also told us that they felt listened to and their choices were respected. One person said, "I am used to getting up early and they [staff] respect this." One relative said, "[My relative] used to like to stay in bed when they lived at home. If [relative] wants to stay in their dressing gown they can. [Relative] does here what she did at home."

People were provided with a varied diet, which people told us was very good. We observed the breakfast and lunchtime meal on the top floor. People had a choice of what they wanted to eat at breakfast including a cooked choice. People came into the dining room at different times and were not rushed or hurried. Staff gave support where required in a sensitive way. At lunchtime the tables were placed together so people could sit together on a long table people were chatting with staff there was joking and banter and there was a lovely inclusive atmosphere.

The meal options for the day were written on the menu board and we saw staff taking the two main options on sample plates to allow people to choose the meal they preferred. A choice of drinks was also offered. The meal experience for people was pleasant and enjoyable. One person said, "I enjoy the food, it is always good." We also observed some people ate their breakfast late, which was their choice, but staff acknowledged this and asked if they would like their lunch saved so they could eat it later if they were not

ready.

When members of the care team engaged with people during the meal it was pleasant and warm. People's names were used and overall it was evident staff were aware of their preferences and needs. We saw most people could eat independently, while others had assistance from staff to cut up their food.

We spoke with the cook, who although was not the full time cook had a good understanding of people's dietary needs. They could explain who required specialist meals and what was required when people needed a fortified diet.

People's care plans included information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs and the level of support they needed to make sure they received a balanced diet.

People received regular drinks and snacks throughout the day. Staff told us people who were at risk of losing weight also received fortified meals, snacks and drinks. We observed snacks and drinks being offered throughout the day.

People's day to day health needs were being met and they had good access to healthcare services. Care records reflected that referrals had been made to healthcare professionals in a timely manner and their advice was followed. For example, one person had difficulty swallowing and had been referred the speech and language therapist. They advised what consistency the person's food needed to be and asked that the person's weight was monitored. This information was documented in the care record and we saw this was being accurately followed.

People we spoke with and their relatives told us people had access to healthcare professionals. One person said, "I've had my eyes tested and they [staff] have taken me in a wheelchair to the surgery, it's not far." One relative said, "A doctor comes each week and they [staff] are quite vigilant if there are any problems."

Staff we spoke with told us the on-going training they received was relevant to the people they supported and met their development needs. Staff told us the training had much improved. Regular support sessions and an annual appraisal of their work performance had also taken place. Staff told us they felt well supported with the new manager, who they said they could approach at any time if they needed additional support. One staff member said, "There is an open-door policy and the manager is always approachable and listens, he is very good."

As the home supported people living with dementia we looked at how the environment had been adapted to suit them. We saw there had been many improvements since our last inspection and the manager had further improvements planned. There was a hairdresser's salon, a nail bar, an area designated as a library and other planned improvements included a cinema. The improvements were based on best practice and guidance for people living with dementia to improve their quality of life.

Is the service caring?

Our findings

At our last inspection of March 2018, this key question was rated as requires improvement. This was because care was not delivered in a person-centred way.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection.

All the people we spoke without exception told us the staff were kind, caring and compassionate. People felt staff were caring and they felt their independence was promoted. Relatives we spoke with agreed with these comments saying, "They [staff] have taken [relative] under their wing. It's took a lot of pressure off me. [Relative] is a lot more independent here than they were at home," "Everyone can do a job but the staff here really care," and "Yes they [staff] are a lot more caring than they were before. I have no grumbles on that score."

People were appropriately dressed and appeared comfortable. We spent time observing the interactions between staff and people who used the service and saw staff were caring, kind, patient and respectful to people, and people were relaxed in their company. Staff spoke with people by bending down to their eye level to communicate with them more effectively. During the day staff chattered cheerfully with people, as well as the visitors. Whenever staff passed people in the corridor they acknowledged them and exchanged conversation. We saw lots of friendly and appropriate banter taking place between the staff and people who lived at the service.

People's preferences were taken into consideration by staff. For instance, they chose where they wanted to sit, if they wanted to take part in the organised activities and what they wanted to eat and drink.

We observed people's privacy and dignity was respected by staff. Staff knocked on doors before entering, closed them when providing personal care and spoke in a quiet manner when discussing something personal with people.

Staff we spoke with demonstrated a good knowledge of the people they cared for and knew the best way to support them, whilst maintaining their privacy and dignity, and encouraging their independence. A 'life story' was in each person's care file so staff had easy access to each person's history to enable them to understand their preferences, likes, dislikes and what was important to them.

People were supported to keep in touch with their families, friends and other people important to them. Relatives we spoke with told us they enjoyed visiting the home, felt welcome and knew their family member was well cared for.

Is the service responsive?

Our findings

At our last inspection of March 2018, this key question was rated as requires improvement. People did not always receive person-centred care and care plans were not always reflective of people's current needs. There was also a lack of social activity taking place. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we found the registered provider had taken sufficient actions to address the issues raised at our last inspection.

People received care that was responsive to their needs. We observed staff providing care and support in line with people's care plans. For example, one person was cared for in bed, but at meal times the care plan stated they should be sat upright and required a specialist diet and for staff to use a spoon. We observed staff followed this direction to ensure they received care that met their needs safely.

The service promoted sensitive end of life care. Staff worked with external healthcare professions, such as GPs and district nurses, to make sure people at the end of their life had adequate pain relief and any specialist equipment they needed. The staff told us they did not have any person at the time of our inspection who was at the end of their life. However, they explained how they had cared for someone who had recently died. We spoke with a visiting health care professional who told us the staff were very responsive to people's needs and managed end of life care very well.

People had access to a varied programme of social activities and stimulation, which they said they enjoyed. We saw people were encouraged to join in planned activities if they wished to, but staff respected their decision if they declined to take part. During the inspection we saw people taking part in pumpkin carving getting ready for Halloween. People at first didn't want to join in, but the staff member organising the activity with their enthusiasm got ten people involved and they all were enjoying the activity chatting and laughing.

People's cultural and spiritual needs were taken into consideration and were documented in their plans of care.

The provider had a complaints procedure in place which was displayed in the home. People we spoke with said they knew who to go to if they had a concern. All people and their relatives we spoke with said they would not hesitate to raise any issues as they were confident they would be resolved quickly.

We looked at the documentation relating to complaints and found the manager had dealt with them appropriately and within a reasonable timeframe. We saw one complaint had led to the home introducing a 'welcome to Hatfield House guide' which included important information about the service. This showed that complaints were used to develop the service and to implement new systems to improve people's experience.

Is the service well-led?

Our findings

At our last inspection of March 2018, this key question was rated as Inadequate. There was a lack of governance and oversight as the service had not been effectively managed. The provider was required to address this issue and sent us an action plan telling us how the concerns would be addressed.

At this inspection we found the provider had taken actions to address the issues raised at our last inspection. However, there had been changes in the management team and they were beginning to establish and lead the service. Systems in place to monitor the service had not always identified areas of concern and required further embedding into practice.

Audit systems were being used and included areas such as infection control, weights, accidents and incidents, medicine management and care plan documentation. At this inspection we found systems had improved and generally actions were completed following audits and lessons learnt. However, we found the medicine audit had not identified some areas we raised as part of our inspection. For example, there was lack of consistency when recording PRN medicines. Some PRN medicines had stock count sheets and others didn't. We found that the medicine audit did not check stock record sheets. We also found that the weekly audit had not been completed since 11 September 2018 as daily checks were being completed. However, these did not look at all areas.

In addition to the audits carried out by the management team on site, the head of care completed regular audits on behalf of the provider.

Staff told us they found the manager to be very approachable, and felt they listened and supported them. There was evidence that staff meetings took place and they were involved in the development of the service. Staff we spoke with embraced the changes and wanted the service to succeed. They spoke highly of the manager and felt appropriate changes had been made for the better since the last inspection. We also saw that staff were led by senior staff on duty and knew when to ask for support. This showed the service was led in an effective way.

People who used the service and their relatives were given opportunity to be involved in the service. We saw resident and relative meetings took place monthly. There were two time slots for each meeting to give opportunity for more people to attend at a time that suited them. Comments raised at these meetings were displayed in the format of 'you said, we did.' This was displayed in the home to inform people that their comments had been heard and action taken to address them. For example, one comment was that relatives wanted to see consistent staff on each unit so they knew who to speak with if they needed to. The manager actioned this by allocating team leaders to work on permanent floors which would help with a familiar point of contact for relatives.

We also saw the manager had commenced a monthly newsletter to ensure people were kept up to date. This included topics such as introducing new staff, audits completed, community engagement and activities.

The service had commenced initiatives to build links with the community. For example, the service had commenced a blue light breakfast twice a month, where emergency services were invited to the home for breakfast and to chat with people who used the service. The service had a similar opportunity where health care professionals were invited to drop in and have a bite to eat with people. This showed the service was committed in developing links and establishing the home as part of the community.