Kay Care Services Ltd

Hepscott Care Centre

Inspection report

Choppington Road
Morpeth
Northumberland
NE61 6NX

Tel: 01670519773

Date of inspection visit:
07 March 2018
16 March 2018

Date of publication:
30 May 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 and 16 March 2018. The visit on the 7 March was unannounced. This meant that the provider did not know we would be visiting.

Hepscott Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. It accommodates up to 40 older people, some of whom are living with dementia. At the time of our visit 31 people were being cared for at the home.

The service was last inspected in October 2016 when we found five breaches of the Health and Social Care Act 2008. These related to safe care and treatment, person-centred care, need for consent, safeguarding people from abuse and improper treatment and good governance. We requested actions plans from the provider outlining the action they would take to make the necessary improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

A registered manager was 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.

At the last inspection we found not all aspects of the service were safe. People were not fully protected from abuse and risks to them and towards other people had not been fully assessed or mitigated. Storage for controlled drugs (CD's) was not suitable.

At this inspection we found general and individual risk assessments had been carried out and staff had received training in the safeguarding of vulnerable adults and were aware of the procedures to follow in the event of any concerns. New CD storage cupboards had been installed which were suitably secure.

We checked the management of medicines and found a small number of gaps in records for non-medicated creams and lotions. Instructions about when to use some medicines as required lacked detail. We spoke with the registered manager about this who told us they would address this issue.

Medicine training and checks on the competency of staff to administer medicines had been carried out. An air conditioning unit had been ordered due to the treatment room becoming warmer than the recommended maximum temperature for the storage of medicines. The room temperatures were monitored closely in the meantime.

The home was generally clean and well maintained. We noted malodour on one floor on the first day of the inspection which had been addressed by our second visit. New flooring had been laid in one room and

additional cleaning carried out.

Regular checks on the safety of the premises and equipment were carried out. This included checks of fire safety equipment, window restrictors, water temperatures and equipment used for the moving and handling of people.

There were suitable numbers of staff on duty who cared for people in a relaxed unhurried manner. Safe staff recruitment procedures were followed which helped to protect people from abuse.

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.

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. At the last inspection we found decisions had been made in people's best interests where they lacked capacity, but records did not demonstrate how people's capacity and been assessed. At this inspection we found capacity assessments were recorded including information about every day decisions people were still able to make, and the amount of support they would need to make more complex decisions.

People were supported with eating and drinking and peoples likes, dislikes, needs and preferences were recorded. We received positive feedback about the quality of meals. The nutritional status of people was monitored to ensure any specific concerns about their health or diet could be addressed. Professional dietary advice was sought when required.

The health needs of people were supported. People told us they had access to a GP when necessary and care plans to address specific health needs were in place. Prior to the inspection concerns were raised that the service was not always keeping an up to date record of the resuscitation status of all people living in the home. At the inspection we found up to date records of whether people had a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) order in place and these were audited regularly.

Staff received regular training, supervision and appraisals and felt well supported. Specialist training in supporting people exhibiting behavioural disturbance and distress was planned to ensure new staff felt confident in supporting people.

We observed kind and caring interactions between staff and people living in the home. People told us staff were courteous and respectful.

We received mixed feedback about the activities available to people. We observed a number of positive activities taking place and saw records of previous events that people had enjoyed. Some people told us they were bored. We passed this feedback to the registered manager and made a recommendation about this.

People and visiting professionals told us staff were responsive and sought timely support. Where specific instructions were issued, these were carried out by staff.

Care plans were in place and the provider had recently moved to electronic care plans (held on computer).

Some care plans we read were very person centred and detailed, particularly those designed to support people when they became anxious. Other care plans contained generic phrases found on the computer system which meant they could be less personalised. The registered manager and deputy manager had picked up this issue and were in the process of reviewing all care plans at the time of the inspection to remove generic statements where required. We have made a recommendation to keep care plan content under review until use of the electronic record system is fully embedded.

Complaints were recorded and responded in line with the provider's policy.

At the last inspection we found the provider's governance systems had failed to pick up all the issues we identified. At this inspection we found improvements had been made and additional audits and checks were being carried out. Where we found minor gaps or areas for improvement, these had been identified by the registered manager and deputy. A new staff rewards scheme had also been introduced.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received training in the safeguarding of vulnerable adults and were aware of the procedures to follow in the event of concerns being identified.

Individual risks to people were assessed and plans put in place to mitigate these.

There were suitable numbers of staff on duty and recruitment procedures included checks on the suitability of staff to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The provider was operating within the principles of the Mental Capacity Act (MCA) and improvements had been made to best interests documentation. Improvements to further enhance these records was on-going with support from the local authority quality improvement team.

Staff received regular training, supervision and appraisal to ensure they had the necessary skills to carry out their role.

People were supported with eating and drinking and their nutritional needs were assessed and monitored.

Is the service caring?

Good

The service was caring.

We observed numerous kind and caring interaction between people and staff.

We found that staff went to great lengths to reassure people and help them to maintain a positive mood state. They were thoughtful and proactive in providing this support and demonstrated they knew people well.

The privacy and dignity of people was maintained. Staff were committed to meeting the gender preferences of people wherever possible.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

Care plans had improved overall which meant the provider was no longer in breach of regulations. Work was on-going however to ensure records fully reflected the person centred needs of people following the transfer of care plans to a new electronic system which was not yet fully embedded.

We received mixed views about the number and variety of activities available to people. We have recommended therefore that satisfaction with activities is closely monitored.

We received positive feedback from people, relatives and visiting professionals about the responsiveness of the service.

Is the service well-led?

Good

The service was well led.

There had been an improvement in the quality assurance and governance systems. Where we identified shortfalls, these had already been identified and action was in progress.

Audits were carried out including new audits of areas where we had previously identified concerns such as notifiable incidents and the resuscitation status of people.

We received positive feedback about the management of the service. Morale appeared good and a new staff rewards scheme had been introduced.

Hepscott 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 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 7 and 16 March 2018. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of the inspection was announced.

The inspection was carried out by three adult social care inspectors.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications contain information about certain events which the provider is legally obliged to report to us.

We contacted the local authority contracts and safeguarding teams prior to the inspection for feedback about the service. We also spoke with a fire safety officer who had visited the service. We used this when planning our inspection.

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

During the inspection we spoke with eight people that used the service, and nine relatives. We spoke with 12 staff, including the registered manager, deputy manager, maintenance staff, domestic, cook, senior care and care staff and activities coordinator. We also spoke with an infection control nurse specialist, district nurse, fire safety officer, local authority quality improvement officer and a care manager.

We looked at three staff recruitment files and a variety of records related to the management and safety of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel very safe here. The girls are lovely." A relative told us, "[Name] is safe here. Much safer than when they were at home."

At our last inspection we found people were not always safeguarded from abuse. Concerns of a safeguarding nature were not all reported and action taken to protect people was unclear. At this inspection we found improvements had been made. Staff had received training in the safeguarding of vulnerable adults and were aware of the procedures to follow in the event of concerns.

One staff member told us, "I have never seen or heard anything inappropriate. I wouldn't tolerate it." Other comments from staff included, "I don't have any safeguarding concerns. I would do the whistleblowing no problem if I did" and "Staff are nice to people. Any concerns would be nipped in the bud." A safeguarding log was maintained and notifications had been made to the Commission in line with legal requirements. We spoke with a care manager who visited the service on a regular basis. They told us, "I am informed of safeguarding incidents and I have also received phone calls from staff for advice."

We checked the management of individual risks to people. At our last inspection we found that not all risks had been adequately assessed or plans put in place to mitigate these including risks associated with behavioural disturbance and choking for example. At this inspection we found these risks were assessed and care plans were in place. Additional risks to people including those related to falls, skin care and nutrition were in place. Where appropriate, support had been sought from external professionals or specialist equipment supplied such as falls sensor mats.

We checked the management of medicines. At our last inspection we found the temperature of the room used to store medicines was not always recorded and the storage used for controlled drugs (CDs) was not sufficiently secure. CDs are medicines that are liable to misuse and therefore subject to more stringent controls. At this inspection we found temperatures were recorded and it was noted that the room temperature could exceed the recommended level. Most medicines should be stored at 25 degrees Celsius or below. Medicines stored out of their temperature range maybe ineffective or have a shortened shelf life. The registered manager was aware of this issue and was monitoring this whilst waiting for an air conditioning unit which had been ordered to address this concern. A new storage cupboard had been provided and medicines were stored safely.

We found a discrepancy regarding the dose of one person's medicine. Staff were administering half of the prescribed dose of the medicine which was used to calm anxiety. We spoke with staff about this who had good reason for doing so, but had not had the dose reduced by the GP. They contacted the GP during our visit. We found on other occasions however, that staff were vigilant in contacting the GP about medicines issues. For example, when a person was tending to miss medicines due to being tired, staff alerted the GP so the time of the medicine was changed. Instructions for the administration of some medicines given as required such as painkillers or laxatives required more detail. We spoke with the registered manager about this who told us they would review and improve these as necessary.

Staff received training to administer medicines and their competency to administer medicines safely was assessed on a regular basis. Medicine administration records (MARs) were well completed. We found gaps in some records held in people's rooms to record the application of non-medical creams and lotions. We spoke with the registered manager and deputy manager about this who said they would address this.

There were suitable numbers of staff on duty. We observed staff supporting people in a calm unhurried manner. People told us they thought there were suitable numbers of staff on duty. One person said, "Oh yes there's enough staff." There were mixed views about the staffing from staff members. Some staff told us they felt there should be more staff on duty and others told us staffing levels were satisfactory. In addition to direct care staff, there were separate laundry, domestic, activities and kitchen staff on duty who were supported by the registered manager and deputy manager.

Staff recruitment practices were safe. We checked staff files and found Disclosure and Barring Service (DBS) checks had been carried out. The DBS checks on the applicant's suitability to work with vulnerable adults helping employers to make safer recruitment decisions. A detailed risk assessment form had been developed by the deputy manager for use in case of issues coming to light following these checks. This meant the provider was using a robust risk assessment tool to make decisions about whether to employ staff based on the results of their DBS check. They also considered additional support or supervision they may need once appointed. This was an example of good practice.

Regular checks of the premises and equipment were carried out. These included checks of water temperatures, window restrictors and equipment used for the moving and handling of people. Regular fire alarm, emergency lighting tests were carried out in addition to regular fire drills. Emergency contingency and evacuation plans were in place. We spoke with a fire safety officer who told us they were happy with fire safety procedures and said the environment had been upgraded by the provider following a visit from them. They said the action taken exceeded their requirements.

We observed staff followed infection control procedures. Personal protective equipment such as gloves and aprons were readily available. We spoke with domestic staff who told us they had received training. They were aware of how to prevent cross contamination and knowledgeable of the rules regarding the storage of harmful cleaning materials or COSHH (control of substances hazardous to health) guidelines.

We found some malodour on the first floor which was addressed by the second day of the inspection. We spoke with an infection control nurse specialist who told us she had recently delivered infection control training to 11 staff in the home and had found the class responsive to their teaching.

Good

Is the service effective?

Our findings

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).

At the last inspection we found assessments had been carried out using outdated criteria and applications had not been made for all people at risk of being illegally deprived of their liberty. At this inspection we found a clear record of DoLS in place including those applied for awaiting a decision. We had not been notified of two people for whom applications had not been granted because the registered manager had not realised they were supposed to do so. They had notified us of DoLS applications that were granted. We confirmed their understanding for future reference.

Decisions made in people's best interests were generic in style at the last inspection and were not decision specific. During this inspection these records had improved and contained reference to specific decisions and the risks associated with a DoLS not being in place such as accessing the community alone or the use of falls sensor mats. There were some minor anomalies in MCA documentation which betrayed a lack of full understanding by some staff. We spoke with a member of staff from the local authority contracts team who said they had visited the home and found things had generally improved. They were supporting with advice and training around MCA and DoLS but had no major concerns in this area.

Prior to the inspection we were made aware of concerns that the resuscitation status of some people was not known when they were admitted to the home to receive respite care. During the inspection we found clear records of the people who had a Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] order in place. Pre assessment documentation had been updated to ensure this information was recorded prior to people moving into the home. We noted that one person's GP had been contacted due to a condition being recorded on their DNACPR order which the home provider had not been notified of.

The health needs of people were met. Multi-disciplinary team records were held for each person which recorded any appointments or consultations with professionals such as GPs, nurses, podiatrists and community psychiatric nurses.

Relatives told us they thought staff were trained and competent to carry out their roles. A relative told us, "We have never experienced any problems and staff seem to have all the right skills and can manage everything." Another said, "The staff have the right skills, other family members have visited and they were impressed too."

Staff we spoke with stated they felt the training was good. Comments included, "The training is good. I'm running out of my first aid and so that's coming up. I've done a 12 week course on dementia and I've done my BTEC level three in medicines," "[Registered manager] is spot on with training. Everything we need to do she organises. We do loads of training," "The training is excellent. I've just finished a three month diabetes course. I learnt loads about diabetes. I've done dementia care." Training to support people with behavioural disturbance was booked.

Staff records showed they had regular supervision and an annual appraisal. Staff supervision is an opportunity for staff to meet with their supervisor and discuss any developmental or support needs. Staff told us they felt well supported.

People were supported with eating and drinking. We joined people at lunch time and there were numerous spontaneous comments about the food including, "I love coming here," "That was very nice, I enjoyed it" and "The food is amazing."

People were offered a choice of chicken or ham roast dinner or cauliflower cheese. Alternative choices were available if people did not like the choices on offer. One person had a toasted cheese sandwich instead of a meal. Tables were fully set including a vase with artificial flowers, napkins and condiments. We spoke with the cook who had received training in how to prepare special diets. No one was receiving a pureed diet at the time of the inspection but some people had their meals fortified due to being at risk of losing weight. The cook told us they used powdered milk and double cream to increase the calorific value of meals.

We checked the weights records for all people living in the home and found most people's weights were stable and their nutritional status was monitored using a recognised screening tool.

The environment was well maintained although tired in places. A number of areas had been updated and refurbishment was ongoing. There were some dementia friendly design features in place such as contrasting toilet seats and signs to aid way finding. The registered manager told us there were plans to replace patterned carpets with plain ones. Patterned carpets can cause difficulties to some people with dementia as they may perceive patterns as objects or steps. We recommend that this work continues to ensure the environmental needs of people living with dementia are fully met.

We observed that some bedrooms had energy saving bulbs which were not sufficiently bright and took time to reach maximum brightness. The Stirling Dementia Services Development Service reports that people around 75 years old need twice as much light as the average person and nearly four times as much as a 20 year old, in order to see satisfactorily. We spoke with the registered manager about this who said they would check lighting levels. People told us they were happy with the environment in the home. One person told us, "The maintenance staff member is very conscientious."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. Comments included, "I'm happy. They are very good to me – everyone is so good to me, I don't know why." "The staff are nice," "We have the best head lady [registered manager] in the world. If you go to the office and you are feeling a bit down, then she will give you a hug." A relative told us, "I am very happy with the level of care. It couldn't be better."

One person told us they had good relationships with staff and helped them at night because they slept badly and got bored. They told us, "The night staff bought me a Chinese takeaway, new pyjamas and [comedy] DVD to thank me for helping them."

We found other examples of where staff had taken time to support people who could become anxious and distressed. One person became anxious about whether they were "booked in" to the accommodation and their anxiety about this could spiral. A staff member told us, "I go away and type up a booking, saying they are booked into a room here including their room number, and that their meals are included. It is true, but it really helps the person to settle. They show the night staff their booking and feel reassured."

Staff spoke enthusiastically about ensuring that they held people's needs at the forefront of everything they did. Comments included, "I would go the extra mile for anyone. We have one lady who has a toy dog. If I see that she hasn't got it, I will go and get it for her and it puts a smile on her face. She goes out sometimes and I will say to her, 'I will look after him and take him out.' It settles her knowing that someone is looking after him. It also gives her confidence in you. If she hasn't got the dog she is withdrawn. She cuddles him and kisses him and it cheers her up." Another staff member told us, "People love having conversations about their lives, working on the farms and if you sit and talk and show interest, it shows you are interested in them and it makes their day. Every time I pass [name of person] she gives me a kiss and a cuddle."

Care plans included people's preferences with regards to personal hygiene and gender of staff. One care plan stated, "Prefers bathing or washing with a female care worker." On the first day of the inspection one person needed a shower before a hospital appointment and their preference was for a male member of staff. A male staff member had therefore come in on their day off to shower the person and assist them to get ready for their appointment. They told us they did not mind doing this.

Information about communication needs was included in care plans, "[Name of person] communication skills rely mainly on very short phrases and body language" and "When communicating with [name], make liberal use of facial expressions, tone of voice, touch and body language." A relative told us, "Staff communicate well with people at their level. There are lots of different people with different needs they adapt their approach with each person because they know them well."

People were treated with dignity and respect. We observed staff supporting people discreetly with meals or when offering personal care and knocking on doors before entering. Staff reassured people they would attend to them when they returned. A relative told us, "Staff are caring and kind and treat people with respect."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found care plans did not always reflect the support people needed including advice from professionals and assessments were not always carried out before amending care plans.

At this inspection, we found care plans had improved and a new system for maintaining care records on computer had been introduced. This meant that staff were notified and received reminders when certain records were due to be updated, helping them to ensure they were regularly reviewed and updated.

The electronic template in use meant that some generic standard statements related to particular health conditions were included in a small number of care plans. For example, a care plan related to caring for a person living with dementia stated, "If the person's reflection in a mirror causes distress, consider removing it from the room" and "Might need alternative support with communication." We spoke with the registered manager and deputy about this who had already recognised such statements did not provide clear information about people's needs and were able to show us work in progress to personalise such statements or remove them so as not to confuse staff. We recommend the content of new electronic care plans remains under review until the new system is embedded in practice.

There were other examples of very person centred and personalised care plans which detailed people's likes dislikes and what was important to them. For example one person's plan stated they liked to have their handbag with them at all times, and loved brushing their hair. A relative told us their relation loved drinking several cups of tea a day. We looked at their care plan and found it was recorded that "[Name] drinks lots of cups of tea." One person's night time assessment showed they frequently got up at night and would walk around looking for a toilet. Staff had made extra signs to support them to find their way and to help them to settle back to bed more quickly.

A weekly activity plan was in place. We received mixed feedback about activities available to people. One person and two staff said that more activities would be appreciated. One person said, "There's not a lot of activities." Staff stated, "There's not enough activities, we don't have time. [Name of activities coordinator] is also covering the kitchen" and "We don't have any means of getting people out. It would be nice to have a mini bus."

We read one person's care records which included an overview of activities which they had been involved in. We noted that on occasions staff had recorded, "Spending time in her room." We did not consider that this was a meaningful activity.

Other people said there were sufficient activities to occupy their attention. One person said, "We go into the activities room and do all sorts of bits and pieces." We saw the activities coordinator discussing crocheting with one person. She said, "Should we try crocheting?" Other activities recorded included visits by therapy dogs, singers and local church. A group called Mind Active was involved with the home. Mind Active supports local volunteers to improve the lives of older people living in residential care homes. We observed people and their relatives enjoying a lively game of bingo on the second day of the inspection. Bingo with people

and their visitors took place after each family meeting which they told us they enjoyed.

There were plans for people to start enjoying the garden as the weather was improving and people told us they had helped to build a greenhouse and grown plants for the garden from seed last year. We recommend that satisfaction with activities available is kept under review in light of the mixed feedback we received.

No one was receiving end of life care at the time of the inspection but district nurses supported the home at this time when necessary. End of life wishes were stored in electronic care records where people had been happy to provide these.

People told us staff were responsive to their needs. One person said, "I had a chest infection and they got help right away. I just need to mention the least thing and they'll sort it. They are very good that way." A relative told us, "It is normal practice that staff respond to people. If a buzzer goes off a staff member always goes along."

We spoke with a visiting professional who told us, "It is a good home. They are organised and always follow my instructions and call us in a timely manner [for advice]. They always make a staff member available to support me during my visit." A care manager told us, "There have been some good examples of using technology to meet people's needs such as using the iPad [electronic tablet] to search for clips of Frank Sinatra to try and distract a resident who was distressed."

A record of complaints was held including the nature of the concern and the action taken. Some information was missing from the complaints file but as it contained information of a safeguarding nature it had been filed in the safeguarding log which contained full details.

Good

Is the service well-led?

Our findings

People and relatives told us they were happy with the management of the service. Relatives told us they were happy with the management of the service. One relative said, "Everything in general is done well. They take care of people's needs and adjust things accordingly when they need to, on the whole we give the place 10 out of 10." Another said, "I have met the manager. I was very impressed when we were first looking for a place. She seems to have the residents at heart and does her best for them."

At the last inspection we found not all aspects of the service were well led. Quality assurance and governance systems had not identified the issues we found during our inspection. There were also gaps in records related to people's care and treatment and staffing.

At this inspection we found improvements had been made to the management of the service. The registered manager was supported by an experienced deputy. A number of new audits and quality assurance checks had been introduced including audits of notifiable incidents, accident and incident monitoring, and DNACPR status. An analysis of falls was carried out and there was evidence in people's records of actions taken following this but this was not fully detailed under the actions taken on the falls audit document. We spoke with the registered manager about this who said they would include more detail.

We spoke with the registered manager who told us there had been changes to the way the service was managed. They said the provider was receptive to requests for equipment or resources and there had been an increase in petty cash available to the home. A new staff rewards scheme had been introduced which included staff receiving personal notes, vouchers, wine and chocolates. A "wind down" day on Fridays had been introduced where all staff were expected to be out on the floor spending time with people rather than carrying out routine non-essential tasks. Staff we spoke with told us morale was good in the home and most staff felt well supported by the manager and deputy.

Regular staff meetings were carried out and attendance at these was good. Staff, visitor and visiting professional surveys were carried out annually. The survey results from September 2017 were positive overall with people expressing satisfaction with care and support, food and activities. The home was described as warm and welcoming.