Hunters Healthcare Limited

Hunters Down Care Centre

Inspection report

Hunters Down care Centre
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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. This meant that the provider and staff did not know when we were inspecting the service.

At our previous inspection in September 2013 the provider was not in breach of any of the standards we looked at.

Hunters Down Care Centre provides a service for up to 102 people who have care and nursing care needs including those living with dementia. There were 83 people living at the home when we visited. The home had

Summary of findings

a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Applications for DoLS had been appropriately sought and authorised.

Staff respected people's privacy and dignity. Staff, people and relatives we spoke with had concerns that there was insufficient staff to safely meet people's care needs. People had to sometimes wait for care including assistance with going to the toilet. People were not always supported with their wellbeing in a timely manner.

People's health care needs were assessed and care was planned. However, this was not always delivered in a consistent way. From the nine people's plans of care we looked at we found that the information and guidance provided to staff was detailed and clear. Health risk assessments had been completed which helped ensure that they were not exposed to any unnecessary risks whilst also being supported to take risks where this was safe to do so.

Records we looked at and people we spoke with demonstrated to us that the social and daily activities that were provided were based upon people's known likes and dislikes. The provider was aware that some people's life history information was limited to basic personal and family details and they were taking action to address this.

Staff responded appropriately if people were unhappy about something. People were supported to complain or raise any concerns if they needed to using the forms that were provided or by speaking with staff. We were provided with positive comments about the service from healthcare professionals.

The provider had a robust recruitment process in place. Staff were only employed at the home after all essential checks had been satisfactorily completed. Staff's knowledge about safeguarding and its reporting procedures demonstrated to us that if any abuse was identified that this would be reported to the appropriate authorities without delay.

The provider used a variety of ways to assess the quality of service that it provided including audits such as, 'quality of life' audits, involving people and families, and others on a regular basis. However, we found that where actions had been taken these had not always been effective.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the care and welfare of people who use services. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 was not safe.

People had to wait for their care and people's wellbeing was not always supported in a timely manner.

Staff were knowledgeable about who to, and how to, report any suspected or potential abuse. Staff had knowledge appropriate to their role about the Mental Capacity Act 2005 and its application.

People were cared for in a clean environment by staff who wore appropriate protective clothing. Staff were only employed after all the required, and essential, safety checks had been satisfactorily completed.

Requires Improvement

Is the service effective?
The service was effective.

Although care and non-care staff were able to meet most people's care needs, there was limited time for these staff to provide any meaningful social interaction.

People's needs, preferences and risks to their health care had been identified and these were mostly well managed.

Staff groups within the home attended various meetings as one way of identifying areas for improvement. The registered manager took steps to ensure that action had been taken to address staff's concerns and also when this had occurred.

Good

Is the service caring?
The service was not always caring.

Staff were caring in the way they provided people's care needs and respected people's independence levels. Most relatives were complimentary about the care their family member had received. However, people who required assistance at mealtimes did not always receive adequate support. People had to sometimes wait for their care to be provided.

Prompt action was taken where people required support from health care professionals with their health conditions.

People had provided agreement to their care and people were involved in their care.

Requires Improvement

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were provided with additional support, such as one to one support, whenever this was required. People including those at an increased risk of malnutrition and dehydration were supported to have sufficient quantities to eat and drink.

The provider conducted regular quality of life audits for people who used the service and this aided the identification of changes to people's care

Changes identified during reviews of people's care were implemented in response to people's changing care needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager and deputy manager were available to staff and people who used the service. Staff were motivated and felt well supported. Management were taking steps to improve involvement of relatives more with their family member's care.

The service had systems for monitoring the quality of care and learning from accidents and incidents. However, where actions had been taken to address concerns with the care provided these had not always been effective.

Hunters Down Care Centre

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed by an inspector and an expert by experience and a specialist advisor nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is someone who has professional experience for people with nursing care needs. This inspection was part of the Care Quality Commission's new approach to inspecting.

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. Before our inspection we looked at and reviewed the provider's information return and other information we hold about the provider.

We spoke with 12 people living at the home, seven relatives, the registered manager, five nursing and four care staff and four non care staff. We also spoke with health care professionals who supported the service and the local safeguarding authority. We asked for comments from the service's commissioners. We also observed care to help us understand the experience of people who could not talk with us. We were assisted by staff and the information in people's care plans which helped us with our observations.

We looked at nine people's care plans and other records related to people's care including, service user quality assurance survey questionnaires, staff recruitment process and records of various meeting minutes.

Requires Improvement

Is the service safe?

Our findings

All relatives we spoke with said the staff were kind, caring and compassionate but didn't have enough time to provide much social stimulation. One person told us, "I like it here. People are nice to me." "None of them ever complain about being busy." Another person said, "They treat me really well and we have a few laughs." Four out of the nine care staff we spoke with told us that one of the changes they would make would be for more staff on duty so that they could spend more time with people.

All nine people we spoke with told us that they felt safe living at the home. They told us that if ever they had concerns they would tell the management. Information about safeguarding people from harm was available in various places of the home. All staff we spoke with were knowledgeable about the procedures for identifying and reporting any abuse. All of the relatives we spoke with told us that they had no concerns whatsoever about the safety of their family member. This showed us that risk to people's safety were mitigated.

All of the staff we spoke with were very clear that their main responsibility was the care of the people using the service. One care worker said, "The care is very good and for that reason I would put my Mum here, but I would be worried that there isn't enough time for the staff to spend with people."

The registered manager provided us with the shift rosters and explained how people were supported with the required number of staff. Staff we spoke with told us that agency staff were used but that this was generally for night shifts and that the staff were usually the same. This helped ensure consistency in people's care. The registered manager and deputy manager covered gaps in shifts as an emergency measure if this was required. However, our observations and people we spoke with confirmed that people's care was not always provided in a timely way.

Examples of this were that two relatives told us that there was not enough time for staff to encourage their family member to participate in activities and that sometimes 'independence' was taken too far. One relative said, "[Family member] is often left just to get on with it because they are one of the more able ones and so they miss out".

This had also been identified during the providers 'quality of life' audits, especially for people who were predominantly cared for in bed. People were not always supported with their care needs at a time that they needed.

Another example was that some staff we spoke with told us that at night time due to people often requiring care at a similar time that people had to sometimes wait for care. Some staff we spoke with had concerns that there was insufficient staff to safely meet people's care needs. One member of staff said, "During the night time it is an accident waiting to happen. People with complex needs require care at roughly the same time, some people invariably have to wait." This was due to there being insufficient staff to meet people's needs safely. We found that although staff knew each person's care needs well, there were times where they were very busy which limited, and in some cases prevented, time for any social interaction.

Another person we spoke with told us that they had used their call bell for the commode and had to wait over 30 minutes. The same person told us that this was not unusual there was often a wait of 30 minutes. They also said, "Staff told me that they were busy and that I would have to wait and they would attend to me as soon as they could." People did not always receive the care they needed in a timely way.

This is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2010.

Health risk assessment records we looked at showed us how people's individual health risks were regularly reviewed and safely managed. This included people with a risk of, choking, falls, weight loss, behaviours which challenge others and pressure sore care. Each care plan also included guidance for people's medications. Records we viewed showed us how people's behaviours which challenge others and health had improved. This meant that the risk of people's health being adversely affected was reduced or eliminated.

Care plans we looked at showed us that where people's health condition had changed that appropriate measures had been put in place to reduce the potential for recurrence. Examples of this included regular weight checks of people to identify if anyone's health was at risk, sensory mats to identify when a person got out of bed and beds which could be lowered to ground level.

Requires Improvement

Is the service safe?

We observed two people with behaviour that challenged others. A care worker intervened and supported them sensitively until both people became settled and calm. A relative told us that their family member was safe and well cared for.

The Pepys, Kings, Montague and Cromwell units within the home could be secured for people's safety. People living with dementia on the first floor who were not able to ask to go outside independently relied entirely upon staff to assist them to go outside or to other areas of the home as this involved the use of lifts. This was confirmed by three relatives we spoke with. During our inspection we did not observe anyone from upstairs to be assisted to go outside other than with family members, despite the weather being suitable. This meant that people were not able to go outside if or when they wanted. However, people with a greater level of independence who lived on the ground floor were able to come and go as they wanted.

The registered manager and care staff had completed training in, and were following the Mental Capacity Act 2005 for people who lacked capacity to make decisions. The provider had made an application which had been approved under the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) for one person to ensure they were only deprived of their liberty where this was lawful

Staff told us and we found in records we viewed that recruitment at the home was robust. This demonstrated to us that staff were only employed at the home after their suitability to work at the home had been satisfactorily established. We also saw that the provider had procedures in place to deal with those staff who were no longer suitable to work at the home.

We looked at people's medicines administration records (MAR) due to information the provider had sent us in their PIR concerning the number of reported medicines errors. We saw that for each person a reliable system was in place to ensure medicines were stored safely, disposed of safely, recorded correctly with sufficient guidance to support staff administer medicines correctly and without error.

Prior to our inspection we were provided with information of concern regarding the home's infection, prevention and control procedures. We found that all areas were clean, dust free, well lit and that a cleaning schedule was in place to clean each area to an appropriate standard. All staff we spoke with were knowledgeable about good hygiene practice.

Good

Is the service effective?

Our findings

All of the people we were able to speak with felt that staff were well trained and knowledgeable about their care needs. One person said, “They know me so well now they don’t need to ask what I need.”

All of the staff we spoke with told us that they had been provided with the right training and support to effectively meet people’s needs. The majority of their training was on-line and records viewed showed us that training covered subjects including, infection control, fire safety and safeguarding people from harm. Staff were supported with a comprehensive induction, supervisions and an annual appraisal. This was confirmed to us by staff we spoke with. People could be confident that they were supported by staff whose competence had been reliably established.

We observed and found that staff appeared to have become accustomed to one person who was constantly making noises as though they were in pain. Staff said, “They do it all the time, it is because of their health condition and they have been prescribed low dosage pain relief in case.” We looked at this person’s care records and saw evidence that all health care professionals had been involved to effectively support this person with their needs. This showed us that this person’s care needs were effectively met.

People were provided with a choice of nutritious food and appropriate support to make informed decisions about their meal choices. This included provision of fresh fruit and snacks throughout the day. For example, menus with a variety of meals were planned in advance over a four week period and were displayed in each unit of the home including a picture format for those people who preferred this. Diets included those which were identified as part of the person’s malnutrition universal screening tool (MUST) and ensured that people who were at an increased risk were supported with their eating and drinking.

We conducted an observation of 12 people for 30 minutes in the Cromwell dining room. Sensitive and respectful support was provided consistently throughout the meal time. We observed that staff maintained social interaction and engaged in conversations about their lunch, football, birthdays and the weather. We noted that there was lots of respectful jovial chatting and laughing. Each person was reminded what they were eating, that it was hot and that they could have some more if they wanted. Three people who ate independently were seen to be engaged in general conversation and appeared happy when staff asked, “Are you Okay?” We saw that people either smiled or nodded in response. This showed us that the meal time was a pleasant experience.

We looked at the health records of nine people who used the service including two with complex care needs. We saw that each person was provided with regular health checks, including those people with diabetes care needs. Where people had been identified as requiring additional or alternative care support we saw that things such as pressure care equipment, bed rails or specialist beds had been introduced. The guidance in people’s care plans, especially for people with nursing care needs, was detailed and contained sufficient information for staff to provide people with the right care. One person told us, “The staff are very good. I felt ill the other day and before I knew it I was in hospital, I think it was for a chest infection.”

Requires Improvement

Is the service caring?

Our findings

All our observations during the day indicated that staff treated people as individuals, spoke with them respectfully and understood their needs well. One person said, "They are so caring I don't know what I would do without them." In the dementia units the staff were constantly on the move and we were told by two members of staff on different units that they found it difficult to get away for 'a break'.

We noted several staff joking with people in a sensitive and respectful way and one care worker singing with these people as they walked along the corridor. People that we observed were relaxed and interacting with the care staff. One person who we saw in the corridor without being fully dressed was supported in a dignified way.

All staff we spoke with were able to tell us how they assessed and provided people's care and support including people's likes and dislikes and preferences. We saw that reviews were completed regularly to ensure that people's needs were being effectively met. For example, one lady's behaviour was recognised by staff as the person needing the toilet and we observed this behaviour and the response of the staff. However, we observed that there was not much individual attention to people, their hobbies and activities on three out of four of the home's four units. Staff appeared task driven to attending to people's care needs with little spare time to the person. The provider had identified this during a recent audit and was taking action to address this concern.

One relative told us that when they visited their family member they were often dressed and lying in bed. Staff told us that this was because they stayed in bed due to their health condition but they were supported to get dressed in the morning and then changed them into their nightwear later in the day. We looked at three plans of care for those people who required bed care. We saw that for one person who was living with dementia had been asked if they wanted to get up and had replied that they did not want to get up. The records did not show that staff had made any further attempt to encourage this person to get up and placed the person at an increased risk of developing a pressure sore. The manager told us that staff should go back after a few minutes to ensure the person's wishes were respected.

Two people we spoke with (both with physical needs) did not know about care plans and as far as we could ascertain had not seen copies or been involved in decisions on their care. Likewise, when we asked seven relatives about their family member's care plans two out of the seven had not seen their [family member's] care plan. One said, "That's their job". However, they both said that they would go straight to the registered manager if they were worried about their relative's care.

We also observed lunchtime in the downstairs dining room (Montague). One group of six people had chosen to sit outside in the garden to eat lunch. Before the food was served, one lady complained of giddiness and a person went to get care staff assistance to help deal with the situation. Lunch was served but after 20 minutes we noted that staff had not returned to the person to ensure they remained well following the incident. This meant that staff did not always respond to ensure people's wellbeing.

Four members of staff served the meal to the people outside, nine people were seated in the dining room which meant that staff had more than one area where lunch was provided. One person asleep in the sitting area was also served with lunch and no member of staff went to help them for 15 minutes by which time the food was no longer hot and they couldn't be persuaded to eat more than a few mouthfuls. People were not always supported with their meals in a caring way.

People we spoke with confirmed they were able to receive or visit their friends and family regularly. One person told us, "I see my children every week as I have seven". We spoke with five relatives and one said, "There is never a problem with visiting they (staff) are very welcoming and there is always a cup of coffee available in the visitors lounge".

Good

Is the service responsive?

Our findings

Two people told us about the staff that they trusted and would go to if they wanted to complain. One of the people living with dementia said, "I would go to my carer if I was worried about anything." All of the relatives we spoke with told us that they were always kept informed of any changes to their family member's care.

One relative told us that in the early days of their family member living at the home it had taken a while to establish their dementia care needs. They said, "After the first few weeks things had improved a lot and we can now sleep knowing the service has responded to [family member's] needs."

We noted that on two occasions a person's call bell was going continuously for 10 minutes and when we asked the nurse on duty if this was a fire alarm they told us it was the call bell and immediately went to deal with it. One relative asked staff if they could help their family member to sit up in bed. Staff arrived quickly and dealt with the matter. One other person who looked uncomfortable in bed so we asked staff to help, again the staff were very quick to respond to meet the person's care needs.

One person wanted contact with their daughter and staff were very reassuring and told them that they would phone the daughter later in the day. Staff then went on to offer this person tea and cakes. This meant that people's wishes were not always taken into account or respected.

Some residents liked to attend the local Church of England/ Catholic church. There were two services weekly and the catholic priest and church of England vicar came weekly to the various units of Hunters Down Care Centre. People were supported with their equality and diversity.

Most people were supported with their chosen hobbies and interests such as 'movement to music' which about 15 of people attended. However, due to the size of the home the activities co-ordinator looked after the activities for the entire home. Although they had made improvements to people's activities the registered manager told us that they planned to employ an additional person to help during the week and at weekends.

As well as the organised activity of singing in one unit, we noted other activities including painting and drawing, going into the garden, attending the hairdresser, watching TV, playing draughts and cards, exercise to music and hoopla. Where people had requested other activities such as going to a local reservoir, we saw that this had been arranged. This meant that the service responded to people's requests for the activities they liked.

People were also supported by their family member to go out on trips such as, to the nearby river. Several people we spoke with told us that it would be nice if they could access all of the home's gardens rather than just the one which adjoined their accommodation. This was due to the gates between each area being locked. The home's design and layout meant that people who used a wheelchair were able to access all areas of the home safely.

During our observations we saw that people were not actively encouraged to sit together in groups and maintain 'relationships' other than at meal times or organised social activity sessions. In the lounges the chairs were organised in very large circles or just rows which were not conducive to 'chat' and interaction. This did not support or enable people to maintain relationships with their friends as effectively as it could do.

Since our inspection of September 2013 the service had not had received any formal complaints. One on-going complaint was being addressed to ensure that a thorough investigation was completed to the satisfaction of the complainant.

Discussions took place between people and their key worker to review each person's care needs. Changes identified during reviews of people's care were implemented in response to people's changing care needs. One relative told us that they had made an informal complaint about being provided with another person's clothes and that their concerns had been sorted out and that they had had no further reasons to complain.

All seven relatives we spoke with had not attended relatives' meetings where they could raise concerns or comments about the care that was provided. They told us that they had no concerns. The manager was in the process of increasing awareness of relative's meetings to get more relatives to attend. We were provided with minutes of previous relatives' meetings. We were also told that health care professionals, care manager, chef and house-keeper attended the meetings so that relative's concerns could be addressed. These minutes showed us that the provider took steps to address the issues it was aware of.

Requires Improvement

Is the service well-led?

Our findings

Several people and relatives said that although they knew who to speak to if they were worried, they didn't know who the registered manager was. We saw pictures of all staff displayed at various locations throughout the home including the registered manager.

All of the people we spoke with and relatives told us that they were regularly asked if they wanted any changes made to the care that was provided. One person said, "They do ask me lots of questions including if I am happy with the food, the activities and the staff that care for me."

The registered manager, unit managers and care workers we spoke with were all passionate about working at the home and enjoyed making a difference to the lives of people who used the service. Two relatives we spoke with confirmed that since the present registered manager had been in post they had not had to raise any concerns. The same relatives went on to say, "If there was even the slightest concern our (family member) would tell us straight away."

We asked relatives and staff what improvements they would like to see at the home. Relatives on two of the units told us that more staff would be on their wish list for change. Four members of staff told us that one of the key changes they would make would be more staff on duty so that they could spend more time with people. The provider was aware of this and was taking action to ensure staff interacted more with people.

One relative told us that the standard of food had deteriorated over the last four months. Meeting minutes we looked at showed us that the registered manager was aware of this concern and had promptly addressed this matter. This showed us that where concerns were identified action was taken promptly to prevent reoccurrence.

The registered manager told us they were well supported by senior management and also by the provider's audits which were conducted regularly. However, we found that although these audits had identified things such as staff not spending time talking and engaging with people other than for personal care, the actions taken to prevent recurrence had not been effective. We also found that the provider had identified during 'quality of life' audits that where people were predominantly cared for in bed that they were not always supported with their care needs at a time that they needed. Again, we found that actions taken by the provider to address this identified issue had not been effective

All of the staff we spoke with felt very well supported by the management team, that they liked working at the home and that it was like working in one big community. Staff told us that the management supported the staff well during a recent outbreak of scabies. The same staff went on to tell us that they were confident that action would be and had been taken when they had made suggestions or raised concerns. An example of this was where a poor lunchtime experience for one person had been identified this had been responded to with effective action to prevent a recurrence. This showed us that staff were supported whenever the need arose.

All of the staff we spoke with, including unit managers told us that if ever they had the need to whistleblow (Whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work on poor standards of care if this was required) that they would have no hesitation in doing this. All of the staff we spoke with told us that the registered manager's door was always open and that if ever they had any concerns the registered manager listened and acted promptly if this was required.

We looked at the records held in the provider's electronic recording and monitoring system for accidents and incidents. This was for things including actions from their audits, falls, pressure sore care, choking risks and specialist diets. We saw that action had been taken where this had been required to address the issues identified. This information was accessible at the provider's other services. This meant that good practice could be shared quickly and easily across all of the provider's services.

The provider used a variety of ways to involve service users, families, social workers, health care professionals and others on a regular basis to assess the quality of service that it provided. This showed us that people were involved in developing the service as much as possible.

Audits had been completed on things such as infection prevention and control, medicines administration, quality of care and quality of life. This ensured that where issues were identified, such as monitoring people living with dementia for signs of pain, actions and improvement plans

Requires Improvement

Is the service well-led?

were then put in place to ensure that any future potential for reoccurrence was reduced or prevented. However, we saw that some actions, especially those identified during meetings, did not have a date when they had to be completed by or if the action had been satisfactorily completed. The registered manager showed us that the shift handover book was used to record the actions but told us that they felt that having all the required information in one place would be better.

The provider had conducted a quality assurance survey in January 2014 where 42 out of 90 people or their representatives had responded. This demonstrated that the majority of people responding to the survey had found the home to be good or excellent. This response rate had enabled the provider to accurately gauge the quality of service it provided. Where actions had been identified these had been entered on the provider's compliance recording tool. Some of the items which had been identified such as some people not being able to go into the garden and some call bells not being answered were also identified during our inspection. The actions taken by the provider to address these concerns had been ineffective.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Regulation 9 (1)(b)(i)(ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.** **Care and welfare of people who use services.** The registered person did not take proper steps to ensure each service user received care that was appropriate and safe. People did not always receive care that ensured their safety and welfare.