Hunters Healthcare Limited

Hunters Down Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

Hunters Down Care Centre is located on the outskirts of the town of Huntingdon. The home provides accommodation for up to 102 people who require nursing or personal care. At the time of our inspection there were 90 people living at the home. Accommodation is provided over two floors and all bedrooms are single rooms with en suite facilities. There are five units, Queens, Cromwell, Montague, Kings and Pepys. People are accommodated in different units according to their needs

This unannounced inspection took place on 23 June 2015.

At our previous inspection on 15 July 2014 the provider was in breach of one of the regulations that we assessed. This was with regarding to people's care and welfare. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. During this inspection we found that the necessary improvements had been made.

The home had a registered manager in post. They had been registered since July 2013. A registered manager is a

Summary of findings

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.

The provider ensured that only suitable staff were offered employment at the service. This was through a robust recruitment process. There was a sufficient number of suitably experienced staff. An induction process was in place to support and develop new staff.

Staff were trained in medicines administration and had their competence regularly assessed to ensure they adhered to safe practice. However, the provider's policy in respect of the recording of medication was not always being followed by staff in some areas of the home. Staff had been trained in protecting people from harm and had a good understanding of what protecting people from harm meant.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when a request through the Supervisory Body (Local Authority) for a DoLS would be required. Applications to lawfully deprive people of their liberty had been correctly submitted by the registered manager. Staff were very knowledgeable about when and what action to take if this was required. People's ability to make decisions based on their best interests had been clearly documented to demonstrate the specific choices people could make decisions about.

People's care was provided by staff who always respected their privacy and dignity. People were provided with care that was compassionate, caring and supportive of their choices and preferences.

People's care records were kept up-to-date by staff. This was to help ensure the information staff required to meet people's needs was clear and easy to follow. People were involved as much as possible in their care planning and were supported by relatives or friends. An independent advocacy service was provided to those people when this was necessary.

People were supported to access a range of health care professionals including community nurses or their GP. Prompt action was taken in response to the people's changing health care needs. Risks to people's health were managed in response to each person's assessed risks and needs. Health care professional advice was followed and adhered to by staff.

People were supported to have sufficient quantities of the food and drinks that they preferred and staff encouraged people to eat healthily. People were supported with a diet which was appropriate for their needs including soft food diets to ensure they remained safe with their eating and drinking.

Information, guidance and advice was provided to people, family members or their relatives on how to raise a concern or make compliments. Staff knew how to respond to any reported concerns or suggestions. Effective action was taken to address people's concerns and to reduce the risk of any potential recurrence.

The provider and registered manager had audits and quality assurance processes and procedures in place. Staff were supported to develop their skills, increase their knowledge and obtain additional care related qualifications. Information gathered and analysed was used to drive improvement in the service provided.

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?

Requires Improvement

The service was not always safe.

People were supported by a sufficient number of suitably qualified and competent staff. The recording of people's medication was not always safe.

Staff were only offered employment after their suitability to work at the home had been satisfactorily established.

Risk assessments were in place for the management of risks to people's safety and health were minimized or eliminated.

Is the service effective?

Good

The service was effective.

People's health needs were assessed and met. People at an increased risk to their health were supported with the relevant health care professional.

People were supported with their decision making and were supported with care that was in their best interests. All managers and staff had a good understanding of the MCA and the DoLS.

Sufficient quantities and choices of food and drink were available to people, including those people who required a soft food or diabetic diet.

Is the service caring?

Good

The service was caring.

People were provided with care and support by staff who knew people's needs well and how to respond to these in an individualised way.

Staff knew what was important to the people they supported. People could see or be visited by relatives and friends without restriction.

Opportunities were provided for people to improve and maintain their levels of independence.

Is the service responsive?

Good

The service was responsive.

People's hobbies, interests and preferred social activities were supported by staff who knew people well.

People and their relatives were involved as much as possible in their care assessments.

Reviews of people's care helped ensure that changes and improvements were made to their care and support where this was required.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider and registered manager had effective audits and quality assurance processes in place. The provider recognised what it did well and shared best practice.

People, relatives and visitors had opportunities to discuss any suggestions or concerns with the registered manager. Innovative ways of providing care were considered.

Effective support was provided to staff. Staff's skills were kept current and up-to-date. Staff put the beliefs and values of the provider into practice.

Hunters Down Care Centre

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 June 2015 and was completed by two inspectors, an observer from Cambridgeshire County Council for Deprivation of Liberty Safeguards and Mental Capacity Act 2005 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.

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. We also looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with service's commissioners that pay for people's care, the local safeguarding authority and received information from the community nurses.

During the inspection we spoke with fourteen people living at the service, four relatives, the registered manager, the provider's regional manager, two nursing staff, four care staff and domestic and catering staff. We also spoke with a visiting health care professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's care to assist us in understanding the quality of care people received.

We looked at six people's care records, minutes of meetings attended by people who lived at the service, relatives and staff. We looked at medicine administration records and records in relation to the management of the service such as checks on the service's utility services. We also looked at staff recruitment, supervision and appraisal processes records, training planning records, and complaint and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

During this inspection we found that medicines administration records (MAR) included details of the level of support each person required. Medicines were stored correctly and administered in a timely way. Staff were able to tell us about the special requirements for administering some medicines such as 30 minutes before food. Staff's competency to administer people's medicines was regularly assessed after they had been trained including recent training from an external pharmacy. This was to ensure they maintained a good understanding of safe medicines administration. However, on one floor of the home we found that the providers policy was not always being followed in respect of the recording of medications. Although records were complete we found and were informed by members of staff that these were not always completed as soon as the medication had been administered.

People told us that they were safe living at the home. One person said, "The reason I feel safe is I have a key to my room and I lock my door at night." Another person said, "If I need help I use my call bell and staff come quite quickly." People and their relatives told us that should they have any concerns they would report these to staff or the registered manager. Another person said, "I have a wheelchair and I go in the garden with friends. I feel very safe here."

Staff had received training on how to protect people from harm and were aware of how to report any suspected or identified concerns. They were knowledgeable about the signs of harm and the correct reporting procedures if ever poor standards of care were suspected. This also included whistle-blowing. Staff said, "If I saw or suspected any poor care I would have no hesitation reporting this." Information was displayed in the home about protecting people from harm and a service user guide supported people to access contact details for safeguarding organisations if required. One person told us, "I have no concerns whatsoever as all the staff who help me are just so careful." People were assured that the provider and staff had steps and measures in place to help ensure people were kept as safe as possible.

Risks, including those for accidents and incidents such as falls were recorded and regularly reviewed. These were analysed for trends and actions or measures were put in place to prevent the potential for any recurrences. Risk assessments and management plans were in place to support people, including those at an increased risk of falls, choking or malnutrition. Measures in place to reduce risks included bed rails with the persons consent, additional monitoring and the provision of a suitable and appropriate diet. One person said, "I need a walking frame to help me and staff make sure I have this." We saw that people were not rushed and given time to move around the home at a safe pace. This meant that the provider and staff took steps to reduce risk.

People told us that they were able to take risks such as being as independent as possible and accessing all areas of the home using their provided mobility aids and a passenger lift. Care staff told us and we saw that some people were supported with two staff. This was for those people whose assessed needs required this support for their safe moving and handling. Another person said, "I need a call bell near me and the staff move it to be within my reach if I move." We saw that this was the case.

Staffing levels were determined using a dependency tool and were assessed each day. This was according to any changes in people's assessed needs. During our inspection we saw that there were sufficient staff to meet people's care needs including responding to requests for assistance promptly. We saw that in the downstairs accommodation the atmosphere and staff were calm. Staff said, "Sometimes it can get very busy in a morning upstairs between 8am and 12pm. Staff told us that sometimes staff had to be moved from the other units to support these busy periods. Additional staff had been provided to assist in the kitchen to reduce the load on care staff.

The registered manager had arrangements in place to ensure that there were sufficient staff when there were unplanned absences. The registered manager told us that agency staff were used whilst other staff were recruited. A staff member said, "There are times when it gets very busy, especially in the mornings. It works really well when we pull together and share the workload, but we help each other out." The registered manager told us that they were keen to reduce the use of agency workers and attract the right staff despite nursing staff being drawn to a local hospital.

Records of staff's recruitment and staff we spoke with confirmed that there was a robust recruitment process in place. Checks included seeking appropriate evidence of the staff's identity, evidence of any unacceptable criminal

Requires Improvement

Is the service safe?

records, written and corroborated references, previous qualifications and experience. These checks also included professional registration with the Nursing and Midwifery Council (NMC) for registered nurses.

Good

Is the service effective?

Our findings

People told us about staff's level of competence and knowledge in meeting their needs. One person said, "I do a lot for myself but staff help me when they see I need help." Another person said, "Since I came to live here I have put on the right amount of weight."

The registered manager told us, and records viewed showed, that a comprehensive assessment of people's needs was completed before people moved into the home. This assessment was then used as the foundation upon which each person's care was provided. This also helped determine people's level of independence and support needs.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware that the on-line training for these subjects was not ideal. Classroom based face to face training was to be arranged for these subjects. We found that the registered manager and staff were knowledgeable about when a request through the Supervisory Body (Local authority) for a DoLS was required. We found that 14 applications to lawfully deprive people of their liberty had been correctly submitted. Staff were very knowledgeable about when and what action to take if an application to deprive a person of their liberty was required. They were able to tell us about the MCA. One staff said, "They [people] are able to make choices and we meet the needs of their choices. We do what's best and involve them. The risk assessments show they can take risks and make unsafe decisions [within the MCA]."

Staff told us about their regular and refresher training based on subjects deemed mandatory by the service provider. This was planned and delivered to ensure that they had the skills and sufficient knowledge to meet people's needs. This included subjects such as moving and handling, first aid, nutrition and safeguarding people from harm. Other specialist training had been completed on subjects such as that for people who required support to eat in a safe way using a percutaneous endoscopic gastrostomy. This is a tube passed into the stomach through a medical procedure to provide a means of feeding when a person is unable to swallow foods safely.

Staff confirmed that they were supported by the registered manager. One staff member said, "I get a regular supervision with [name of registered manager] and this is an opportunity to put forward my views, what training I need and anything that is affecting the running of the home or staff morale." Another member of staff told us, "We do a lot of training on line and this is not always ideal." Another member of staff said, "We don't get regular training on managing people with challenging behaviours and this would be useful." We saw that some staff had completed this training but not as frequently as required by the provider's policy. This put people and staff at risk where people exhibited these behaviours.

The chef showed us the records and details of how people's diets were determined. This included those diets for people who required support with their eating and drinking. This was for soft, or pureed, food, food allergies and diabetic options. During our SOFI and other observation of meal times we saw that people were safely and effectively supported to eat in the place, and at the pace of their choosing. All the units that we were in had a relaxed atmosphere, background music was appropriate and at a level that people could eat quietly. People were not hurried and staff ensured people were able to choose the meal and showed them the meal to double check that was what the person wanted. Different tables had different levels of person to person interaction, but everyone was part of some conversation with staff (other than when they were trying to eat). One person was being assisted to eat their meal and we saw the member of staff was very calm and quiet but encouraging and spoke gently to the person. For people living with dementia we saw that they were supported in a way which ensured people ate and drank sufficient quantities whilst respecting people's independence. One person said, "I chose the lasagne and vegetables today but I could have an alternative if I want." People told us, and we saw, that they had fresh fruit and other snacks and drinks available throughout the day. Staff ensured that there was always plenty of food and drinks available.

People's weight was monitored frequently to identify any untoward changes. This was until they had achieved a stable weight. Where people were at an increased risk, health care support was provided. This included referrals to a dietician or speech and language therapist for people at risk of choking. Staff were quick to identify and risks and make the appropriate referral. If further weight loss occurred people were referred back to the appropriate

Good

Is the service effective?

therapist. This was to help ensure that people were supported to safely eat and drink sufficient quantities. People could be assured that the staff would take action to reduce and prevent any risks associated with their health.

Records were held to remind staff when people's healthcare appointments' were. People told us, and we saw, that they had access to a range of health care professionals. This included those for tissue viability, speech and language therapy and GP services when required. One person said, "I needed to see a GP last week and the [staff] let me know when the GP was coming to see me."

A visiting GP told us that they visited people accommodated on two of the units each week and that another GP visited the other two units. They felt this meant they got to know their patients and they got continuity of care. The GP said the staff, "Worked well and understood the patients." They said the nurses were, "Quite good at ringing for the appropriate things."

Good

Is the service caring?

Our findings

People told us that the staff were attentive to their needs. One person said, "The girls are amazing. We have such a laugh." Where people preferred a male or female care staff this was provided. This is what we saw and found in records viewed. We saw and people confirmed that staff were always polite, spoke to people with empathy and in a respectful way. A person told us, "When I first came here my [family member] told them that I used to have my breakfast in bed and that's what happens here." A relative told us, "The reason me and [Family member] chose this home was because of the care it provided and how staff treated people." A staff member said, "People are first and come first in everything."

People had the option to have their room door locked or left open if they preferred. People told us that staff sought permission to enter their room and they always knocked or introduced themselves first. We saw that staff asked about people's general well-being. One person said, "The thing I like most about my care is, everything." Another person said, "The thing I like best is that I now have help with the things I never liked to do myself."

We saw that people's privacy and dignity was respected. This was by staff ensuring that people's doors were closed to maintain their privacy when providing personal care. One person said, "They close my curtains but I can do this as well." Staff said, "We always protect people's dignity with a towel, especially when assisting with personal hygiene." Throughout the day we saw that staff promptly attended to people's needs in a sensitive and understanding manner. We saw that care staff as well as domestic cleaning staff also engaged in polite conversation with people. This showed us that people's needs were respectfully considered by all staff.

We were told by staff that people who were unable to use their call bells were checked frequently to ensure their needs were being met. This was confirmed by staff and records. People in their rooms had their call bell close to them. We heard and saw that there were no call bells ringing for more than a couple of minutes before people were responded to by staff. When staff responded we heard them speak kindly and in a caring way and talk with the person to see what they wanted.

People were involved in the reviews of the care provided as much as practicable. This was by conversations and face to face meetings with staff. Where people lacked capacity, advanced decisions or family members views were used to guide staff in the most sensitive way to meet people's needs. This was generally through a face to face meeting or at more formal reviews of care plans. One relative said, "They [staff] are very caring in the sensitive way they care for [family member]. They really do look after them."

We saw that people had personalised their rooms with decorations and furnishing they preferred. This included information which people found useful assist them in identifying their room such as a recent photograph or important details about a family member. People told us that visitors could call at any time although notices displayed asked that visitors avoid mealtimes. This was to ensure people had the time to eat their meals. Relatives who preferred to help their family member were able to do this is if the person expressed a desire for this support.

We saw that people's care records were up-to-date but in some cases the language used was inappropriate and didn't give staff sufficient guidance about what people's behaviours were. For example, "Can be aggressive" with no details of what these behaviours were. Information in people's care plans provided the guidance for staff. This was especially for new or agency staff on how people preferred their individualised care to be provided which was centred on the person. This included their personal life history and preferences such as the clothes they liked to wear, who provided their care and the places they liked to spend their time.

Facilities and equipment were provided which supported people in accessing all areas of the home and gardens. This included lifts and wheel chairs. This was to ensure people were supported whilst respecting people's independence. One person said, "Since I've been here I haven't had any falls." Staff gave people the time they needed to complete their movements around the home and with any chosen hobbies and interests in a sensitive way.

We found that people who required an Independent Mental Health Advocate were supported with this. The registered manager told us that most families offered advocacy where this had been legally determined. They added that people were supported as much as possible where advocacy was required.

Good

Is the service caring?

People were supported with their end of life care wishes and decisions. We saw that respectful and appropriate language based upon the Palliative Care Council's guidance had been adhered to. People and their families were offered as much or little support as they wanted. A visiting GP said, "End of life care, there is a wonderful ethos on the residential units. They keep people in their home for as long as possible. They have anticipatory care plans for end of life." This showed us that the provider considered and acted upon people's wishes in the most sensitive way.

Good

Is the service responsive?

Our findings

There was lots of information displayed in the home showing activities that people had been involved in and future planned trips and outings. There was also a full calendar of daily activities which were carried out in the four different units. We saw that the planned activities took place in the morning and afternoon. One person said, "They've got sewing on upstairs but I am not good at that". Another person told us, "There is exercise classes this afternoon so I think I'll watch." A relative told us how their family member was involved in their hobbies and interests. They said, "Staff take [family member] to the activities in any of the areas which included painting, music and going out for tea." People and staff confirmed that hobbies and interests were provided and based on what people had chosen.

A detailed assessment of people's needs was undertaken prior to them living at the home. This was to help staff and the registered manager determine if they were able to meet people's nursing and personal care needs. One person told us, "I enjoy painting and reading. I was a keen gardener and I am going to be involved in creating hanging baskets in the garden."

The home had a 'resident of the day' for each unit within the home. This meant that for one day each month they would get a special treat, have a full review of their care by all the staff involved and have the opportunity to go through everything related to their care. One person told us, "I have bed rails as I kept falling out of bed." They added that, "Due to other falls in the home and in discussion with the unit manager I was told this was due to my footwear. I now have slippers that fit perfectly." Staff said there were always handovers so that they were kept up to date with any changes in a person's health and wellbeing. Each person was discussed. Care plans and risk assessments were available on the care records system and we saw that staff gave due regard to any changes.

People were supported to take part in hobbies and interest that were important to them. For example, board games, puzzles and various trips out of the home such as to a local religious service. One person we saw was asked to attend the activity (sewing) which they had enjoyed previously and made an item. They thought they might go along, and did. They said, "There's sometimes bingo but that's an old woman's thing." They added that they would go to the activity in the afternoon which was exercises to music. We saw that the activity staff member was very positive and encouraging. The person's face was smiling and the person talked with her with great affection and told us, "We get on great guns, her and me. She comes to get me involved in activities. She's always putting on something [activity]. With her you can have a laugh." This sentiment was commented on by all the people we spoke with in the way their requests were responded to with great enthusiasm.

Information was provided to people and their relatives on how to raise suggestions, complaints and compliments. One person said, "If I needed to make a complaint I would talk to the staff."

People and relatives told us that staff regularly asked if there was anything about the care provided that could be improved or changed. One person said, "It's all right here. I would talk to my daughter [if I needed to complain]." They commented that they couldn't see the TV but we saw them later having moved seat so that they could.

Good

Is the service well-led?

Our findings

The home had a registered manager who had provided stability by being in post since July 2013. From records viewed we found they had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about. A notification is information about important events the provider must tell us about, by law. We found from these notifications, where trends were identified that appropriate action and referrals were made. For example where people's health issues meant they could not be safely cared for in the home.

Meetings were held for people, relatives and all staff groups. Information from these meetings was used to drive improvement in the standard of service provided. People had suggested a better selection of fruit and new crockery which we found were being considered or implemented. These meetings gave people and staff the opportunity to comment on all aspects of the service and be involved in developing the service.

Strong links were maintained with the local community. These included various charitable organisations including 'Huntingdon in bloom' and involvement by the local mayor. Other links included local schools and choirs. In addition a pilot project was to start which was run by The British Gymnastic Foundation. This is a chair-based gymnastic exercise programme, so people could get involved even if they were not able to mobilise themselves independently. The project used a mixture of fun engaging activities which stimulated social interaction. This was planned to support people according to their abilities and included those living with dementia.

Quality assurance checks completed by the provider and registered manager had identified deficiencies in the standard of care provided. This included identifying when people needed referrals to the tissue viability nurses for their wound care promptly, reminding staff to place call bells within people's reach and correct positioning of pressure care equipment. We found that improvements had been made on these subjects. However, recording of people's prescribed medication was not always in line with the provider's policy. Audits completed had not identified this unsafe practice. We saw how the registered manager and provider identified any concerns and trends using their recording system. The registered manager was then able to implement action plans and put measures in place to prevent recurrence. These steps included the introduction of equipment and monitoring using electronic devices if people had experienced several falls.

People and relatives knew who the registered manager was. One person said, "I would just speak with a nurse if I wanted to speak with the (registered) manager." People and all staff were complimentary about the fact that the registered manager was a very approachable person. We saw that the registered manager and all staff worked as a team. Staff told us there were different meetings such as unit, domestic/laundry, care staff, team leaders and nurses meetings. All staff commented how much the registered manager kept themselves aware of the day to day culture in the home including night times and weekends. One staff said, "[Name of registered manager] is always around." A relative told us that staff were very supportive.

Staff all told us that they would have no hesitation, if ever they identified or suspected poor care standards. This was by reporting their concerns to the provider without recrimination (whistle-blowing). Staff also told us that they would be supported in raising concerns.

We saw that the provider offered staff career and financial incentives. These included appropriate care related and management training opportunities and a nomination scheme for staff who felt a staff member had excelled at something during the month.

People told us that the registered manager was 'around' most days and asked after their general health and well-being. Staff told us that the registered manager and care manager also called in unannounced to check on people including over weekends and at night time. This was to support staff but also ensure that the correct standard of care was being adhered to.

The registered manager told us, and we saw, that a programme called 'Fine dining' was in place. We found that people had been involved in planting and growing various fruits and vegetables which the home's staff would cook with people assisting in the preparation.

The registered manager attended provider's managers' meetings where information was shared on good and best practice. For example, the rolling out of audits based upon how we inspect. Also for key developments in social care through organisations such as the National Institute for Health and Care Excellence (NICE). This was for subjects

Good

Is the service well-led?

including changes to medicines and their administration. Staff champions were in place for subjects including quality of care, dignity and nutrition. This was to develop staff skills throughout the home and improve the quality of service provided. This showed us the provider strived for improvements in the quality of care its staff provided.

We found that information relating to people's care and those for staff's personal information was held securely on an electronic system and was based on current information. Only those staff and management with authority could access this information when authorised to do so in the unit where they worked. This also protected the confidentiality of people's information.

Staff were regularly made aware of their roles and responsibilities and how to escalate any issues to the registered manager or provider if required. The registered manager also provided staff with guidance to develop key skills.

The registered manager monitored all staff training achievements and was aware the training staff needed to complete. Where staff had reported concerns at e-learning for some subjects action was planned to introduce more focused face to face or classroom based training to ensure staff training and knowledge was embedded.

All people we spoke with and staff were complimentary about wide range and spectrum of the hobbies and interests provided. This had been recognised by the provider and the care home was being used as a model for their other homes. We saw that people's interests were seen as a way of improving people's lives and were not used as an excuse. This showed us that the provider shared best practice within its homes.