Barchester Healthcare Homes Limited

Hunters Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hunters Care Centre is a nursing home for 97 older people of whom 30 were living with dementia. At the time of the inspection there were 78 people living there. Nine double sized rooms can provide accommodation for couples wishing to live together although the majority of rooms are occupied on a single/suite basis. Accommodation is divided into communities/units providing a mixture of nursing, residential and dementia care (Memory Lane). Communal areas on the ground floor are shared which include lounges, a dining room and hair dressing salon. There are well kept gardens around the home and within Memory Lane.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff who had been through a recruitment process to check their character and knowledge. People's feedback and experience of their care was mixed. The relatives of people living in Memory Lane had raised concerns about staffing levels. The provider had reviewed staffing levels across the home increasing night staff and day staff. They closely monitored people's needs in line with their own assessment tool to make sure there were enough staff to support people. A new project had just started to provide further training in dementia for staff working on Memory Lane, refurbish the environment and to review the way in which care was provided.

People received individualised care and support which reflected their individual preferences, needs and routines important to them. They or their relatives were involved in the planning and review of their care. Their care records were kept up to date and reflected their changing needs. Any risks were assessed and hazards minimised. People's rights were upheld and staff had a good understanding of safeguarding procedures. People's medicines were satisfactorily administered. 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. People were supported to stay healthy and well through access to health care professionals. Their dietary needs had been considered and they were offered choice about their food and drink. People's diverse needs were respected. They had access to meaningful activities, to follow their religious or spiritual needs and to receive visits from family and friends.

People were supported by staff who knew them well and treated them with dignity and respect. People said "Staff are absolutely charming", "Carers are wonderful and do a wonderful job", "Staff are kind and gentle." Staff had access to training to equip them with the skills and knowledge they needed. They attended individual and group support meetings and felt supported to develop in their roles and professionally. A manager had been appointed and staff were positive about them saying they were accessible and approachable.

People's views and those of their relatives were sought to make improvements to the service. People knew how to make complaints and said they would speak with staff or the manager. Residents' and relatives' meetings were held to seek their feedback. Quality assurance processes were in place to assess the quality of the service provided. Action was being taken to improve the experiences of people living in Memory Lane

and environmental refurbishments were planned.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hunters Care Centre

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 comprehensive inspection took place on 2 and 3 August 2017 and was unannounced. This inspection was carried out by two inspectors and an expert by experience who is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia care.

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 information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. Prior to the inspection concerns had been raised with us about the levels of staff and the impact of staffing levels on the quality of care provided. These concerns were looked into during this inspection.

We spoke with 22 people living in the home and eight relatives. We also spoke with two representatives of the provider, the manager, the interim home manager, the deputy manager, six nurses, the chef, two activities co-ordinators, and five care workers. We looked at the care records for 11 people and we observed medicines being administered. We also looked at the recruitment records for five staff, staff training records, complaints, accident and incident records and quality assurance systems. We joined nurses at a handover between shifts. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also had feedback from social and health care professionals.

Good

Is the service safe?

Our findings

People's medicines were mostly administered and managed properly. Improvements were discussed to make sure they were audited more robustly. Medicines needing additional checks and security to make sure they were administered safely were audited weekly to make sure there were no errors in their administration. Completing these checks each day would ensure greater accountability for staff and ensure action was taken immediately in response to any errors. Systems were amended to make sure daily checks of these medicines were completed.

People's medicines were administered as prescribed. People able to administer their own medicines had facilities in their rooms to keep them safe. Records confirmed discussions with the GP if people liked to take their medicines in food. We observed a nurse administering medication at lunchtime in the ground floor unit. This was carried out safely and competently. The nurse interacted with people, sought their consent and asked whether they needed medicines prescribed to be taken when needed. We noted that some people indicated the order in which they wished to take their medicines. We saw that protocols for medicines to be taken as necessary were in place providing guidance on their administration. For a topical cream, an entry read [name] "is able to request when she wants the cream applied". We saw that the service used a cream application record, including a body map to illustrate where the creams needed to be applied. Medicine administration charts were completed correctly. Medicines were stored safely and at the correct temperature.

People were supported by staff whose competency and character had been checked through a recruitment process. A checklist evidenced when information had been received such as references confirming the reason for leaving and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check is carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Any gaps in employment history had been followed up with applicants but this had not been recorded for two staff. The manager said this would have been followed up at interview and noted on the interview record or application form. They said they would amend the checklist to make sure this was followed up.

People gave us mixed feedback about their experience of staff numbers. Some people told us, "Staff are in a rush", "There is a shortage of staff" and "Sometimes there is not enough help". Relatives also raised concerns about the levels of staff. One said, "In Memory Lane there are not enough staff at meal times or to help with activities." Two relatives we spoke with said staffing levels were "good" and "Staff respond quickly to the sensor mat alarm, even when it was activated by mistake."

However, we found people's needs had been assessed to make sure staffing levels reflected their individual needs. The provider had responded to requests for information from us with respect to concerns raised about staffing prior to the inspection. They discussed strategies they had put in place to make sure staff were effectively and efficiently deployed within the home. This included a whole home strategy during meal times when managers and activities staff would help care staff during meal times. The manager had also made changes to the way in which staff took their breaks ensuring sufficient cover was available. An

additional member of staff had been appointed to work at peak times during the day and the number of night staff had been increased. The manager acknowledged they continued to use agency staff to supplement the staff team. This had recently been affected by having to change the agency supplying care staff. They planned to use the same care staff to ensure consistency and continuity. Agency nurses confirmed they had worked at the home for a number of years and knew people well. Vacancies were being appointed to. Staff confirmed at times they were busy and agency staff were used. One member of staff told us, "They've given us an extra member of staff. It makes a massive impact." A representative of the provider said, "We are constantly reviewing staff levels and how to deploy the team. We would never put resident's at risk."

Recent residents' and relatives' meetings had discussed concerns about staffing levels in Memory Lane. The manager and representative of the provider said they reviewed people's changing needs and had not recently decreased staffing levels when the number of people in Memory Lane had dropped. Call bells could be monitored to assess how long people had waited for staff to attend to them. Call bells were answered in a timely fashion during our visits. People were observed mostly receiving care and support when they needed it. Staffing levels were closely monitored and reviewed to make sure there were sufficient staff to support people.

People's rights were upheld. People told us they felt safe living at the home. Two relatives described how reassured they were that their parents were being looked after safely. Staff had a good understanding of safeguarding procedures and raised concerns such as unexplained bruising. Accident and incident forms as well as monitoring forms were completed. These were closely monitored by the provider to make sure the appropriate action had been taken. Staff had recently been reminded about how they could raise concerns to the manager or the provider. An on line service was available providing staff with anonymity if they wished. Staff said they had confidence in the whistle blowing procedures and any issues they raised would be investigated. Whistle blowing legally protects staff who report any issues of wrongdoing. Safeguarding concerns had been thoroughly investigated and raised with the relevant authorities such as the local safeguarding team. A social care professional confirmed safeguarding concerns had been raised, "protecting others living in the home whilst also supporting the person at risk". CQC had been notified as required.

People were protected against the risk of harm or injury. Each person had been assessed to make sure any known hazards had been considered and risk assessments described the strategies to keep them as safe as possible. For example, people who previously had not been at risk of falls and had fallen were reassessed. Risk assessments stated how risks had been minimised for example, increasing observations, referral to health care professionals to check on their physical well-being or installing sensor pads which alerted staff when people had moved and might need assistance to prevent them from falling. All accidents and incidents were analysed by the provider, highlighting any developing themes or trends and making sure action had been taken to reduce the risk of these happening again. Systems were in place to manage and maintain the environment and equipment to keep people safe. Each person had an individual personal evacuation plan in place and fire systems were checked and serviced. A business continuity plan provided staff with information about what to do in extreme circumstances such as failure of utilities and bad weather.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to equip them with the skills and knowledge they needed to meet people's needs. Staff completed an induction programme which included the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. They completed training considered mandatory by the provider which included fire, food hygiene, safeguarding and moving and handling. The manager kept a training record for all staff so that they could make sure refresher training was provided when needed. Training specific to people's needs was delivered such as wound care and falls prevention.

People commented staff were "Good" and "[Name and name] are absolutely super; on the whole staff are fairly good." Relatives worried about the skills of staff on Memory Lane and their understanding of supporting people with dementia. A representative of the provider told us staff working in Memory Lane were receiving additional coaching in dementia care and dementia care specialists were being trained. Staff had a good understanding of the needs of people living with dementia and were observed putting this into practice. Staff said they were supported to develop professionally working towards the diploma in health and social care and nursing qualifications. A staff member told us that the provider was supportive, particularly regarding training and professional development; "Nurses have been fantastic in their support towards me in my new role." Staff spoke positively about their support and opportunities to develop. Individual and group support sessions had taken place and the manager had scheduled these to take place every two months. Staff were encouraged to attend staff meetings alongside daily meetings and hand overs.

People's capacity to make decisions about their care and support had been assessed when needed. Best interest decisions, for the administration of medicines, providing personal care or restrictions to keep people safe, had been discussed with health care professionals and relatives. Where people had a lasting power of attorney this had been verified. Where a lasting power of attorney was appointed they had the authority to make specific best interests' decisions on behalf to that person, if they were unable to make the decisions for themselves. People had a do not attempt cardiopulmonary resuscitation (DNACPR) order in place which had been authorised by their GP and discussed with either them or their relatives. DNACPR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether they wish to be resuscitated.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When people's liberty was restricted DoLS had been applied for and there was evidence further DoLS had been requested when these had expired. Any conditions such as ensuring access to activities were fulfilled.

People were supported to eat a healthy diet and to manage their dietary needs. The chef had a good understanding of people's dietary needs ensuring people living with diabetes or at risk of malnutrition or choking had access to the appropriate food and drink. High calorie snacks and finger food were provided for

people living with dementia. People gave mixed feedback about the quality of food and their experience of meal times. Two people commented about the length of time it took for lunch to be served in the main dining room and they liked to use alternative smaller dining rooms. On the second day of our inspection we observed people having to wait for drinks and for their meals, however this was not our experience on the first day. The manager was unsure about the cause for the delays but would look into it. People at one table said there was not much choice but staff were observed offering people choices for their main meal. Staff served vegetables at the table giving people more choice and control over the portion size. Two people confirmed alternatives had been provided such as omelettes or toasted sandwiches if they did not want the main meal of the day. Information about allergens was available and the chef and staff were aware of people who had allergies to any particular foods.

People's health and wellbeing was closely monitored. They had access to a range of health care professionals including their GP, dentist, optician, a speech and language therapist and a dietician. People with poor skin condition had access to the tissue viability nurse and district nurses also attended daily when needed. People were supported to attend hospital or outpatient appointments.

Good

Is the service caring?

Our findings

People were supported by staff who treated them with compassion and care. Staff were observed being kind and considerate in their approach to people. People told us, "Staff are absolutely charming", "Carers are wonderful and do a wonderful job", "Staff are kind and gentle." Relatives commented, "Dad is well looked after" and "It's not just a job, they really do care about residents." Staff understood people's needs and personal histories. They were heard chatting amiably with people about their families and previous lifestyles. In Memory Lane staff respectfully introduced us to each person explaining our presence and so reducing any anxieties people might have about a stranger in their home. Each afternoon we found staff had time to sit and chat with people and the atmosphere was light hearted.

People's equality and diversity was recognised and respected. People's preferences for the gender of staff providing their personal care was highlighted in their care records and respected. People were encouraged to maintain their independence and to participate in age appropriate activities. Their spiritual and religious beliefs had been discussed with them. People were supported to attend communion in the home if they wished. Festivals and holidays were celebrated. People's right to family life was encouraged. Couples who wished to continue to live together could do so and their right to privacy was respected. Private dining facilities could be provided if needed. Visitors said they were able to visit whenever they wished. People's personal information was kept securely and confidentially.

People were involved in the planning and review of their care and support. Their care needs were discussed with them and relatives confirmed they were also involved or kept informed. People and their relatives took part in monthly reviews of their care. Review records noted their feedback which included, "Happy, clean, well fed and safe" and "Happy with care plan, settling in well". A relative told us, "She has settled in well. It's been better than I hoped. The nicest thing she said was, 'It's good to be home' when we returned from a hospital appointment." Relatives said communication was good with staff and the management team. Social and health care professionals said they were kept informed and one professional commented, "They deal sensitively with the family and appropriately with adult social care." Information was provided about local advocacy services.

People's dignity and privacy was respected. Staff were observed knocking on doors and announcing their presence. They ensured doors were closed when with people in their rooms. Dignity, respect and a person centred approach were promoted through training, during supervisions and at staff meetings. Staff reflected how they had supported a person at the end of their life. They said, "It warms your heart" about how the staff team had come together to be there for the person and to support each other.

Good

Is the service responsive?

Our findings

People received individualised care which reflected their personal wishes, needs and routines important to them. Each person had been assessed to make sure their needs could be met by the home. From this assessment a range of care plans had been developed describing how they preferred to be supported. These included sections on activities of daily living for example, communication, eating and drinking, personal hygiene, oral hygiene and mobility. People's past history had been discussed with them and this along with an activity profile guided staff about their lifestyle preferences. People's care was reviewed with them every six months or sooner if their needs changed.

People's changing care needs were monitored and responded to in a timely fashion. People at risk of developing pressure ulcers were closely monitored to ensure their skin was in good condition. Staff also ensured they had a satisfactory diet, they were repositioned regularly and equipment such as air mattresses had been provided. Monitoring records were in place for fluid intake and repositioning. The provider had identified prior to our inspection these monitoring records had not always been completed consistently. These were monitored as part of the provider's quality assurance processes and action would be taken to address this. People at increased risk of falling or choking were monitored closely and their care records updated to reflect their current needs. For example, a person who was at increased risk of rolling out of bed had been provided with a bed which could be lowered and a mat on the floor. Their care records were changed to reflect this.

People were offered a range of meaningful activities to engage in. People told us they enjoyed meeting up to do crosswords together. Activities co-ordinators were observed spending time individually with people in their rooms as well as organising group activities for people in all areas of the home. They offered a diverse range of activities to reflect people's lifestyle choices, preferences, interests and hobbies. For instance, offering live entertainment in the form of a classical pianist and Ukulele band as well as pottery sessions and armchair fitness to music. People were observed enjoying a 'knit and natter' group and a ball game. A review of activity provision in Memory Lane had identified additional resources which could be provided for people living with dementia, such as a memory box. This contained items and photographs which could be used as reminiscence prompts with the person. A person commented, "Activities are nice" and a relative told us, "They join in with the activities."

People engaged with visitors from the local community including children from local schools, the brownies and volunteers providing a mind-song session (music and reminiscence). People chose charities to donate to as part of their fund raising efforts by holding coffee mornings, a summer fete and classic car show.

People knew how to raise concerns and were confident they would be listened to. People told us, "I would talk with [name of manager]" and "We have residents' meetings when we can talk about complaints." Relatives' meetings were also held and visitors said some relatives used this as a forum to raise concerns. Other relatives commented, "I could approach anyone", "I have never had a complaint" and "I talk with staff and they respond to my issues." A social care professional told us, "I have found that the carers and managers have problem solved and been able to manage situations with the family as they have arisen."

Formal complaints had been recorded on an electronic database and were monitored by the provider. Records kept in the home were not complete. The missing information was located during the inspection, such as a copy of the initial complaint. Complaints had been responded to and investigated in line with their complaints procedure. The manager said they would make sure all information was kept in the complaints folder in future.

Good

Is the service well-led?

Our findings

People's views and those of their relatives were sought as part of the quality assurance process to make improvements to the service. There were a variety of ways in which they could give feedback. This included an annual survey, residents' and relatives' meetings, reviews of their care and through the complaints process. The main themes had been concerns about staffing levels and changes in the management of the home. The provider had reviewed staffing levels and had used their own assessment tool to make sure there were sufficient staff to meet people's individual needs. A representative of the provider discussed how Barchester Healthcare had recognised the need to retain staff and had introduced incentives to recognise the loyalty of staff. These included a profit sharing scheme, an employee of the month and supporting staff with revalidations (nurses) and professional development. They said it was important to have "the right staff in the right place". The management team said staff had been through a period of change but despite this they were "very caring" and they had "really remarkable staff who knew residents well". Staff confirmed morale was improving and they were optimistic about the future.

At the time of the inspection there was no 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. A manager had been appointed and was in the process of applying to CQC to become registered. People, relatives and staff spoke positively about the new manager. They found her to be open, accessible and approachable. The manager talked through their plans to tackle issues such as staffing levels, maintaining support for staff and improving people's experience of the service they received. They had been supported through their induction by another manager and by representatives of the provider. A social care professional told us, "The current leadership helped greatly with this and information and communication has been forth coming along with good problem solving."

The manager responded positively to discussions with us about medicines administration, recruitment and selection processes and feedback about the levels of staff. When improvements needed to be made to records these were completed for example ensuring all recruitment and selection checks had been recorded. Changes to systems were also implemented such as verifying stocks of certain medicines against medicine administration charts each day instead of weekly.

A range of quality assurance audits were in place to assess the quality of the service provided. These included internal audits carried out by staff in the home monitoring for example, care records, medicines, health and safety systems and accidents and incidents. Information was collated electronically and the provider monitored this enabling them to respond quickly if they believed further action needed to be taken. For example, ensuring the appropriate notifications to CQC and the Health and Safety Executive had been completed after an accident or incident. The provider also carried out a quality first audit every two months, in addition to an annual regulatory team audit. Any issues identified were incorporated into action plans. Improvements identified included ensuring staff training was up to date, a refurbishment of the environment and arranging relatives' meetings. The regional clinical development nurse visited the home to

review performance and service provision for people in receipt of nursing care. They identified concerns, trends and themes in relation to falls, tissue viability and wound care which the provider monitored through their clinical governance database.

The management team kept their knowledge and skills up to date through a general manager's weekly bulletin issued by Barchester Healthcare. Regular updates were also provided by visits from regional directors and the regional clinical development nurse. They also attended meetings with a local care providers' association and had completed a self-evaluation assessment with the local commissioners. They received updates from CQC and the Nursing and Midwifery Council. A national website inviting feedback from people rated the home as 9.2 out of 10 in 2016.