

Anchor Hanover Group

Hatton Grange

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

Hatton Grange is a residential care home providing personal care for up to 70 people across three separate floors. Each floor is separated into two units, one providing residential care and one providing support for people living with dementia. The service provides support to people over 65 years. At the time of our inspection there were 58 people using the service.

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

Peoples felt safe in the service. Staff were recruited safely and there were enough staff to meet the needs of people living in the service. Staff were aware of how to recognise and report concerns. The environment needed some repair and risk assessments were not always being updated. We made a recommendation about ensuring risk is regularly reviewed and relevant assessments updated. Medications were managed safely. Infection Prevention and Control measures were in place and being followed.

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.

Peoples were having their diet and nutritional needs met. The provider worked in partnership with other agencies to maintain people's health and wellbeing. Staff received regular training and supervision.

Peoples were being treated with dignity and respect. People were supported to express their views on the service and their communication needs were being considered.

Peoples were supported to have person centred care. We have made a recommendation about recording the involvement of people and their relatives in care planning. Activities were being offered at the service, although people told us they wanted more variation which the provider was exploring. Processes and systems were in place to respond to complaints.

Staff were positive about the management and felt they were approachable and supportive. People and staff were involved in decisions about the service and their views were being sought through surveys and meetings. Governance polices, systems and processes were in place and were being used to maintain oversight of the service. Staff had a good knowledge of their roles and responsibilities and were able to manage the service when the registered manager was on annual leave.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published November 2019).

At our last inspection we recommended that the provider monitors staffing levels to ensure there are enough staff to meet people's needs. At this inspection we found the provider had made improvements and there was enough staff according to dependency tools and feedback we received.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 Hatton Grange 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 ●

Hatton Grange

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 three 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

Hatton Grange 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. Hatton Grange 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. The registered manager was on annual leave during our visits.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback, concerns, investigations, and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals. 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 nine people who used the service and five relatives. We spoke with seven staff members. This included, one kitchen staff, three carers, two deputy managers and the district manager.

We looked at seven people's care records, associated documents, medicines records and medicines related documentation. We also looked at three staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage and completed observations in the communal areas.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection under the previous provider we recommended the provider continues to closely monitor staffing levels to ensure there are enough staff to meet the needs of the people living at the home. The provider had made improvements.

- There was enough staff on duty to meet people's needs. Staffing levels were assessed against a dependency tool and this was reviewed monthly. A sample of rotas were seen, and staffing matched the levels needed.
- People told us there was enough staff to respond to their needs, comments included, "the staff do come quite quickly if you use the call bell" and "there is not as many staff as there used to be, although they do come quickly if you need them."
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were being completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment was ongoing and agency staff were being used in the service. Staff told us there was enough staff to keep people safe, although it was recognised that agency use can add pressure on their time. The provider had used the same agency members where possible to maintain consistency and competency and training checks were being completed for agency staff.

Assessing risk, safety monitoring and management

- The environment needed some repair and environmental risk assessments were not always being followed. For example, items such as domestic cleaning products and drink thickener agents were stored in unlocked communal cupboards. No harm had come to anyone as a result and the provider took immediate actions to address these issues. We were assured the risks had been removed and staff were reminded to follow existing processes.
- Individual health conditions and risks were being considered and reviewed. We observed two risk assessments in need of updating and this was addressed immediately.

We recommended that the provider ensures they regularly review risks and update any necessary assessments.

- Environmental checks were being completed, regular fire drills and training was taking place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe in the service. People and relatives told us they felt safe. One person said, "My family thought I would be better of here as I kept having falls at home and here, I have staff around me day and night, so I do feel safe." Relatives said, "I feel my loved one is in safe hands at Hatton Grange and I have no concerns" and "the staff are really good I can rest at night knowing this, if I had any concerns I would address it with the manager I haven't needed to make any complaints."
- Processes and procedures were in place for safeguarding concerns to be reported and investigated. The provider had a lesson learnt folder and documented any learning from incidents and safeguarding concerns to avoid reoccurrence.
- Staff were aware of how to recognise and raise concerns. Training was being completed on safeguarding and whistleblowing.

Using medicines safely

- Medicines were being safely managed. Procedures and processes were in place.
- Some people had 'as and when' medication. Protocols to guide staff on when to administer were in place.
- Creams were being applied with small gaps on charts noted. Creams were not always dated on opening. The provider gave assurances that this has been addressed immediately with staff and processes were strengthened.
- The provider completes regular audits of the medicine management for the service. Medicine competency checks were in place to check staff knowledge and skills.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We signposted the provider to infection prevention and control team to develop their approach.

Visiting in care homes

- The service was supporting visitors safely to visit people. Systems and checks were in place.

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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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

- Peoples needs were assessed. Preadmission documents were being completed, and information was gathered from a range of sources including external professionals and relatives prior to admission.
- Relatives told us they were involved in people's care. They said, "I can talk to any member of staff and they are always giving me an update. The senior staff would contact me if they had any concerns" and "I am kept up to date with any changes and have no concerns the staff would contact me if they had any."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Capacity and best interest decisions were being recorded. Decisions were specific and assessments detailed involvement with others.
- The provider maintained a tracker containing details on the people who were under a DoLS and those due a renewal. Evidence of renewals being requested were viewed.

Staff support: induction, training, skills and experience

- Staff received regular training in mandatory and service specific training. The training matrix showed that most staff had completed all relevant training.
- Staff told us that they had received an induction and training upon starting with the service. Agency staff informed us that they received an induction when starting with the home.
- Supervisions were occurring regularly. Staff were assigned a supervisor and supervisions were being planned on a two-monthly basis.

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

- People were supported to eat and drink safely. The provider had systems and processes in place to monitor and respond to weight loss.
- People provided mixed views on meals. Some said they enjoyed the mealtime experience, "I enjoy the food." Other people felt the meals could be improved, "I don't enjoy the food and would like more choice I get plenty of drinks though and I love milkshakes and the staff always ask me if I would like one." The provider confirmed a new chef had recently been appointed which increased the variety and choice available.
- We observed lunch service. Staff were calm and organised. People were supported with visual prompts around the meal choices and staff were aware of people's likes and dislikes.

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 have access to a range of health professionals. Outcome from professional involvement was recorded on people's care files.
- Staff were aware of professional's roles in supporting people's care decisions. For example, staff were able to describe the frequency and level of support provided by a warfarin clinic for a person they support and how and when to seek advice.

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

- Adaptations were in place to meet people's needs. For example, coloured toilets seats were used, rooms were signposted, and specialist cutlery and plates were in place.
- Evidence of personalisation was seen with people being supported to have items of significance, such as musical instruments and pictures in their bedrooms.

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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed sensitive and caring interactions between staff and people who live in the service.
- People and their relatives told us they felt staff were caring. People said, "It's a good home, the staff are so friendly" and "it's nice to have staff around me that care and understand." Relatives told us, "Everyone is lovely, the staff are really good and go out of their way to help and please you"
- Staff had completed equality and diversity training and people's religious and cultural beliefs were being met.

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

- People were supported to express their views. People's feedback was displayed on a 'you said, we did' board on each floor.
- Regular meetings with people who live in the service occurred. Minutes from the meetings showed that people were consulted on a range of areas such as meals, activities and laundry. Changes were implemented as a result of this feedback.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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; End of life care and support

- Peoples care records were person centred and appeared to reflect people's preferences. Routines, likes and dislikes were recorded within care plans along with information on what people can do independently. However, it was not always clear who had been involved in completing these records.

We recommend the provider ensures that they record people and their relative's involvement in care planning and reviews.

- End of life wishes and preferences were being considered and care planned. When appropriate people's 'do not attempt CPR form (DNACPR) was recorded on care files and highlighted within daily documentation.

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.

- The provider confirmed accessible information could be made available in alternative format if people needed it.

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

- Activities were being provided. Activity schedules were on display on all units and activities were planned.
- People and relatives acknowledged that there were activities, however, they felt that there could be more. People said, "There used to be a lot more entertainment and trips out I enjoyed going out and would like that again" and "There isn't much entertainment and I would like to see more." Evidence was seen within meeting minutes that the provider had received this feedback and had communicated plans to include more trips and activities with the reduction in covid-19 transmissions.

Improving care quality in response to complaints or concerns

- Systems and procedures were in place to respond to complaints. The provider has a complaints process in place and provided evidence that complaints were being investigated and responded to.
- Relatives provided mixed views on how the provider responds to complaints. Some relatives said, "If I have any concerns or want updates I just ask and the staff sort anything out for me." However, one relative told

us, "I have made several complaints and do not feel I am being listened to. I have spoken to the team leaders and this can be unpleasant on occasions and I find it upsetting and sometimes intimidating with flippant remarks". This feedback was discussed, and evidence was supplied to show how the provider had responded to the complaint and put in actions to resolve these issues.

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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff worked in partnership with the local authority, health professionals and family to achieve good outcomes for people.
- The views of people, their relatives and staff were being sought. The provider was completing regular surveys and trends and themes were identified from responses. The provider detailed how they improved the service through letters and posters.
- Regular meetings with people, their family and staff were occurring. The provider was documenting the meetings through minutes and involved people in decisions around the service including, activity provisions, the environment and any updates around staffing changes.
- Staff felt able to approach the registered manager and management team with concerns. They told us that the registered manager was supportive and would listen and respond.

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; Continuous learning and improving care

- We found the management team in the service were being transparent and had made notifications and referrals to external professionals when incidents occurred. The provider had created a lesson learnt folder to communicate with staff what could be done to minimise and avoid risks in the future.
- The provider had an action plan in place. This document identified areas of improvement required for the home and had timescales allocated to these improvements to ensure ongoing oversight and accountability.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Governance systems and processes were in place. The provider had a schedule for regular audits and reviews. Actions plans were in place and had been updated to show actions had been completed.
- Staff and management teams were aware of their roles and responsibilities. At the time of the inspection the registered manager was on leave. The deputies and regional manager were knowledgeable of systems and processes in the managers absence.