# Abbeyfield Wey Valley Society Limited

# Hatch Mill

## Inspection report

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Date of inspection visit:
03 May 2019

Date of publication:
13 June 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

About the service: Hatch Mill is a nursing home that provides support to people across two floors in one adapted building. They provide care to older people with physical disabilities and long term medical conditions. They also provide support to people living with dementia. They are registered to support up to 48 people, there were 44 people living at the service at the time of the inspection.

People's experience of using this service: People told us they felt staff and had enough staff to support them. Staff were knowledgeable about risks and how to support people safely. People's medicines were managed and administered safely and people's healthcare needs were met by trained nurses. Staff had received training and supervision for their roles and staff spoke positively about the support they got from management.

People said they got on well with the management team and had confidence in them that any issues they raised would be addressed. There were systems to involve people in their care as well as in the running of the service. People were consulted on food and activities and we received positive feedback on these aspects of their care. There was a variety of activities at the service as well as outings, events and regular fundraising initiatives the provider was involved with.

People gave positive feedback of the caring nature of staff and this matched our observations. Staff were respectful of people's privacy and dignity as well as encouraging them to maintain and develop their independence. People's care was planned in a personalised way with plans in place for end of life care. People had consented to their care and where they were unable to do so, the correct legal process was followed.
Rating at last inspection: Requires Improvement (Published 6 April 2018)

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor the service and will return to inspect again in line with our policies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-led findings below. | Good |

# Hatch Mill

**Detailed findings**

## Background to this inspection

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

Inspection team:
The inspection was carried out by one inspector, one assistant inspector, a specialist advisor nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

Notice of inspection: This inspection was unannounced.

What we did

Before Inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We reviewed information sent to us in the provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During Inspection: We spoke with nine people and seven relatives. We spoke with the registered manager,

the deputy manager, the chief executive, the society chairman, two nurses, a care plan coordinator, four care staff and a housekeeper.

We reviewed care plans for eight people including medicines records and risk assessments. We reviewed records of incidents, complaints and surveys. We checked four staff files and reviewed records of staff training and supervision. We also looked at meeting minutes and a variety of checks and audits, as well as evidence of events the provider had participated in in the local community.

After Inspection: We received email evidence from the provider and a letter containing feedback from a relative.

Good

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- At our inspection in January 2018, we identified inconsistencies in how risks were responded to and monitored, so we rated the service as Requires Improvement in this domain. At this inspection, action had been taken to ensure the characteristics of a Good rating were met.
- People told us staff supported them safely. One person said, "I feel safe because they [staff] always tell me what they're going to do and I can rely on them to do it." A relative said, "I can go home and not worry about [person]. I know they're safe here, I trust the staff to look after them well."
- Risks to people were routinely assessed and plans were put in place to keep people safe. Risk management plans considered risks relating to areas such as people's mobility, nutrition, behaviour and skin integrity.
- One person was assessed as at risk of falls and there was detailed guidance for staff about how to support them to move safely. We observed staff supporting this person to move in line with this guidance, with a walking frame and verbal prompts.
- Where changes were identified, new plans were put in place. The provider kept a record of any accidents or incidents and these showed that risks were reviewed after incidents took place. For example, one person had frequent falls and staff had reviewed the risk each time, with new measures such as sensor mats in place. Due to the frequency of the falls a healthcare professional had recently visited and drawn up detailed guidance for staff about how to support the person safely.
- There was a learning approach to incidents and issues at the service. The provider monitored areas such as incidents and complaints to identify any patterns. Where we identified some record keeping issues at our last inspection in relation to diabetes care, the provider had introduced a robust diabetes risk tool that meant all people living with diabetes had a risk score and a monthly review of the risk and their care plan.

Staffing and recruitment

- People told us that there were sufficient numbers of staff to care for them safely. One person said, "There's always somebody around. If I need any help, I just press my bell and they come." A relative told us, "There's always plenty of staff around, they're always willing to listen and talk to us."
- We observed that people had regular contact and supervision from staff and requests for support were responded to promptly. A staff member told us, "It is busy, care homes are always busy, but we make the time."
- The provider calculated staffing numbers based on people's needs. They had a tool in place which used a scoring system and this was reviewed each month to ensure any changes in people's needs were reflected in staffing numbers. Rotas showed these staffing numbers had been sustained.
- The provider carried out appropriate recruitment checks on new staff. We saw evidence of checks such as references, health checks, proof of right to work in the UK and a check with the Disclosure and Barring

Service (DBS). The DBS carry out criminal record checks and hold a database of staff who would not be appropriate to work in a social care setting.

Using medicines safely

● People's medicines were managed and administered safely. Medicines were stored securely in line with best practice.

● People had care plans which detailed the medicines they were prescribed and the reasons for them. Medicine administration records (MARs) were up to date with no gaps. Staff kept accurate records regarding 'as required' medicines, with clear protocols in place to inform staff when to administer them. Where these had been administered, staff clearly documented the reason why.

● Regular checks were carried out on medicines storage and records. Records were accurate which showed regular checks were effective in addressing any gaps. The provider had also had an audit from the pharmacy and they had addressed areas for improvement it had raised.

Preventing and controlling infection

● People told us they lived in a clean home. We observed that the environment was clean with no malodours.

● Staff had been trained in infection control and demonstrated a good understanding of best practice. Staff washed their hands before and after providing care or administering medicines. We also staff had access to PPE such as gloves and aprons, to use during personal care to reduce the risk of contamination

● The provider employed housekeeping staff and they told us they had time to complete all the tasks required of them. Staff followed a schedule to ensure all areas of the home were cleaned regularly. There were regular checks of the cleanliness of the home to ensure standards were maintained.

Systems and processes to safeguard people from the risk of abuse

● Staff understood how to identify and respond to abuse. Staff had received training in this area and were knowledgeable about local safeguarding referral processes.

● Records showed the provider shared any issues or concerns with the local authority. For example, medicines errors and a concern from a relative had been shared with the local authority and CQC.

Good

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- At our inspection in January 2018, the provider had made changes to their catering arrangements that had led to negative feedback about the food so we rated the service Requires Improvement in Effective. Since our last visit there had been work carried out to adjust menu planning, which meant the service now met the characteristics of a Good rating.
- People said they liked the food that was prepared for them. One person said, "I have a lovely bacon and egg and nice hot coffee for breakfast. They're good at cooking it fresh for me every morning when I go down." Another person said, "The food much improved, there's more sauces and tasty ones too." Another person told us, "The meals are much better now. They do their own veg and make their own soup."
- People were offered a choice of food for each meal and had a variety of options they could request as alternatives if they wished. People's care plans recorded their food preferences and people had opportunities to give feedback on food or make suggestions at meetings or reviews.
- Where people had specific dietary needs, these were met. One person had difficulties swallowing and was recommended to follow a soft diet. This was in their care plan and staff prepared their food in line with this guidance. There were also plans in place for people living with diabetes and where a person used a specialist device to maintain their nutritional needs, care was planned around this.

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

- People's healthcare needs were met. The provider drew up plans to meet people's clinical needs and trained nursing staff carried out procedures. For example, one person had a wound which was being treated with equipment and dressing. There was a detailed care plan in place and we saw that this was being followed.
- Another person had a catheter and we saw this was being managed by staff at the service with checks from healthcare professionals when required. Staff maintained accurate records to monitor for any changes or potential signs of infection.
- Staff worked with external healthcare professionals to meet people's needs. Records showed regular input from GP's and community health services. Where people had spent time in hospital, records about their discharge and any changes were documented.
- Where one person had changes to their blood pressure, staff took regular readings and provided this to the GP to help them identify treatment. Another person had regular input from the mental health team and staff kept accurate records of the outcomes of their visits and any recommendations they made.

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

- There was an assessment process when people moved into the service. The provider gathered important

information from health and social care professionals and carried out thorough assessments of people's needs, choices and preferences.

● Care planning reflected best practice. For example, one person had assessed needs related to their dementia and staff had gathered information about their background as well as what was important to them. This information was used to draw up a detailed care plan for the person, that reflected best practice in dementia care.

● The provider used nationally recognised assessment tools to assess levels of risk in areas such as skin integrity and malnutrition. Records showed these tools were used competently and regularly reviewed, ensuring details about levels of risks people faced were accurate and up to date.

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

● The home environment was adapted to people's needs. There were wide corridors and sufficient lighting to ensure people could move around the service safely with walking aids.

● The provider had carried out redecoration and refurbishment works to improve the environment for people living with dementia. Best practice had been sought on colours that people living with dementia found easier to recognise if their vision had been affected.

● There were lifts to enable people to move safely between floors. There were also facilities such as assisted baths and shower rooms to enable people to receive care safely and offer choice. There were also garden areas as well as large lounge and dining spaces where people could take part in activities.

Staff support: induction, training, skills and experience

● People told us staff were competent. A letter we received from a relative said, "I must say all the care ladies know what they're doing. There is a very good training programme which I monitor closely."

● One staff member said, "We had an induction, if we weren't confident in things they would give us training or extend our induction." Staff said the induction process was flexible to them and if they weren't confident or required more support, the provider assisted them with this

● The provider found ways to recognise staff training and encourage learning. For example, where staff had finish training courses such as the care certificate, the provider arranged for a presentation of the certificate by the local mayor at their annual general meeting. Certificates were bound with ribbon and staff received a gift from the provider as part of this ceremony. The care certificate is an agreed set of training standards for working in social care.

● Staff had the option to complete further training courses if they wished, such as through the Qualifications and Credit Framework (QCF). Staff also all completed core courses in important areas such as safeguarding adults, health and safety and dementia care. The provider kept a record of training which showed staff were up to date.

● Nursing staff told us they had support to maintain their competencies. They received regular clinical supervision and had opportunities to attend courses to develop their knowledge.

● Staff had regular one to one supervisions and these were used to discuss their work as well as any training they required. Staff said they found these meetings useful and they had further opportunities to discuss their development at appraisals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People had consented to their care and where they were not able to, mental capacity assessments took place to establish their ability to consent or make specific decisions. One person was living with dementia and records showed they were assessed as unable to consent to parts of their care. Staff documented a best interest decision with input from the person's relative and an application had been made to the local authority DoLS team.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:□People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People said they were supported by kind and caring staff. One person said, "The staff are great, so kind and cheerful. They treat me well, it's no hardship being here." A relative said, "Staff look after my welfare too. They know when I can't cope and see me going for a walk in the garden. They will come out to walk with me, take me in and sit me down with a cup of tea."

● During the day we observed pleasant interactions between people and staff. For example, when staff provided tea to people in their rooms we observed staff having conversations and jokes with them. We observed staff supporting one person to read a newspaper, they talked about the news and staff took an interest in their views.

● People were asked about their background, culture, religion and sexuality as part of the assessment process.

Respecting and promoting people's privacy, dignity and independence

● People said staff supported them in a way that encouraged them to be independent. One person said, "They [staff] leave me to wash what I can myself and help me with my back."

● Care plans reflected people's strengths and tasks they could do themselves. For example, where people could carry out some aspects of personal care themselves these were clearly recorded. Where one person liked to regularly go out in the community and attend their own GP appointments, this was documented with plans implemented to enable them to do so safely.

● Staff were knowledgeable about how to provide care to people in a way that encouraged them to maintain skills. One staff member said, "I ask what I can help them with. I get clothes out so they can make choices and allow them to do what they can themselves."

● People were supported in a way that was respectful of their privacy and dignity. One person said, "I can see out my window into other rooms and I see staff close their curtains." Staff understood how to promote people's privacy and we observed personal care needs were attended to discreetly and behind closed doors. People were dressed smartly and looked clean and well kempt.

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

● People told us that they were regularly involved in their care and the running of the service. One person said, "I deliver the newspapers to residents on weekends and I used to help staff out with interviews."

● People were involved in day to day choices. Staff were observed offering people choices of drinks and activities. In the morning, staff were observed informing people about an activity to give them opportunities to participate.

● People and their relatives had been involved in care planning and reviews. People's involvement had been captured through written information about their preferences and routine which was used to inform care

planning.

● There were various systems for people to raise any issues, make suggestions or request changes to their care. There were regular meetings that were well attended and provided opportunities to discuss meals and activities. Reviews and surveys also provided opportunities for people to give feedback on their care.

Good

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People told us they were pleased with the activities on offer. One person said, "We went out on the river and had afternoon tea on the boat. I wouldn't do that if I was living on my own." Another person said, "I've been on all the outings, my relatives are always welcome. I love the musical events."
- There was a timetable of activities at the service which catered to a variety of interests. The most recent timetable contained examples such as Tai Chi, hoopla and quizzes. There were also seasonal activities such as a recent session making chocolate nests for Easter.
- There were outings and events at the service which people spoke highly of. There were spaces for activities such as a sensory garden and lounges where games and performances from entertainers took place. The service also had transport which was used to support people to go on regular outings.
- Care plans documented people's interests and hobbies and activities were planned around these. For example, one person was interested in gardening and we saw they regularly worked in the gardens at the service. Another person's care plan said they enjoyed musical activities, such as entertainers, that regularly took place. Where a person's care plan documented that they did not like group activities, information about their interest in sport was recorded so staff could spend time with them on a one to one basis discussing this or watching sporting events.
- Care was planned in a personalised way. People's care plans contained enough detail to inform staff about people's care needs, their backgrounds and what was important to them. Care plans were being regularly reviewed so changes in need could be responded to promptly.
- One person had a personal care plan which detailed the nature of support they required and what they could do themselves. The plan detailed the types of clothing and make up the person liked to wear and we observed they were dressed in this manner when we saw them.
- Another person was living with dementia and staff noted they were having difficulty finding their room. In response, they put a number on the person's door which matched their old address. This had helped the person to find their room and showed a good understanding of best practice dementia care.
- Plans were in place to ensure people received dignified care at the end of their lives. We spoke to relatives of a person who had recently passed away and they spoke highly of the quality of the care and the positive impact the staff had on them and their loved one.
- Where people were in receipt of palliative care, there were care plans in place which detailed their needs and preferences. Where people had not wished to discuss this, staff had recorded this within care plans and we noted sufficient information was gathered about people's backgrounds and beliefs to enable staff to provide appropriate care in these cases.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint and felt confident any concerns they had would be

addressed.

● Information about how to complaint was on display within the service and the provider had a complaints policy informing people about what to expect if they raised a complaint. Staff were knowledgeable about how to support people to complain. One staff member said, "If a resident has told me something, I ask them if they would like me to take it further. I'll also check its been followed up."

● A record was kept of complaints received and these showed that any issues were documented and responded to. There had been one complaint since our last inspection and the provider had investigated and shared concerns arising form it with the local authority and CQC.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others

- People and relatives spoke positively about the registered manager. One person said, "I would recommend this home as staff are genuinely caring, they go the extra mile to include relatives in meetings, events and my care." Another person told us, "[Registered manager]'s door is always open, she's very approachable. She's got a book in the dining room we can write any issues to be discussed at the monthly residents meeting."
- People and relatives were regularly consulted for feedback or to provide suggestions. There were regular meetings and surveys to gather people's views. A relative described how they used a meeting to provide feedback on the dining experience that had prompted changes to staff practice.
- Staff told us they felt valued and were given opportunities for career development. One staff member told us, "The amount of support you get is brilliant, you can sit and talk to them [management] as a person or a friend."
- Staff were encouraged to attend training and this was rewarded by the provider with gifts. There were schemes to recognise good practice and we saw staff who had developed into more senior roles since our last inspection. One staff member had taken on a new role of care plan co-ordinator and provided us with written feedback, praising the registered manager's support. They said, "Having worked with [registered manager] for nearly fourteen years she has nurtured and supported me both professionally and personally over that time and it is thanks to her great leadership that I am the care professional that I am today."
- The provider regularly involved people, relatives and staff in events and fundraising. Staff regularly attended events such as a local carnival, fair and a local duck race. We saw videos of staff and residents dressing up and performing dances at a local fair to raise money for charity and engage with the local community.
- There was a positive atmosphere amongst staff. Staff interacted positively with the registered manager and deputy and we observed them supporting staff with care tasks. Staff and management shared challenges, such as a social media challenge where if the registered manager got a certain number of 'likes' on Facebook then they would complete a forfeit for charity. This had created a warm and lively atmosphere amongst staff.
- The provider encouraged communication between staff. There were regular meetings which took place each month where staff could make suggestions to improve the service. Staff said they were encouraged to give suggestions and minutes showed staff raised issues, such as at a recent meeting where they shared good practice in infection control and technology.

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

● There was a robust system of checks and audits carried out and these had prompted improvements when required. Areas such as medicines, cleanliness and the environment were regularly checked as well as a monthly provider audit carried out by trustees. Audits had picked up areas, such as some maintenance to a patio, which were added to an action plan and signed off when the work was completed.

● The provider had responded to previous issues raised by CQC. Where our last inspection found shortfalls in records relating to risk, the provider had introduced a new care plan co-ordinator role. The care plan co-ordinator kept care plans up to date and completed regular audits. They also provided support to staff and was able to provide in-house training and guidance on the electronic record keeping system.

● Records were accurate and up to date. The provider used an electronic care planning system showed reviews and daily note entries were up to date. This enabled staff to audit records promptly and staff had access to tablet devices which they used to update records. Staff said they found this system easy to use and we observed them completing entries throughout the day.