

Anchor Carehomes Limited

Hatton Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Hatton Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Hatton Grange is registered to provide accommodation and personal care for 70 people. It is not registered to provide nursing care.

At the time of the inspection Hatton Grange was accommodating 67 people in one building across 3 floors divided into six units. The service could support up to 30 people in their three specialist dementia units and 40 people within the residential care units.

The service had a registered manager in place. 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.

Hatton Grange has been registered to deliver care under the provider, Anchor Carehomes limited since 24 April 2017 and this was the first inspection of this home under this provider. The service had been previously inspected in September 2016 under the provider registration of Anchor Carehomes (Hyde) limited. At that time the service was rated as requires improvement in the safe and well led domains and good in the effective, caring and responsive. The service was rated as requires improvement overall. We identified one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This related to the governance of the service as we had identified concerns relating to how the provider monitored risks relating to the health and safety of people using the service. We also made a recommendation about staffing levels.

At this inspection we looked to see if the required improvements had been made. We found that maintenance tasks were carried out quickly, but concerns about safe staffing levels remained. This was identified as a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a further breach in relation to the management and administration of medicines. You can see what action we told the provider to take at the back of the full version of the report.

At the time of the inspection we found there were not enough staff to meet people's needs in a timely manner. We saw times when people were left for periods of time in the communal areas and heard many occasions where staff asked a person to wait a few minutes before they could attend to their care needs.

We found that medicines and medical equipment were not always stored securely when not in use, the registered manager took immediate action to remedy this. The service was in the process of changing how they supported people with administering their medicines and was changing from prefilled blister packs to boxed medication and electric medication administration records (eMARs). This had not yet been fully embedded, and errors were identified, the service had identified this prior to this inspection and appropriate

action plans were in place.

The home was clean and tidy, however we found that there were rooms that should have been securely locked but were accessible to people. These were immediately resolved during inspection and action taken to reduce the risk of a repeat incident.

People were positive about the registered manager and the way the home was organised and managed. Staff told us they enjoyed working at the home and felt supported.

Recruitment procedures were in place which ensured staff were safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

Staff were aware of their responsibilities in safeguarding people from abuse and could demonstrate their understanding of the procedures to follow so that people were kept safe.

Individual and environmental risk assessments gave staff guidance on how to minimise and manage identified risks. Health and safety checks were carried out and equipment was maintained and serviced appropriately.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their visitors spoke positively about the care and kindness shown by staff. They told us "Staff are very kind, very caring and helpful" and, "Nothing short of brilliant." During the inspection we found that staff had a good understanding of people's likes and preferences. Staff offered assistance in a sensitive and unhurried manner.

Care records contained risk assessments and care plans that were person centred and detailed. There were a range of monitoring charts that were used depending on peoples' support needs.

There was a range of activities on offer at the home and in the wider community. People were positive about activities and told us, "There is so much to do."

People who used the service felt they were listened to and were involved in developing the service. There was a system for recording and dealing with any complaints and staff were clear about how to support people to do this.

Quality assurance systems were in place. Weekly, monthly and annual checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

A new medication system was being implemented, some errors were found that the provider was aware of and action plans were in place.

There were insufficient staff to safely meet the needs of the people who lived at Hatton Grange.

The home was clean and had equipment available to protect people from infection.

Is the service effective?

Good 

The service was effective.

There was a programme for induction and ongoing training for staff.

People had a choice of menu at meal times and nutritional and fluid needs were well supported. People were positive about the quality of food provided.

Is the service caring?

Good 

The service was caring.

People were supported by a kind and caring staff team who knew people and their care needs.

People's choice and independence was promoted. This included day to day activities and decisions about how and when personal care was delivered.

People's privacy and dignity was respected.

Is the service responsive?

Good 

The service was responsive.

Care plans and records were person-centred and contained up-to-date relevant information about peoples' care and support needs.

A range of activities were available for people to engage in and people were positive about activities on offer.

There was a relevant complaints procedure and complaints and were investigated and addressed.

There were a range of opportunities for people to engage in service improvement.

Is the service well-led?

The service was not always well-led.

The service had not acted on previous concerns in relation to staffing levels.

The service had a range of ways to obtain feedback including staff and resident surveys and regular meetings.

The service had good working relationships with external agencies and community resources.

Requires Improvement 

Hatton Grange

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 13 and 14 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors, an assistant inspector and expert by experience on the first day and one adult social care inspector and an assistant inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults, adults with dementia and adults with physical and sensory impairments.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the registered manager had told us about. Statutory notifications are information that the registered manager is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website.

We liaised with the local authorities, other local commissioners of service, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. None of the services we contacted were aware of any recent concerns about Hatton Grange.

The registered individual had 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.

During the inspection we examined a number of documents. These included five people's care records, 6 staff recruitment files and information relating to supervisions, training and competency checks and file audits. We looked the policies and procedures in place and documents and other audits and checks

completed by the service.

Approximately 60 members of staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff, including the registered manager, four day staff carers, two night staff carers, two senior carers, two kitchen staff and one healthcare professional. We spoke with 21 people using the service and seven relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed how staff cared for and supported people. We observed four meal time experiences and the SOFI was undertaken on two occasions.

The service provided us with an update on concerns we had raised during our time onsite following the inspection in relation to staffing levels and security of areas within the home. These are discussed further within the safe domain of this report.

Is the service safe?

Our findings

At the last inspection we rated the service as requires improvement in the safe domain. We made a recommendation that the service considers current guidance on the use of a dependency tool linked to staffing levels. Monitoring the needs of people using the service and taking action to adjust staffing levels accordingly when people's needs change.

At this inspection we found there continued to be concern's over the level of staffing and additional staffing agreed at the previous inspection were not in place.

The service had a dependency tool in place to assess staffing needs and staffing levels were in line with this. However, during the inspection staffing levels were identified as a concern from a number of sources including people and relatives, staff and visiting health professionals. People told us, "They could do with more staff, at times we wait a little longer"; "Sometimes you have to look around for staff". During our inspection we saw times when people were left for periods of time in the communal areas and heard many occasions where staff asked a person to wait a few minutes before they could attend to their care needs. When we observed lunch, we noticed that at times the dining area was left unattended. This meant that if people got into difficulties swallowing food, for example, or spilling hot food or drinks which could cause harm, staff were not on hand to provide immediate aid.

We saw that people all had a personal emergency evacuation plan (PEEPs) so that staff knew how to support people in an emergency. We noted that many people required the support of two staff due to mobility issues and that very few people could self-evacuate. This raised concerns regarding staff levels as we found that there would not be enough staff available to safely support people as detailed in peoples PEEPs.

Insufficient staffing levels is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

The concerns relating to staffing levels has been identified by the registered provider and further funding had been agreed for an additional three members of staff during the morning shift and an additional member of staff at night. However, at the time of inspection these posts were not filled. The fulfilment of these post would address the concerns we noted in relation to staffing levels. We will review this at our next inspection.

At our last inspection we found maintenance and repairs identified through audits, health and safety checks and risk assessments were not carried out in a timely manner. At this inspection we found when maintenance concerns were identified repairs were carried out quickly. We did not identify any maintenance concerns at this inspection.

During our initial tour of the building we found that the medicines storage room on one floor was not securely locked. The registered manager completed an investigation and feedback the actions following the

inspection.

We spoke with people and their families about whether their medicines were safely administered and they told us they always received their medicines. One relative told us, "It's only after we brought [person] here that their medication was finally sorted, they are more calm, staff must be doing something right." However one person told us, "It's mostly at night when there is only one senior to give medication to everyone in the whole home that we get our meds after 10pm".

We completed an audit of people's medicines on the second floor of the home. We found there were schedules in place to ensure the medicines storage room was clean and these were completed daily. We found that storage cupboards were not routinely locked and the equipment such as oxygen cylinders were not securely anchored. We spoke with the registered manager about these issues on the day of inspection.

The service was in the process of changing how people were being supported with their medicines. At the time of the inspection there had been a transition from using prefilled blister packs to boxed medicines. The future plan was to introduce electronic medication administration records (eMARs). We saw that training had been provided to staff prior to the introduction of the new medicines administration system.

We found that people's records contained clear information about them and their medical information including advanced decisions and do not attempt cardiopulmonary resuscitation (DNACPR) agreements. Not everybody had PRN protocols in place for medicines that they only received occasionally. This was addressed by the deputy manager on the day.

We saw that people were receiving their medication and that this information was being recorded on the medicine administration records (MARs). However, in two cases we found there were missing signatures which meant that we could not be certain if that person had received their medicine or if this had been refused or missed. This was investigated by the registered manager on the day.

We found for four people there were inaccuracies between the actual amount of medicine held by the service and the amount recorded on these people's records. The changes in system had caused some difficulty for staff who were not yet accustomed to completing medication counts. Staff had recently received training from the local pharmacy regarding safely administering boxed medicines and further training had been arranged regarding medicine counts to address this issue.

Many of the issues we identified on the day had already been identified through the provider's and service audits and appropriate plans had been implemented to address these issues. We will monitor this at our next inspection.

We asked people using the service about whether it was safe. They told us, "it is safe here", "I feel safe, there is always somebody looking after your needs" and "I feel I am in safe hands."

The service had safeguarding policies in place and staff received training and had a good understanding of how to safeguard people. We saw that the service made appropriate referrals to the local authority safeguarding board. There was a whistleblowing policy in place to encourage staff to raise concerns when they saw poor practice and this was displayed within each unit.

We found there was a safe system of staff recruitment in place and all necessary checks were completed including Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of

unsuitable staff being employed.

Policies and procedures were in place to guide staff on recruitment, equal opportunities, codes of conduct, sickness and disciplinary matters. These help staff to know and understand what was expected of them in their roles.

The cleanliness of the home was maintained and domestic staff were employed throughout the day. The service undertook regular infection control audits and was compliant in most areas. We could see from the records that actions had been taken to improve this and that regular health and safety audits were undertaken. Appropriate measures were in place to manage dirty and soiled laundry to prevent the risk of cross infection.

Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and staff used these when providing personal care and support to people.

The kitchen had appropriate cleaning schedule and was clean and tidy. The food standards agency had visited in October 2017 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law.

We saw that gas and electrics were tested and maintained on a regular basis and the water system was tested for legionella. Fire alarms and equipment was regularly tested and maintained and fire drills were undertaken. This meant that equipment used for people was maintained and safe for use. There were policies in place to underpin this.

There was a business continuity plan in place which contained information for staff about what to do in case of an emergency. Evacuation procedures were in place and people's personal emergency evacuation plans (PEEPs) were all up to date with relevant current information.

The service kept records of accidents and incidents and we could see that these were investigated and managed. The service records indicated several falls, many of which were unwitnessed. Some of these, although not all had occurred within the person's bedroom. The registered manager told us they analysed falls for patterns and would report all instances when a person was found on the floor. When people had several falls a referral was made to the occupational therapy team for a full assessment of mobility and consideration of mobility aids.

Is the service effective?

Our findings

At our last inspection we rated the effective section as good. At this inspection we found that it remains good.

People using the service were happy with the care and support they were being provided with. They told us, "Staff know me well" and "I have not come across any staff...who did not know what they are doing." Relatives told us, "I keep a watchful eye on [persons] care and treatment, at the moment I am happy [person] is here."

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 so that they can 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). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

Care records showed that consideration was given to people's mental capacity and whether they could consent to their care and support. Applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept. We saw people and other relevant individuals had been involved in best interest meetings to make decisions about care and support. This meant that where restrictions were in place for a person these were the least restrictive, necessary and lawfully authorised.

We observed that people were always asked for their consent before care and support was given and staff respected and understood those who could not communicate verbally. People confirmed that consent was requested. They told us, "Staff always ask for your opinion", "I tell staff what I want to do", and "Staff ask you 'are you ready to do something' I like that about this place, it is not regimented".

People's care records showed that full holistic assessments of care needs prior to admissions were completed. We could see that this information was used to develop the care plans and risk assessments and that they were reviewed regularly.

Staff received an induction programme when they first began work at Hatton Grange. This included essential training, shadowing of experienced care staff and reflection on learning. People and staff confirmed this. One person told us, "The new ones [staff] always work with someone who is more experienced for four to six weeks, until they are confident."

Staff told us that those new to care were supported to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

The service provided staff with a wide variety of training which included online and face to face training. We saw that training included safeguarding, infection control, moving and handling, health and safety, dementia training, personal planning and iPad for activities. The registered manager monitored this using the provider training tracker and the service was 97% compliant with staff training at the time of the inspection. Staff confirmed that they had received sufficient training. This meant that staff had the relevant knowledge to support people safely with their care needs.

People told us, "Staff seem well trained, they do a good job", "Staff are well trained to do their job", "Staff are just the right people to look after me, I have every confidence in them," and staff are, "Very caring and well trained."

Staff told us they had supervisions with their line manager and that these were useful, they said "they point you in the right direction." Supervision allows an opportunity for monitoring the performance of individual staff members or for allowing collective understanding of issues or concerns and gives individual staff members a time to raise any issues with their line manager.

Staff personnel files showed the supervisions and appraisals were completed at regular intervals. The registered manager had a supervision tracker that help them to be assured that all staff were receiving appropriate support and supervision to enable them to safely perform their role.

Staff attended a handover meeting when beginning shift. This included information about peoples care needs and any changes, appointments and activities planned for that day. Reminders to staff about certain aspects of the running of the home, such as the falls policy, were also provided during handovers.

Relatives told us, "The home is proactive in making sure people are attended by other services", "When [person] had a chest infection and was seen by the GP, staff were quick to tell us."

We saw that the home worked closely with external services such as general practitioners (GPs), district nurses and occupational therapists. People told us staff would support them to access other health care services as needs. They told us, "When I'm unwell, staff get the GP for me", "If I'm ill, staff will do their best to make me comfortable or they will get a GP when I need one".

We observed how people were supported during meals times. People were supported to make choices about what to eat and this included showing people the plated options. There was a choice of meals and several different options of drink including cold and hot drinks. The food was well presented and people enjoyed their meals. They told us, "The food is nice", "Spot on", "Smashing" "There is plenty of good food," and, "They cook it beautifully". Relatives told us that the "Food situation got better over time," and, "They have done really good with food." We observed that generally meal times were relaxed and unrushed and for people who needed support or prompting this was provided. We saw that independence was promoted and adapted equipment was used. This included specially designed plates and cups to enable the person to do as much for themselves as possible.

We spoke with the kitchen staff and found that they had a good understanding of people's dietary requirements. They told us that when people were on a soft diet and required their food to be blended they would, "Try to have it look as good as possible." The kitchen provided fortified meals for those who required

this and provided alternative sugar free options for people who were diabetic.

There were systems in place to ensure people's nutritional needs were met. Care records showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were up-to-date and reviewed regularly. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, as well as people's food and drink intake to ensure their dietary needs and requirements were being met.

During the tour of the premises we saw that there were several communal living areas and that these were well maintained and homely. The service had an ongoing plan to further develop communal areas. The home had a bistro area where afternoon tea and cocktails were served at various times during the week, a rock and roll room and rummage room which contained items from different eras for people to access and use to promote communication and reminisce. A games room with card table, darts and other games, and a cinema room were also being developed.

Within the specialist dementia units we saw that some adaptations to the premises had been made to make it more dementia friendly, this included having dementia dolls and twiddle muffs which we observed people use. We discussed with the registered manager further changes that could be made in line with best practice guidance for supporting people with dementia.

Is the service caring?

Our findings

At our last inspection we rated the caring section as good. At this inspection we found that caring continues to be good.

People told us the service was caring. They said, "All staff are very kind, very caring and helpful", "[Staff are] doing great", "Staff treatment with us is second to none" and "I am well looked after". Relatives told us, "Its brilliant...it couldn't be better", "Carers are excellent, I can't fault them, I can't recommend them highly enough", "They are all lovely people, very caring and well trained".

The service had a wide range of thank you cards from people and relatives thanking staff for the care that had been given to their loved ones.

The home was homely and welcoming. The dining room was laid with flowers, condiments and full cutlery and tableware and sofas had cushions. This demonstrated the services values to ensure the people living at Hatton Grange received a comfortable and homely experience as far as is possible. We saw that people's bedrooms were personalised and people brought in items from home. Staff treated peoples' clothes and personal items with respect and separate clothes washing arrangements could be requested.

Staff were kind and caring and encouraged people to make decisions within their day to day lives. We saw several examples of how staff promoted people's choice with regards to what they watched, what they listened to, and when and where they ate. We saw that staff would speak to people at their level to aid effective communication. People told us that their independence was promoted and they did what they could for themselves. This included shopping for snacks for themselves from the local shop or from the kitchen.

When people required support to aid mobility we saw that staff were patient and encouraging and informed the person of what they were doing throughout the task. We saw that staff quickly responded to people when they became distressed and offered reassurance and support in a dignified and respectful way. People told us, "You can count on staff if you are feeling a little down, when they are available they will have a chat with you."

We observed that people were treated with dignity and that their privacy was respected. People told us, "They are respectful and always polite", "They are very considerate" and "Staff are nothing short of brilliant in the way they treat all of us." We observed relaxed and positive interaction between people and staff and it was clear that staff knew people well. People and staff engaged in activities such arts and crafts together.

We saw that people were supported to access advocacy services when they did not have family members who could advocate on their behalf. Information was available for people interested in accessing an advocate.

We saw care plans reflected people's individual needs and included life stories so that staff could

understand the people they were supporting more effectively.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs and personal preferences. For example, we saw that information about Lesbian, Gay, Bi-sexual and Transgender (LGBT) support groups were available in reception and clergy from several religious dominations came to the home on a regular basis to support people to practice their faith.

Is the service responsive?

Our findings

At our last inspection we rated the responsive section as good. At this inspection we found that it remains good.

People told us they felt that the service was responsive to their care needs. They told us, "Staff are always very helpful when you need them" and, "Staff are all doing their best".

We looked at people's care records and found that these contained detailed information about a person, their life history and care needs. Care plans reflected people's preference and included specific information about how care should be delivered. We saw that these were reviewed regularly and updated as required.

The people we spoke with could not always tell us if they had been involved in developing or reviewing their care plans, but one person told us, "I have been invited to attend a few reviews. Relatives were clearer about how they had been involved in reviews. They told us, "Whatever care needs [person] has, staff tell us and we say what we think" and "I know that [person] is well looked after here."

The registered manager told us the service was in a transition process regarding activities and the provider was introducing 'anchor active' which would include having staff activity champions. We observed that the service already offered a wide range of activities for people to participate in including monthly outings and entertainers visiting the home. The premises had a number of resource areas for activities such as the bistro room, games room and rock and roll room. We saw the service held afternoon tea and cocktail events in the bistro and arts and crafts, music and singalongs, puzzles and board games were available and in use throughout the premises. People were positive about the range of activities and told us, "There is so much to do", "There is always something going on", "Sometimes we play cards and do singing", "I like dancing and exercising my arms." Staff told us that the people living in the service had formed their own choir. People told us they could choose whether to participate in activities or not.

People were supported to engage with their interests individually and crosswords, newspapers and other resources were available. We saw that one person's interest in model trains had been supported and that person had built a working electric model train track outside. People could choose to engage in tasks around the house and we saw that some people had been involved in tidying the garden area, and others would help set the dining room. This helps to improve people's self-esteem and promote ongoing independence.

The service had good links with the community and one person told us, "A lady from the local library brings me books to read". The registered manager told us that the local library comes in every week to exchange books and provided books in a range of formats including talking books.

The registered manager told us they would access a local dementia friendly café and support people to knitting groups. The Alzheimer's society also visited the home to talk to people and raise awareness.

We saw that consideration was given to peoples' communication needs and the people living at Hatton Grange had communication care plans to ensure staff understood people's preferences. We spoke with registered manager about the accessible information standard and they told us they could adapt their resources depending on people's needs. The accessible information standard set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The service had a policy in place to underpin this.

The service had access to electronic tablets which people could use to contact people via the internet and other activities. The registered manager told us staff had begun using dementia friendly apps with people and further training was being delivered to staff in this area.

We observed that people were supported to maintain friendships and relationships. The service could accommodate couples. Family and friends were welcome to visit and encouraged to engage in activities being run.

The service had a complaints policy in place and information about how to complain was displayed in every unit. However, on the first day of the inspection we saw that this was out of date. The registered manager addressed this immediately and the correct information was available and displayed throughout the building by the time the inspection was completed. People told us they knew how to raise concerns and make complaints. Staff had a good understanding of how to support people to do this.

We looked at the records of complaints that the service had received. We could see that when complaints were made, these were investigated by the registered manager and action was taken to address them. This included having meetings with people and their family to discuss concerns and agree resolutions. The service also had opportunities for people to provide feedback through meetings and surveys.

The service provided support for people at the end of life and had care plans in place to support people at the end of life. Training had been arranged for staff to complete an evidence based training programme in end of life care which will lead to an improved experience for people and their families approaching the end of life.

Is the service well-led?

Our findings

At the last inspection the service was rated requires improvement in well led. We found that the provider failed to monitor risks relating to the health and safety of people using the service and made recommendations relating to staffing levels. At this inspection we found that improvements had been made to action and resolving maintenance issues, but staffing levels were still insufficient to meet the needs of the people who lived at Hatton Grange.

Agreement for additional staffing had been made following the last inspection but was not in place at this inspection. The registered manager told us that they were making efforts to recruit staff for these additional positions. However alternative arrangements to staff these positions in the interim were not in place. This meant that the service had not taken all possible action to ensure sufficient staffing levels were in place to meet people's needs. The dependency tool used by the provider to identify the staffing levels required did not match our observations during the inspection, or the feedback given by people living in the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager told us they completed a walk around every morning to identify if there were any maintenance and repair issues and hazards. These were reported immediately to the maintenance team and records showed they were completed in a timely manner.

Everyone we spoke with was positive about the way the home was organised and managed. One person who used the service told us, "The home couldn't be any better." Visitor told us, "They are very good in what they do" and, "We have no issues."

People were positive about the home and atmosphere and told us, "[The] atmosphere is great, it is because the staff are good, we can have a laugh and a joke," "It's a quiet and clean place to live" and "It's very homely." Relatives told us, "This seems to be the best, very homely indeed" and "staff give the atmosphere a great feel."

People were positive about the management team and told us, "they are very obliging," "the managers bend over backward to help me", "the managers will do everything for you, very helpful they are," and "they listen to a complaints and act on it, they don't keep you hanging."

The registered manager told us that they operate an open-door policy for people, relatives and staff. The registered manager told us they worked later hours and during the weekend once a month to help improve and develop relationships, particularly with visitors who may not be able to come to the home during normal working hours. The registered manager knew people well and people living at Hatton Grange knew who the registered manager and deputy managers were and felt that all members of staff were

approachable.

Staff told us they felt supported by the line management team. They told us they would regularly go to the team leaders for advice and support: "Everyone has always helped me" and "[Registered manager] is supportive, firm but fair. [Registered manager] works hard, they want us to be the best." We saw records that all staff working at the home were receiving supervision and appraisal from their direct line manager and the registered manager had an overview of this. The staff we spoke with were positive about working for the service and told us, "It's good, I love my job," "I'm really happy here" and "I get total job satisfaction from doing care, it's amazing."

We saw records that demonstrated that the registered manager completed audits in relation to maintenance, the environment and people's care records, including audits of monthly weight, medication, pressure sores, and reviews of the dependency tool. This helped the service to ensure that it was meeting people's current needs. The registered manager responded to issues identified.

The registered manager showed us how they monitored and analysed falls and showed us the actions they had taken following this such as referring people for additional support. There was also a system in place to ensure people with restrictions under DoLS had the correct records in place.

We looked at the service's policies and procedure and saw that they had appropriate policies in place for both the people living at Hatton Grange and staff working there. This included health and safety policies covering issues from asbestos to equipment safety and use of motorised wheelchairs.

The registered manager told us that the provider's district manager visits regularly and completed monthly compliance audits as part of the quality assurance process. We saw records of how this information was used to develop an action plan as part of the 'excellence tool' which was used to drive improvement and implement change. The registered manager showed us the universal action plan that the provider had in place to ensure lessons and improvements are learnt from across the provider's homes and care sector. The care home audits we looked at demonstrated there was an overview and that the issues raised in these audits such as care plans, medicines and maintenance had been addressed.

Staff told us that there were regular team meetings and that they felt listened to. They told us "we have staff meetings so you can raise any concerns there." We reviewed records of team meetings and saw these were an opportunity to provide updates and feedback about the home, reminders about procedures and opportunity to acknowledge staff success. Team meetings included role specific meetings such as meetings for senior staff including team leaders and managers and kitchen meetings as well as full staff meetings.

Anonymous staff surveys were completed annually and there was a 'listening dog' to allow people and staff to feedback more immediately. The 'listening dog' was a confidential phone line people could ring to report concerns. This information was used to develop an action plan 'excellence tool' for the service which the registered manager implemented and the district manager oversaw.

Meetings were held for the people living at Hatton Grange and we saw records of how this information was used to allow people to feedback and drive improvement within the service. This included areas such as the food and activities. People we spoke with were positive about these meetings and told us, "I attended the recent one, it was good, they let your voice be heard", "we spoke freely about what concerns us" and "I like being in meetings, you are allowed to voice your opinion, most importantly the managers will come back in two days or so to give you feedback." We saw feedback from the meetings was provided within each unit in the form of a 'you said...we did' document.

We saw that anonymous surveys were sent to people and their families annually and, as with staff surveys, were used to develop action plans and drive improvement.

The service had good relationships with local resources such as the library and other community links including the local schools. There was also partnership working with local GP and district nurses to ensure the home was meeting people's current health needs. The feedback we received from the visiting health care professional was positive.

The ratings from the previous Care Quality Commission inspection were on display both within the home and on the provider website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We found there were insufficient staff levels within the home.