

Anchor Hanover Group

Hatfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hatfield House is a residential care home providing personal care for up to 49 people. At the time of our inspection there were 47 people using the service.

People's experience of using this service and what we found

People were protected from the risk of abuse. Staff received training in this area and knew what actions to take if they suspected abuse. People received their medicines as prescribed. Accidents and incidents were analysed for any trends and patterns. The provider used this analysis to mitigate future incidents.

Staff were safely recruited and completed an induction process. Through our observations and talking with staff, people and relatives, we found there were enough staff available to meet people's needs. Staff felt that although it could be busy, they never felt they were unable to meet people's needs.

Risks associated with people's care were identified and risk assessments in place to ensure risks were managed safely.

Infection control was managed throughout the home. During our inspection we noted some shelf edging needed repair and a microwave had started to rust and a peddle bin was broken. All these issues were immediately resolved by the registered manager.

People's needs were assessed, and care was delivered in line with them. Care plans and risk assessments were kept under review and continuous assessment to ensure people received support in line with their current needs.

Staff received training and felt supported by the management team. Care plans showed people had been referred to other professionals as required.

People were supported to eat and drink enough and were given a choice. Hydration stations were available throughout the home and people could access them throughout the day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Best interest decisions were documented well in care plans.

Social stimulation was available, and we saw various activities taking place throughout the day.

The provider had a clear auditing system in place which identified and issues to be addressed. Action plans were drawn up to ensure things were dealt with in a timely way. The provider had a complaints procedure and people felt able to raise concerns and felt listened to.

The provider sought feedback from people and used this to develop the service. One example was that people had requested a library and this was in the process of being developed.

The registered manager worked well with other professionals and took appropriate actions when required.

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

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was good published on 16 October 2018.

Why we inspected

We inspected the service to provide a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hatfield House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hatfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hatfield House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hatfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, care workers and ancillary staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. People we spoke with felt safe living at the home.
- Staff received training in safeguarding and knew how to recognise and report abuse. Staff felt confident the management team would take appropriate actions to keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and managed in a way that kept them safe.
- Risk assessments were in place for things such as mobility, nutrition and pressure area care.
- One person's care plan we viewed did not have loop configuration for the hoist sling, although staff were knowledgeable about which loops to use. The registered manager ensured this care plan documentation was reviewed and information put in place.
- People had personal emergency evacuation plans in place (PEEP's), to ensure people were appropriately supported in case on an emergency.
- The management team completed checks of the building and the equipment they used, to ensure the premises and equipment remained safe. All necessary safety certificates were in place at the time of inspection.

Staffing and recruitment

- The provider had a recruitment process in place to ensure appropriate staff were employed at the home. This included obtaining and reviewing pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Through our observations and talking with people and staff, we found there were enough staff available to meet people's needs in a timely way. Staff felt that although it could be busy, they never felt they were unable to meet people's needs.

Using medicines safely

- Systems and processes in place ensured people received their medicines as prescribed.
- However, some medicine packaging did not have dates of opening and one control drug was not double signed for on the medication administration record (MAR), but there were two signatures in the controlled drug record book. One person's thickener was found in an unlocked kitchen unit. The registered manager took swift and appropriate actions to resolve these issues.

- People told us they received their medicines safely and were supported by staff.
- Some people's medicines were prescribed on an 'as and when' required basis. Protocols were in place to identify when and how these medicines should be administered.

Preventing and controlling infection

- Infection control was managed throughout the home. During our inspection we noted some shelve edging needed repair, a microwave had started to rust and a peddle bin was broken. All these issues were immediately resolved by the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- The provider had a system in place to ensure accidents and incidents were recorded and lessons learned when things go wrong.
- The registered manager carried out a monthly analysis of accidents and incidents to identify trends and patterns. We saw action was taken to improve the service when required.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care delivered in line with their needs and current standards.
- People's assessments were kept under review to ensure they received the most appropriate care.
- People felt involved in their care. One person said, "They [staff] talk to me about ways to help me, I like that."

Staff support: induction, training, skills and experience

- The registered manager ensured staff were appropriately trained and supported to carry out their roles.
- Staff we spoke with told us the training was informative and that their competencies were also checked to ensure they had understood the training.
- People felt staff were confident and competent to carry out their role. One person said, "They [staff] always seem to know what to do." A visiting professional said, "I never have any concerns about staff training. Staff seem very competent."

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

- People received a healthy balanced diet which met their needs and took into consideration their preferences.
- Hydration stations were available throughout the home and people could access them throughout the day.
- We observed lunch and found this was a pleasant experience and people were given choices and enjoyed their meals and were not rushed. One person said, "We have more than enough to eat."

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

- People were supported to access healthcare professionals when required. One person said, "I'm going to have my eyes tested today. Someone will go with me."
- Care plans showed staff provided care and support in conjunction with healthcare professionals, taking on board their advice. A visiting professional said, "The staff are always friendly and seem knowledgeable about the people I visit."

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

- The home was divided in to three units and was purpose built. Corridors were wide which ensured people had ample space to move around.

- People's rooms had been tastefully decorated and personalised. People had their own belongings around them.
- People had access to a well maintained garden area which housed raised planters where people could take part in garden projects.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about the MCA and worked in line with the requirements.
- People's care plans included mental capacity assessments and best interest decisions had been made where people lacked capacity.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Through our observations and talking with people and staff, we found people were treated well. Staff were kind, respectful and considerate.
- There was a lovely atmosphere throughout the home, particularly on the middle floor. Staff interacted well with people and offered choices and preferences. There was friendly banter between staff and people and a happy atmosphere.
- People told us, "This is the best place to be," and "I'm very happy here. They [staff] look after me so well," and "I love living here and I have never regretted [moving here] it."

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

- People were involved in making decisions about their care. We saw care plans clearly documented people's preferences and how they liked to be supported.
- We observed staff communicating with people and helping them to decide how they wanted to spend their day. One person said, "I can always talk to a carer. They [staff] are so lovely and make time for us."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and treated people in a sensitive and caring way, ensuring their privacy and dignity was maintained.
- People were not hurried or rushed, staff took their time and supported people at a pace suitable for them.
- We saw staff respected people's private space such as bathroom and bedrooms. Staff knocked on doors and waited for a response before entering rooms. One person said, "Oh yes, I feel they [staff] respect me. I'm never left feeling uncomfortable about the way they help me."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred and recorded people's needs and preferences.
- People received support from staff who knew them well and delivered care and support in line with people's care plans.
- Staff provided social activities and stimulation for people on a one to one basis and as a group. Some people living at the home preferred spending time in their rooms and had access to reading materials and televisions.
- Social activities were based on people's individual preferences. Some people enjoyed reading whilst others enjoyed gardening and being outside. Everyone's preferences were considered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people and found they were responsive to people's body language and gave time for people to respond.
- Information was readily available throughout the home and presented in formats people could relate to.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people felt able to raise concerns and felt listened to.
- The provider welcomed feedback about the home and used any complaints to develop the service.
- People felt as ease to raise concerns, although many people told us they had no reason to complain. One person said, "I can't complain about any of the staff. They get on with things but always have a cheerful manner."

End of life care and support

- People's care plans included a section about end of life care and how people would like to be supported.

Is the service well-led?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team were keen to ensure people lived a good quality of life where their needs were met, and their preferences considered.
- People were complimentary about the support they received and said, "It's like home from home," and "The staff are really good and do everything for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager and a team of senior carers. The team worked well together and led the rest of the staff team in a positive and inclusive way.
- The management team were clear about their roles and responsibilities and understood their legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, their relatives and other stakeholders and used their feedback in a constructive way.
- Following a recent survey, people had requested a small lounge be converted into a library. We saw work had commenced to provide this space.
- Residents and relatives meeting were held as well as staff meetings. People, relatives and staff felt involved in the service. One person said, "We have meetings to talk about plans for the place and how we want it to be."

Continuous learning and improving care

- The provider had a system in place to monitor the quality of the home and to improve the service.
- Audits included, infection control, dining room experience, catering, care plans and medication. Any actions raised had been resolved in a timely way.

Working in partnership with others

- The provider worked in partnership with local health care professionals, local authority and safeguarding.
- The registered manager could demonstrate that advice from other professionals was used to improve the

service and care provided at the home.