Sanctuary Care Limited

Hatfield Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 15 August 2017 and was unannounced. At the last inspection carried out on 17 January 2017, the service was found to not be meeting all the standards we inspected. These were in relation to staffing, records and medicines. We also found that there was a continued breach of regulation in relation to person centred care.

At this inspection we found that there had been improvements in the service and was no longer in breach of regulation; however there were still areas in need of improvement.

Hatfield Residential and Nursing Home is registered to provide accommodation for up to 118 older people who require nursing or personal care and may also be living with dementia, physical disabilities and sensory impairment. At the time of the inspection there were 106 people living in the service. A number of bedrooms were in use by a local hospice which was undergoing refurbishment. This service was not inspected.

There was a registered manager in post. 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.

There were consistent numbers of staff on duty to meet people's needs however people told us that they experienced some delays at times in receiving their care. The registered manager monitored staffing levels across the service and staff recruitment was a work in progress. Robust recruitment processes were in place and the required recruitment checks had been completed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

People felt safe in the service. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

There were personalised risk assessments in place that offered guidance to staff on how individual risks to people could be minimised. Medicines were stored appropriately, managed safely and audits completed.

Staff received training to ensure they had the skills and knowledge to support the people living in the service. Staff felt supported in their roles and received regular supervision and appraisals. New members of staff received an induction.

People had been in involved in deciding the way in which they wished to receive care. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were met.

People were provided with a varied, balanced diet and were supported to make choices in relation to their food and drink. People's health care needs were being met and they received support from health and medical professionals when required.

Staff were kind, caring and respectful. People's privacy and dignity was promoted throughout their care.

Care plans and risk assessments took account of people's individual needs, preferences and choices. They had been regularly reviewed and were reflective of people's current needs and wishes.

People gave us mixed views regarding activities. There was an activities programme available however people felt it did not meet their needs and provided little stimulation.

There was an effective complaints system in place. People and staff knew who to raise concerns with and there were clear lines of accountability amongst senior staff.

People, relatives and staff spoke positively about the registered manager. The management team were approachable and were a visible presence in the service.

There was an effective quality assurance system in place. The registered manager completed a range of quality monitoring audits and these were used to identify where actions needed to be taken to drive improvements in the service. Feedback on the service was encouraged and acted upon.

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 consistently safe.

There were consistent members of staff on duty however at times people experienced delays in receiving their care. Safe recruitment processes were followed.

People told us that they felt safe. There were systems in place to safeguard people from the risk of harm.

People had risk assessments in place which gave clear guidance and instructions to staff in how to mitigate risks.

People's medicines were managed safely and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were trained and received regular supervisions and appraisals. New members of staff received an induction.

People's consent was sought before any care or support was provided.

People were provided with a varied, balanced diet.

People were supported to access to a range of health and medical professionals, when required.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful.

People's privacy and dignity were promoted by staff.

Staff understood people's needs and respected their choices.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Activities did not meet people's needs. Many people had little stimulation.

Care plans which were reflective of people's current needs and preferences were in place.

There was an effective system to manage complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager and provider had not taken sufficient action to fully rectify previous inspection findings.

There was a registered manager in post who was visible and approachable.

Effective quality monitoring systems were in place and feedback was sought and acted upon.

There was a clear management structure of senior staff.

Staff were aware of the vision and values of the registered manager and provider.

Hatfield Residential and Nursing Home

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 15 August 2017 and was unannounced. The inspection team consisted of three inspectors and two experts 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.

Before the inspection, the provider completed a 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 reviewed other information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care people received.

During the inspection we spoke with 18 people who lived at the service and three relatives to find out their views about the care provided. We also spoke to 12 care workers, two team leaders, one nurse, one chef and two activity coordinators. In addition we spoke with the deputy manager, the registered manager of the service and the regional manager from the provider organisation.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of eight people who lived at the service and also checked medicines administration records to ensure these were reflective of people's current needs.

We looked at individual staff recruitment records and the training records for all the staff employed at the

service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe and secure living at the service. One person said, "There is someone here 24 hours and they can come if I need them – that's what makes me safe." Another person told us, "I have to be here because I wasn't ok at home because of falls, here if I fall there is someone but I haven't had a fall. I feel safe." A relative told us, "I think [family member] is really safe, wouldn't want her anywhere else. When we go home we don't worry about [their] care. We know she is getting looked after here."

We received consistent views from people and their relatives on staffing levels. Some people told us that they experienced delays in receiving their care. One person said, "When I ring the bell they come if they can but there aren't always enough staff and sometimes I have to wait." Another person told us, "At night they do come straight away, usually they aren't very busy." A relative told us, "I do worry sometimes that they don't have enough staff on. I come in to visit my [family member] and sometimes I just can't find anybody if I need help." During our inspection we saw one person request support from staff to receive personal care. Although a member of staff responded to the call bell promptly, the person waited 25 minutes for the member of staff to return to provide the support they needed.

However, staff told us that when the home was fully staffed there was generally enough staff to meet people's needs. One member of staff told us, "There is enough staff on this floor for the number of people." Another member of staff told us, "The staffing is ok. It varies from day to day if everyone is feeling well or a bit unwell but on a normal day we have enough staff." Recruitment for staff vacancies were still a work in progress. The registered manager told us that they were normally able to cover shifts with their own bank staff or regular agency staff.

People were supported by staff who were recruited through a robust process. We saw that all the appropriate pre-employment checks were completed. These included a criminal records check, verified references, proof of identity and full employment history. The registered manager told us that there was a dedicated team for recruitment and they were piloting a new system to help ensure the quality of applicants. They told us this was helping them find staff who were more caring and they were finding perspective employees who were more suited to the roles. We reviewed profiles for agency staff working at the home. We saw that this had a record of the appropriate pre-employment checks and training they had completed.

People were supported by staff who knew how to recognise and respond to abuse. One member of staff told us, "I would go to the managers, or higher or I would report to the CQC." We saw that there was information displayed around the home on how to recognise and report concerns. We found that the registered manager reported all potential safeguarding concerns appropriately and sought advice from the local authority's safeguarding team if needed.

There were personalised risk assessments in place for each person who lived in the service. The assessments considered a wide range of daily living activities and included identified hazards people may face and any actions that staff had to take to minimise the risk of harm. Examples of risk assessments carried out

included support regarding skin integrity and pressure care, nutrition and hydration, personal care and medicines. For some people, these also identified specific support with regards to their moving and handling. Detailed steps for staff to take and the equipment to use to keep people safe were recorded including the involvement of physiotherapists where this was required.

Staff told us that they were aware of the identified risks for each person. This was from looking at people's care plans and risk assessments and by talking about people's needs at staff handovers. One member of staff told us, "We know how we need to support people with their safety but we always have an update at handover especially if someone is particularly unwell and needs extra monitoring or might need more support from us." Staff told us that there were effective communication systems within the service which provided them with up to date information about people.

The registered manager reviewed all accidents and incidents occurring in the home to ensure that all required action had been considered and taken. They checked for themes, trends and other contributing factors to help ensure risks could be further mitigated. They also reviewed all wounds such as skin tears, leg ulcers or pressure ulcers, to check for progress and ensure all appropriate steps were taken to aid healing.

People were supported by staff who knew how to respond in the event of a fire. We saw that staff had received training and there were regular fire drills for day and night staff. There were fire safety checks in place and equipment was serviced appropriately. There was a fire risk assessment in progress to check for any outstanding issues that needed to be addressed. We also saw that each person has a Personal Emergency Evacuation Plan (PEEP) in place which gave guidance to staff on what support the person required should an emergency occur.

People's medicines were managed safely. We saw that this was monitored through daily checks and weekly and monthly audits. This included daily stock counts and reviews of the Medicine Administration records (MAR). We did however find one discrepancy in medicine quantities and two recording issues. The registered manager took to investigate these straight away. We found that medicines were stored securely and staff worked safely when administering medicines to people. Each person had a profile which detailed any allergies, special instructions and photo. We also saw that where people needed their medicines covertly to maintain their health, the appropriate process had been followed and documented.

Good

Is the service effective?

Our findings

People were supported by staff who had the appropriate training for their role. One staff member said, "We have enough training. The competency based medicines training was very good, really helpful." Another member of staff told us, "The training is excellent here. I've completed the Care Certificate." We reviewed the training provided and saw that this included moving and handling, safeguarding people from abuse, dignity and communication, fire safety and first aid. We saw that further training updates were scheduled for the coming months. On the day of our inspection an induction week was in progress for newly employed staff members.

New staff received a week of induction before starting in the home. This covered all key areas such as the building layout and the provider's policies. They received training relevant to their role including time in the home dining with people and getting to know them. Following this, new staff were given shadow shifts where they worked alongside experienced members of staff and a buddy to work with until competent. One staff member told us, "I had a buddy, I shadowed them. I was worried I was asking too many questions but they told me they were happy to help me. I felt very welcomed." Another member of staff told us, "[Name of member of staff] is my buddy. He is very good, showed me everything. I ask lots of questions."

Staff told us that they felt supported by their colleagues and the management team. One staff member told us, "The management team never say they are too busy if you need to speak to them." Another member of staff told us, "I feel supported. We have supervisions and team meetings." We saw that staff received regular one to one supervision and there were team meetings to share information. In addition, if there was anything that a staff member needed to discuss or be informed of before their scheduled supervision a recorded conversation was held.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's capacity to make and understand the implication of decisions about their care was assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on their behalf following meetings with relatives and health professionals and these were recorded in their care plans.

The registered manager had applied for DoLS authorisations appropriately for people who had restrictions

placed on their liberty in order to keep them safe. We saw that they kept a log of these and the stage they were in the application process. Where these had been approved, there was a record of when these were due to be renewed. We saw that for those people who were due to have these renewed applications had been submitted promptly. We also saw that where there were changes to people's circumstances, the DoLS authority were informed by the home.

People told us that staff sought their consent before they provided them with care or support. One person told us, "They always ask me." Another person told us, "They [staff] can't do enough for us. Always asking if we would like help or getting our say so for things." Members of staff told us that they always asked for people's permission before providing them with care. One member of staff told us, "I always ask people. It's important for them to be in control." We observed staff consistently seeking consent from people before assisting them. Where people refused, we saw that their decisions were respected. We saw evidence in care records that people, or a representative on their behalf where appropriate, had agreed and given written consent to the content of people's care plan.

People were supported to eat and drink sufficient amounts. There was a variety of food available at mealtimes and people told us that they enjoyed the food. One person told us, "The food is very nice. I choose to have all my meals in my room." Another person told us, "The food is very good. The chef talks to me and tells me what's on the menu. He knows what I like." There was a menu in place which was displayed on tables in the dining areas and within communal corridors so that people knew the meals on offer. We observed that people's choices were taken shortly before meal times and where needed, people were offered a visual choice. Mealtimes were relaxed and we observed staff encouraging people to eat independently, chatting in a friendly, sociable manner. Where people required specific equipment or assistance to eat their meals we saw that this was provided in a way that enhanced the person's mealtime experience.

People had been asked for their likes and dislikes in respect of food and drink prior to moving to the service and their preferences were recorded. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes via regular notifications from the care staff. We saw that the chef maintained a noticeboard in the kitchen which detailed people's preferences and specific dietary needs such as allergies or consistency requirements. For example, there were records on soft or pureed diets for people to help ensure that their needs were met. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

People were supported to maintain their health and well-being and were assisted to access healthcare services, if needed. One person told us, "The GP visits and I can ask to see the doctor any time and they will fix it." Another person told us, "They [staff] sort it all out for me. They arrange all my appointments and the dentist came here." A relative told us, "Last week my [family member] had a urinary tract infection (UTI). I could tell there was something wrong but the home had already picked up on this and the GP had been arranged." Records confirmed that people had been seen by a variety of healthcare professionals including the GP, dentist and chiropodist. Referrals had also been made to other professionals, such as dietitians and the local mental health nurses when needed.

Good

Is the service caring?

Our findings

When we inspected the service on 17 January 2017, we found that people were not always treated with dignity and respect. On this inspection we found that there had been significant improvements in this area.

People told us that staff were kind and respectful. One person said, "The staff are really kind. They can't do enough for you." Another person told us, "The girls [staff] are really good. I'm really well looked after here." A relative told us, "The girls here, we couldn't wish for better support."

We noted that all interactions observed were positive. Staff were attentive and patient. We also noted that staff knew people well. For example, one staff member described what lengths they went to get a person excited that it was mealtime and this meant they enjoyed their food. They talked about their approach and tone of voice and how this made a difference. Another member of staff explained to us that they knew how important it was for one person to have their own possessions around them to feel safe and reassured. We observed this member of staff taking the time to locate a face cloth that the person had misplaced and verbally reassuring them that their handbag was close to hand.

There was a dignity tree in the reception area to raise awareness about how dignity could be promoted. The registered manager told us that each month there was a dignity theme added to the staff training room to get staff thinking about what it meant. We saw that members of the management team completed observations to see if staff adhered to expectations and provided feedback to them where this could be improved. We noted that an outcome of one of these observation sessions was that further training was needed. This had been delivered for the staff team involved.

People were involved in the planning and reviewing of their care. One person told us, "They [staff] will sit down and talk to you about the care and if it's alright. Maybe once a year." Another person told us, "All taken care of when I moved here and they keep a check on things." We saw a nurse sitting with a person who was moving into the home and getting their views, needs and preferences to create the care plan. Care records we viewed showed that people and relatives, where appropriate, were involved in the pre-admission assessments that were completed and in regular review meetings that were held.

Staff understood what person centred care meant and there had been work done by the management team to develop this further. One member of staff told us how they had worked with the management team on changing the culture of the staff team in the home to get staff to understand the importance of personalised care. They used an example of staff working in a way to complete tasks and help each other which, at times, meant that people did not receive personalised care. They said, "Previously, night staff would support someone with the toilet very early in the morning and get them washed and dressed to help day staff but this is like me using the toilet during the night and getting my clothes on so I'll be ready for work when I wake in the morning. The team understood this so it doesn't happen now." Another member of staff spoke to us about how they had been encouraged to "see the person" and not always focus only on the need a person had. They told us, "We've been encouraged to remember the person we are helping, not just how we need to help them and focussing our attention on the tasks." They explained how they used information

within the care records regarding people's hobbies and interests and their past employment to engage people in conversations and provide comfort during periods of distress.

People told us that staff respected their privacy and dignity. We found that staff spoke discreetly to people when offering support with personal care and discussions around people's health and wellbeing were held in private. We saw that personal information was stored securely and access to all staff offices was via key code protected doors. We saw staff knocked on people's doors and respected their choice to be alone if they wished.

People and their relatives told us that visitors were welcome at any time. We saw that there were a number of visitors throughout the day. One person said, "My neighbour brought in her dog the other day, everyone loved it and I really enjoyed seeing him." Another person told us, "My relatives are always popping in. Never a problem what time it is or how long they stay." We noted that staff knew who relatives were and greeted them on their arrival.

Requires Improvement

Is the service responsive?

Our findings

People gave mixed views on the activities provided at the service. One person told us, "It's a bit lively here. I like to sit and watch what's going on or I'll get a book from the girls [staff]." Another person told us, "I don't join in; there really isn't much for me." A relative told us, "As [family member] doesn't move out of [their] room, it's very boring for [them] here with nothing to do." Activities were provided by a team of activity coordinators. They, and members of staff we spoke with, were able to describe the different activities that people enjoyed, for example, bingo, singing, crafts and knitting and day trips out in the local area.

There was an activity programme displayed in the communal areas so people and their relatives knew the activities that were on offer or any future events that were planned. We saw that a small number of people joined in with activities however most people chose to do their own thing or remained in their room. During our observations we saw members of staff reading to people, playing word games and doing manicures. We also observed a group game of bingo being played in the afternoon. However throughout the day many areas of the home were quiet with little stimulation provided to people, especially for the ones who chose to stay in their rooms. This was still an area in need of improvement.

People told us that their needs were met and that they felt involved in deciding what care they were to receive. One person told us, "We can do what we want to do, there is no regimentation. That's what I had been afraid of before [moving to the home] but there are no restrictions on getting up or going to bed or anything. Sometimes I like a bath later in the evening so I have one." Another person told us, "I'm quite independent but they [staff] know what I like and what I don't like. I'm well cared for."

People's care plans were clear, detailed and individual preferences were reflected. They were personalised to indicate people's needs and included clear instructions for staff on how best to support people. Each care file included plans for areas of the person's life including personal hygiene, mobility, nutrition and hydration, health promotion and pressure care. We found that the care plans accurately detailed people's needs and had been updated regularly with changes as they occurred. Regular review meetings were held to ensure people's choices and views were recorded and remained relevant.

People and their relatives knew who they could raise concerns with. One person told us, "I'd talk to any of them. [Registered manager] pops in at lunchtime and sees us all." Another person told us, "[Relative] is a nurse and speaks with the manager about things. We're not slow on getting some help if we need to." A relative told us, "I have no complaints. The staff have made it clear if we have any problems to let them know.

Complaints were investigated and responded to appropriately. We saw that there was a log of complaints and a monthly review to look for themes, trends or factors that increased complaints. We saw that information was shared with staff to help prevent reoccurrence. We found that action was taken in response to complaints. This included a member of the management team spending time observing practice and supervising staff on floors. There was information on how to make complaints displayed around the home. Relatives told us that the registered manager was responsive when they raised concerns with them.

There were meetings held for people and their relatives. There had also been a cheese and wine evening organised. We saw that subjects discussed included staffing and recruitment, activities, menus and any other issues people wished to discuss. We saw that in one of the meetings people had raised that the wrong menus were being displayed on the tables regularly. At the next meeting, feedback was asked in relation to this and people reported that this had improved. People had also reported that changes to the hairdressing service had made improvements as well.

Requires Improvement

Is the service well-led?

Our findings

When we inspected Hatfield Residential and Nursing Home in July 2016, we found the service was not meeting all the legal requirements in the areas that we looked at. We rated the service Requires Improvement.

At the last inspection carried out on 17 January 2017, the service continued to not meet all the standards we inspected. These were in relation to staffing, records and medicines. We also found that there was a continued breach of regulation in relation to person centred care. The service remained rated Requires Improvement.

At this inspection we found that there had been improvements in the service and was no longer in breach of regulation; however there were still areas in need of improvement. This included staffing; which we had previously identified as a concern and this issue remained unresolved. The service remains rated Requires Improvement.

People and relatives were positive about the registered manager and the management team. One person told us, "The [registered] manager is very easy to talk to." Another person told us, "[Name of registered manager] has helped sort things out for us." A relative told us, "[Registered manager] is approachable."

Staff were also positive about the management team. One member of staff told us, "They are so approachable, open and welcoming. They are always around. You see [Registered manager] every morning; she asks if everything is ok." Another member of staff said, "I have been here for over [number] of years now. The [registered] manager is good. Very supportive." A third member of staff told us, "We have a good team here. The [registered] manager is approachable and she always makes sure we are ok."

There were effective quality assurance systems in place. We noted that there were a range of audits in place which were accompanied by action plans. These covered areas such as infection control, care plans and medicines. We noted that actions were signed as complete. We reviewed these and found that the actions had been completed. For example, updates to photographs on medicine records.

There were regular provider visits. These visits were used to monitor the quality of the service and to ensure action had been taken in response to previous inspection feedback, to monitor the result of the internal audits and to evaluate the service against the provider's standards. An action plan was included with an expected date for completion was given and a priority rating allocated to each action. We reviewed these and found that there had been improvements across the service in the past six months with a number of actions completed. Actions which were identified as ongoing were included in the service improvement plan.

The service improvement plan was a collated schedule of actions required from internal audits, inspection feedback, provider visits and other sources of quality assurance and feedback such as internal surveys. The plan was reviewed on a monthly basis by the registered manager and provider to ensure actions identified

as required were being undertaken. This continual cycle of evaluation demonstrated how the service used a variety of sources of feedback to drive improvements at the service.

The registered manager walked around the home, checking in with staff and looking for any issues. We also saw, and were told that this happened daily and the registered manager walked around the home after lunch with the chef asking for people's feedback. People told us that as a result of this they enjoyed the menu and the quality of food had improved. There were also night visits carried out by the management team to ensure the expected standards were adhered to during the night. The deputy manager also spent time completing observation sessions on the units. They addressed shortfalls and offered guidance when needed.

There had been a recent internal survey sent out and the results were received by the registered manager shortly after our inspection. The results were forwarded to us by email and the findings were generally positive. The evaluation completed by the provider highlighted the top five areas of satisfaction and five areas where people indicated they were less satisfied. Positive responses were received in relation to the environment, snacks and drinks, maintaining people's independence, staff attitudes and being treated with dignity. Areas where responses were less positive were regarding meal times and choices, the laundry service, activities and care plan involvement.

In addition, an external survey had been completed and the results were also generally positive. Comments that were less positive were in relation to staffing. We discussed this with the registered manager and they told us that they reviewed the staffing levels according to people's dependency and this was able to fluctuate depending on people's needs. This had recently occurred on one unit where needs had increased.

Staff were aware of the expectations and ethos of the registered manager. Staff spoke positively about the work that had been done to support them to understand person centred care and explained that their focus was to offer people choices. One member of staff told us, "We promote choice, we ask people if they want to attend activities, what they would like to eat, where they would like to sit. Always give people choices." Another member of staff told us, "Choice is important to people. We can show people different options to help them choose." Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the registered manager spoke with them regarding any changes in the service and that they felt involved in the decision making.