Anchor Carehomes Limited

Hatfield House

Inspection report

Crookesbroom Avenue
Hatfield
Doncaster
South Yorkshire
DN7 6JQ

Website: www.idealcarehomes.co.uk

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25 April 2017

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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

The inspection took place on 25 April 2017 and was unannounced. The last comprehensive inspection took place in February 2015, when the provider was meeting the regulations.

Hatfield House is a care home for older people who require personal care. It can accommodate up to 48 people over three floors. These are accessed by a passenger lift. The middle floor specialises in providing care to people who are living with dementia. All the bedrooms have an en-suite with toilet, wash basin and shower. The service is situated in Hatfield, north of Doncaster.

At the time of our inspection there was no registered manager in post. 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. The provider informed us that they had appointed to this position and they were due to commence their role in June 2017. The home was being managed by a regional support manager, who had been based at the home, on a full time basis, since January 2017.

People were protected from abuse and avoidable harm. We spoke with staff who knew the process for reporting any safeguarding concerns and were confident their manager would take appropriate action.

Risks associated with people's care were identified and plans were in place to help minimise the risk from occurring.

We found that medicines were managed in a safe way and people received their medicines as prescribed. Medicines were stored appropriately and temperatures were taken of the medicine rooms and fridge.

Through our observations and talking with relatives of people who used the service and the staff, we found there were enough staff to meet people's needs. Staff told us they were busy but were able to meet people's needs effectively.

The provider had a safe recruitment process in place. Pre-employment checks were carried out prior to the person commencing their employment at the service.

Staff we spoke with told us they felt supported by their managers and said they received supervision sessions since the regional support manager had been based at the home. Staff we spoke with told us they received appropriate training to do their job.

We found the service was meeting the requirements of the Mental Capacity Act 2005. Where people lacked capacity, best interest decisions had been made and these were documented.

People were supported to eat and drink enough to maintain a balanced diet. We observed lunch being served. We saw that the meal looked appealing and people appeared to enjoy it. We saw that regular drinks and snacks were available throughout the day.

People were supported to maintain good health and had access to healthcare services. Care records we looked at contained a section to record professional visits. We saw that this included visits from rheumatology, community psychiatric nurse, and GP, opticians and speech and language therapist.

We observed staff interacting with people who used the service. We saw staff were kind and caring and there was lots of friendly banter between people and the staff.

Staff respected people and ensured that their privacy and dignity was maintained.

We observed staff responding to people in line with their individual care plan, taking in to consideration people's individual needs and preferences.

People engaged in activities and social stimulation. Staff were aware of people's interests and offered appropriate stimulation.

The provider had a complaints procedure in place and people we spoke with felt happy to raise concerns if they had any. The provider kept a record of concerns raised and used them to develop the service.

We saw that audits took place to ensure policies and procedures were adhered to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. We spoke with staff who knew the process for reporting any safeguarding concerns.

Risks associated with people's care were identified and plans were in place to help minimise the risk from occurring.

We found that medicines were managed in a safe way and people received their medicines as prescribed.

Through our observations and talking with relatives of people who used the service and the staff, we found there was enough staff to meet people's needs.

The provider had a safe recruitment process in place.

Is the service effective?

Good

The service was effective

Staff we spoke with told us they felt supported by their managers and said they received supervision sessions since the regional support manager had been based at the home.

We found the service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Good

The service was caring.

During our inspection we saw staff responding to people's needs. Staff were observant and showed concern for people's well-

being in a caring and meaningful way.

Staff ensured that people's privacy and dignity was maintained. They were able to talk with us about how they achieved this.

Staff engaged well with people and provided a relaxing environment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was provided in a person-centred way.

People enjoyed a range of activities and social stimulation.

The service had a complaints procedure and people felt able to raise concerns.

Is the service well-led?

Good

The service was well led.

Leadership and support was evident and staff appeared committed to providing a quality service.

We saw audits took place to measure the quality of the service.

People who used the service, their relatives and staff were involved in meetings which enabled then to be involved in the service.

Hatfield House

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 checked 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.

The inspection took place on 25 April 2017 and was unannounced. The inspection was carried out by two adult social care 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. At the time of our inspection there were 43 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with four people who used the service and four relatives, and spent time observing staff supporting with people.

We spoke with four care workers, the regional support manager, and the head of care. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I definitely feel safe here, the staff are always around if I need them." Another person said, "Oh I am undoubtedly safe here. I would speak to a senior carer if I had any problems." We spoke with people's relatives and they also felt the service was safe. One relative said, "I can't fault them [the staff]. If I have any problems I speak to the staff." Another relative said, "I think [my relative] is safe living here. They [the staff] respond very quickly when [my relative] needs them."

The provider had a policy and procedure in place to ensure people were safeguarded from abuse. Staff we spoke with were knowledgeable about abuse, what to look for and how to report it. One care worker said, "I would report anything of this nature to the manager without delay. I am confident they would look in to it." We looked at the safeguarding log maintained by the regional support manager. We found appropriate action had been taken when safeguarding concerns had been raised.

We looked at care records and found that risks associated with people's care and welfare had been identified. We saw that plans were in place to instruct staff on how to minimise specific risks such as falls, malnutrition and moving and handling. For example, one person at risk of choking had documentation in place which stated they required thickened fluids to prevent choking. Staff we spoke with were knowledgeable about people's risks and could explain what action they took to minimise risks occurring.

People also had Personal Emergency Evacuation Plan (PEEP) in place for people who may not be able to evacuate the service quickly in an emergency. This document highlighted the best way to support people in this situation to ensure a quick and safe evacuation from the building.

We asked people if they felt they received their medicines as prescribed. One person said, "Yes they [the staff] give me my tablets and a drink to take them with. There are no problems." Another person said, "Yes they [the staff] bring them [my medicines] to me with a drink of water and wait while I have taken them."

People's medicines were managed so that they received them safely. Medicines were stored appropriately in locked rooms. We saw a medication fridge was available for medicines which required cool storage. Temperatures of the room and the fridge were taken daily and documented to ensure they remained at an appropriate temperature.

We looked at Medication Administration Records (MAR's) and found they were accurately completed. Where an audit had found a discrepancy, this was recorded on the reverse of the MAR and an investigation was carried out and the issue resolved.

The service had appropriate arrangements in place for storing controlled drugs (CD's). A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to five people and found the amounts in the CD book and the actual amounts were correct. Staff competencies were completed on an annual basis to

ensure staff were administering medications in a safe way.

We asked people who used the service if they felt there was enough staff around to meet their needs. One person said, "No I think they could do with some more staff." Another person said, "No there is not enough staff, they [the staff] are very busy all the time." We spoke with relatives of people who used the service. One relative said, "I think there is enough staff, yes." Another relative said, "I think they employ enough staff."

We spoke with the regional support manager and found that there were three floors which were all staffed, during the day, with two care workers and a team leader. During the night the home had five care workers in place one of which would be a team leader. We observed staff interacting with people who used the service and found there was enough staff available to meet people's needs in a timely manner. Staff we spoke with felt that they were very busy and sometimes did not have time to sit and chat with people. However, they told us that they were able to meet people's needs.

The provider had a dependency tool in place which was used to calculate the number of staff required to support people's needs. This was reviewed on a monthly basis to ensure the service had enough staff to meet people's assessed needs.

We looked at four staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post. Records seen also confirmed that staff members were entitled to work in the UK.

Staff we spoke with told us that they received an induction when they commenced employment at the service. One support worker said, "An induction includes some training and shadow shifts." Shadow shifts were in place to give the new member of staff the opportunity to get to know the service and the people living there, prior to working as part of the staffing numbers.

We spoke with the regional support manager about the induction process and we were told that new starters, who had not completed NVQ award previously then they were registered to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Good

Is the service effective?

Our findings

We spoke with people who used the service about the support they received. One person said, "I have as good a quality of life as I can expect now." Another person said, "I am quite happy, I have everything I need here." Relatives we spoke with felt that their family members were supported well. One relative said, "Yes, I think [my relative] has a good quality of life here. Staff make [my relative] very comfortable." Another relative told us, "They [the staff] support my relative very well. They go above and beyond."

Staff we spoke with told us they received appropriate training to do their job well. Staff told us that training was provided face to face and via eLearning. One care worker said, "Training here is good. I learn new things." Another care worker said, "The training is alright but I don't like travelling to get to it."

We looked at records in relation to training and found that staff had received training in subjects such as, administration of medicines, infection control, health and safety and an introduction to food safety.

Staff we spoke with told us they felt supported by their managers and said they received supervision sessions since the regional support manager had been based at the home. These were one to one sessions with their line manager to discuss their work and aspects of training etc. We looked at staff files and found that the regional support manager had completed supervision sessions with staff and had a tracker in place to ensure they occurred every six weeks in line with the company policy. We saw that annual appraisals had not taken place. An annual appraisal is an opportunity for staff to discuss their progress and to identify targets for the coming year. We saw that the regional support manager had a tracker in place to address this.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. We looked at care records and found that where people lacked capacity, best interest decisions had been made.

We asked people who used the service what the food and snacks were like. One person said, "The meals are varied and they are generally very good." Another person said, "The meals are not bad. I had a cooked breakfast this morning. There is a lot of choice for lunch and they do cater for special diets."

People were supported to eat and drink enough to maintain a balanced diet. We observed lunch being served. We saw that the meal looked appealing and people appeared to enjoy it. We saw that regular drinks and snacks were available throughout the day. Some people preferred to sit in the lounge area to eat their meals and we say that this was respected.

People were offered diets which met their nutritional needs. For example, one person's care plan stated that staff should offer high calorie snacks as the person was a poor eater at meal times. We saw staff offering snacks.

People were supported to maintain good health and had access to healthcare services. Care records we looked at contained a section to record professional visits. We saw that this included visits from rheumatology, community psychiatric nurse, GP, opticians and speech and language therapist. We saw that advice given had been incorporated within care plans. For example, following a visit from the speech and language therapist, one person required a pre-mashed diet. This person also required meat to be minced. These recommendations were included in the person's care plan.

The layout of the service was appropriate to meet people's needs. We saw dementia friendly signs which were situated at the appropriate height and supported people to locate rooms around the home. The home also had small quiet lounges situated at the end of each floor, where people could sit quietly or entertain their visitors.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they thought the service was caring. One person said, "They [the staff] are lovely. They are very good to me." Another person said, "I think the staff are dedicated and hard working." One relative we spoke with said, "I think they [the staff] are brilliant, they are very kind and caring."

During our inspection we observed staff interacting with people who used the service. We saw that staff were kind, caring and supportive. Staff were singing, dancing, chatting and smiling with people and the atmosphere was relaxed and there was lots of friendly banter taking place.

Staff we spoke with were dedicated and committed to providing appropriate support for people. They all, quite passionately commented that, "The residents come first." During our inspection we saw staff responding to people's needs. Staff were observant and showed concern for people's well-being in a caring and meaningful way. For example, one person was rubbing their arm and staff asked if the person was alright. A senior care worker asked the person if they were in pain and they said, "Yes, a little." The senior care worker offered pain relief.

Staff dealt with situations in a dignified and compassionate manner. One person, who required support to use the bathroom, was offered this appropriately and quietly so that no one else noticed that the person had required this help.

Staff knew when and how to intervene in situations in order to defuse a potential conflict. We saw one person trying to take a walking stick from a person who was sat watching the television. There were raised voices between them and a care worker appropriately intervened and gently redirected the person to another point of interest. Another person became upset and sat in the lounge. A care worker made the person a cup of tea and took it to them saying, "I have made you a cuppa, nice and hot just as you like it." The person took one sip and calmly said, "That's lovely." The care worker sat with the person chatting for a while. This showed that staff recognised when people required support and acted appropriately. This had a positive impact on people who used the service.

We spoke with staff and they told us how they maintained people's privacy and dignity. One care worker said, "I make sure curtains and doors are closed when offering personal care." Another care worker said, "I explain what I am doing."

People who used the service told us that they felt their privacy and dignity was respected. We received positive comments such as, "The staff are always very respectful; we have a laugh and a joke. I can have my privacy if I want, which they [the staff] respect." Another person said, "The staff treat me with utmost respect."

People we spoke with told us they were supported to express their views and were involved in decision making. One person said, "I always speak my mind and give my opinion on things. I have helped in

interviewing staff."

We saw personal information displayed on one notice board which stated the person's initials. We also saw that some care planning documentation was left unattended. We raised this with the regional support officer who agreed this was not acceptable and told us they would take action immediately to respect people's confidentiality.

Good

Is the service responsive?

Our findings

We spoke with people who use the service and their relatives and they told us they felt involved in their or their relatives care. One relative we spoke with said, "Yes I feel very involved. I attended a meeting with the doctor about [my relatives] care and had a long chat."

We looked at care plans and observed staff interacting with people and we found that people received personal care which was responsive to their needs. For example, we looked at one care plan to support a person to maintain a healthy diet. The plan stated that the person preferred to sit in the lounge area to eat their meals and likes a quiet environment. The plan also said that the person may refuse most meals but enjoyed snacks and puddings and takes supplements to support their diet. We observed staff offering care and support which reflected the care plan and met the person's needs. Another person's care plan was to support them when they became anxious or distressed. The plan stated that the person responded well to distraction techniques, such as talking about their family. We observed an incident where this person became distressed and the staff knew the person well and was therefore able to engage well with this person and calm the situation.

One care worker noticed that a person's arms were cold and asked if they would like a cardigan to warm them up. They were informed by a relative that someone needed the bathroom and the care worker supported the person in a very dignified way. We saw another care worker offer a person a doll and they engaged in conversation about the 'baby,' and another person joined in. This stimulated the two people to talk about the 'baby' and we could see from their facial expressions that they really enjoyed this.

At the time of our inspection the provider did not have an activity co-ordinator to plan and arrange activities. However, staff were involved in activities and socially engaged with people who used the service. We saw several items around the home to support this such as newspapers, books, doll therapy, and arts and crafts materials. On the day of our inspection the hairdresser was at the home and some people were enjoying making greetings cards. We spoke with the regional support manager about activities and were informed that two care staff were going to lead in this area, supported by the management team and appropriate training. One relative we spoke with said, "There are activities for people and they [the staff] do try individual stimulation."

The provider had a complaints policy in place and this was available to people who used the service and their relatives. People we spoke with told us they felt happy to raise any concerns they may have. We looked at the record of complaints and found that complaints had been raised and actioned appropriately. The regional support manager told us that complaints were also used to develop the service and to minimise the same issue reoccurring. Everyone we spoke with were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. However, the provider had successfully recruited to this position and they were due to commence employment in June 2017. As an interim measure the home was supported by the regional support manager who had been based at the home five days a week since January 2017. The regional support manager told us that there would remain at the home to support the new manager until it was appropriate to step back. At this time the regional support manager would continue to support the home and complete audits on a regular basis.

The rest of the management team consisted of two deputy managers, and senior care workers who were known as team leaders. A team leader or deputy manager was available on each floor during the day, to offer support and direction to the rest of the staff team. People we spoke with told us there was always a member of the management team they could talk with and the office door was always open. However, we received mixed comments about the changes in the manager. One person said, "I don't see much of the manager." Another person said, "I think there is a new manager." One relative we spoke with said, "I think the manager has changed, but there is always someone I can talk to." Another relative said, "The manager has changed a few times."

Staff told us that they had confidence in the management team and that this was improving. One care worker said, "The regional support manager was approachable and easy to talk to. Her door is always open." Another care worker told us the home had improved since the regional support manager had been based at the service.

We saw that audits were in place to ensure policies and procedures were being followed and to monitor the quality of the service provided. We saw that recent audits undertaken since January 2017 had identified areas of improvement. We saw that an action plan was in place to ensure issues raised were addressed in a timely way. For example, the falls audit identified one person was having frequent falls. The provider had investigated this and taken appropriate action.

We also saw that the district manager completed a regular audit. This was last completed in March 2017. This highlighted that there was insufficient evidence of regular supervision. On our inspection we saw that a supervision tracker was in place and staff had started to receive supervision. This showed that this action was in progress.

During our inspection we were notified of a safeguarding incident. We saw that the regional support manager had taken appropriate steps to address the concern. The issue had been noted as a result of an audit. This showed that the systems in place to monitor the service were effective.

We saw minutes of meetings which had taken place with people who used the service, their relatives and staff. This evidenced that people were given the opportunity to voice their opinions. People also told us that they had received a survey, which asked for their views about the home.