Heritage Care Limited

St Audrey's

Inspection report

Church Street
Old Hatfield
Hertfordshire
AL9 5AR

Tel: 01707272264
Website: www.heritagecare.co.uk

Date of inspection visit:
11 September 2017

Date of publication:
26 October 2017

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

St Audrey's is registered to provide accommodation and personal care for up 38 older people. At the time of our inspection 10 people were living at St Audrey's. This was due to extensive renovations to the home in order to meet fire safety regulations.

We previously inspected St Audrey's on 05 August 2016 and found improvements were required in relation to how the service was monitored, and how people's records were accurately maintained, including how the registered manager identified and responded to incidents that may put people at risk of harm. At this inspection we found the required improvements had been made.

The home had a registered manager in post who had been registered since September 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection people told us they felt safe and staff were aware of how to maintain people's safety. Staff had reported incidents that required review and investigation to keep people safe from the risk of harm. Risk assessments were in place and regularly reviewed to ensure safe and effective care was in place to manage those identified risks. There were sufficient numbers of staff deployed to provide care safely to people living in St Audrey's. People were supported by staff who had undergone a robust recruitment process to ensure they were of good character to provide care to people. People's medicines stored safely and managed well and people received their medicines as the prescriber intended.

Staff felt supported by the manager who enabled them to carry out their role effectively. Staff received training relevant to their role and new staff received a comprehensive induction. Staff were aware of how to support peoples to make decisions who may lack the capacity to make those informed decisions, and people consent was recorded in line with their wishes. People's nutritional needs were met and their food and fluid intake along with their weight was robustly monitored. People were able to choose what they ate from a varied menu with support from staff to eat their meals independently. People we spoke with told us they had access to a range of health professionals.

Staff spoke to people in a kind, patient and friendly way, and staff and people and their relatives have developed a clear rapport and understanding of one another. People's dignity was maintained, and people were assisted promptly when required to protect their dignity. People's privacy was maintained.

People received care from staff that was responsive and met their needs. Staff were aware of people's individual needs and how to meet these, and were knowledgeable about how people chose to spend their day, and accommodated this. People were provided with a range of activities based on their preferences, and were actively encouraged to spend time away from the home with family and staff. Complaints had

been responded to by the Registered Manager in a robust manner.

People, staff, relatives and health professionals felt the management team were visible around the home and sought their views and opinions about how the home was run. We were told that the management team responded positively to feedback and proactively encouraged people to do so. People's personal care were records were regularly reviewed to ensure they were complete and actions that were identified were addressed. The registered manager completed a range of audits in relation to areas such as infection control, medicines, health and safety, training and development, and where they identified areas for improvement they took action to ensure these were completed. Notifications that are required to be submitted to CQC were made when required.

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 supported by staff who were aware of how to keep people safe. Where staff were concerned for a persons wellbeing incidents had been reported and responded to.

People were supported by sufficient numbers of staff.

Risks to people's health and wellbeing were identified and positively responded to.

People's received their medicines when required and these were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by a regular staff team who felt supported.

People's consent had been obtained prior to care being delivered, and staff were aware of how to obtain consent from people who may lack the capacity to make their own informed decisions.

People were supported to eat sufficient amounts and people's weights were monitored.

People were supported by and had regular access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew them well and had formed meaningful relationships with them.

Staff had a good understanding of people's needs and wishes.

People's dignity and privacy was promoted.

People's end of life wishes were an integral part of ensuring people experienced a dignified end of life.

People's personal information was kept secure.

Is the service responsive?

Good

The service was responsive.

People were provided with the support they needed, when they needed it, in the manner they required it to be delivered.

People were supported to engage in a range of activities and maintain relationships that were important to them.

People's concerns were taken seriously and they and their relatives were encouraged to provide feedback to the management team.

Is the service well-led?

Good

The service was well led.

Systems were now effective in assessing and reviewing the quality of care people received.

Records relating to peoples care were accurately maintained.

People felt that the management team were supportive and visible around the home.

Staff were provided with regular meetings where they were able to freely share their views and opinions which were listened to

St Audrey's

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 met 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 under the Care Act 2014.

This inspection took place on 11 September 2017 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. Prior to the inspection we also reviewed information received from the local authorities commissioning and safeguarding teams.

During the inspection we observed how staff offered support to people who used the service. We spoke with four people who used the service and two relatives, two staff members, the registered manager and deputy manager. We also spoke with one visiting health professional.

We also 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 reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

During our previous inspection we found improvements were required in relation to recording when people took their medicines, and that incidents did not consistently identify when people were at risk of harm. At this inspection we found the required improvements had been made.

People we spoke with told us they felt safe living at St Audrey's. One person told us, "Yes of course I feel safe. I have no complaints."

Staff we spoke with were able to describe how they identified possible signs of abuse or harm. Staff were clear in how they reported incidents to either the senior carer or a member of management. For example, staff told us they found a person who had sustained a skin tear. They recorded this in the care plan and incident form and informed the registered manager. When we reviewed the actions taken with the registered manager, they were able to clearly demonstrate how they investigated the incident and had been recorded that the person had knocked their hand on a hard surface resulting in the skin tear. We saw that each month the registered manager reviewed all incidents, accidents and injuries in the home and analysed these to identify any possible themes emerging. Training records demonstrated that all staff had received training in safeguarding adults. One staff member told us, "We get to know the residents, so we immediately know if something is not right. Whenever I see or think something needs raising then I record it and tell them [Management] immediately."

Risks to people's health and wellbeing were identified and appropriately responded to. Staff were knowledgeable about risks associated with people`s daily living. Staff told us they knew people well and knew how to mitigate and manage risks to keep people safe but also how to enable people to take risks if this was what they wanted. For example they told us and we saw a person who wished to remain as independent as possible. They refused to use walking aids and also refused to use the lift choosing to walk the stairs. Staff assessed the risks associated with the person`s wishes and put measures in place to mitigate the risk as far as possible. For example if the person wished to have a walk outside on their own staff followed them from a distance just to make sure they could intervene if the person needed help.

Where people had other risks to their health and wellbeing, we saw that staff assessed, monitored and referred them for either specialist equipment assessment or health care professional support. For example, people at risk developing pressure sores had up to date assessments and appropriate equipment in place such as pressure relieving cushions and mattresses.

People told us there were not enough staff around, however when we asked if they had to wait for their needs to be met they told us they did not. One person told us, "We [people] there are only 10 of us here now so staffing was reduced. We have no laundry person and staff do this as well. They are very busy but I don't have to wait more than just a few minutes if I ring my bell."

We observed staff were busy during the day, however we saw the registered manager and the deputy manager working on the floor and assisting people if staff were busy. One staff member said, "We are two

staff in the day for 10 people, if we are busy we can ask the managers to help and they always do." We also observed that although staff felt at times pressured, people`s needs were met in an unrushed way, staff were seen to take their time to talk to people and ensure they had everything they needed or wanted before they moved on to assist someone else.

Staff confirmed that when they applied to work at St Audrey's they had to provide details of their last employer so that references could be obtained and also they could not start working at the home until their criminal record checks were done to ensure it was safe for them to work with vulnerable people. Staff were recruited following a robust recruitment process. People completed an application form, and had a minimum of two references and a criminal records check in place prior to an offer of employment being made.

People had received their medicines safely as the prescriber intended. Medication administration records demonstrated were completed with no gaps or omissions. Staff used the appropriate coding system to indicate when a person had refused, or medicines had not been offered. Staff who administered medicines had training to do so, and were regularly observed to ensure they administered them safely.

Where people were prescribed 'As required' medicines, guidance was in place for staff to follow to enable them to understand when to administer these to people who may not be able to verbally express they need them. People were able to self-administer their medicines. For example, one person managed their pain relief, and other medicines such as eye drops or laxatives. However, they felt uncomfortable with managing all their medicines so staff continued to manage and administer those more significant medicines such as those used to manage blood pressure. .

Medicine records we looked at tallied with the physical stocks, and regular checks and audits were made of both the recording and stocks held. This meant that the Registered Manager had ensured people received their medicines when required and they were managed safely.

The home had recently undergone extensive refurbishment to improve the overall fire safety of the home. Regular checks audits and drills were completed and the home had been regularly visited by fire safety officers to ensure all building works ensured the home complied with fire regulations. Since the last inspection, the home had suspended admissions to the home whilst these works were carried out, however following successful completion of the works, the service could now readmit people to the home. At the time of inspection the registered manager was awaiting final sign off from the local fire brigade.

Good

Is the service effective?

Our findings

People we spoke with told us that staff we sufficiently skilled to provide them with effective care. One person said, "They [staff] are very good. They know what they are doing."

Staff spoken with told us they received an induction when they started working at St Audrey's. They told us they undertook training in key areas such as pressure care, safeguarding and mental capacity as part of their induction. The registered manager was at the time enrolling new staff on a nationally recognised qualification in care to further improve the induction given to staff. When staff completed training via e-learning, a computer based training system, the registered manager then tested their knowledge to ensure it had been understood. Staff told us they then shadowed another staff member and were not able to work unsupervised until the registered manager was satisfied they were proficient. One staff member told us, "I've worked in care for years, but not with older people and I found the induction and support helps me to keep learning new things."

Staff told us in addition to core training and development offered, they were able to approach the registered manager and request training in areas they didn't feel as confident in. For example one staff member told us how they were completing a three day course in pressure care as this was an area they wished to further develop their knowledge.

Staff told us they felt supported by both the management team and their immediate colleagues. Staff confirmed they received regular supervision with their line manager, and that they were able to seek support and guidance when needed. In addition to line management support, staff had completed training in areas such as dignity and dementia care to act as a 'Champion.' The purpose of this role was that these staff had received additional training to act as a point of contact for staff and relatives to refer to. Staff spoken with were positive about this support and told us they found it beneficial to be able to receive guidance from colleagues. One staff member told us, "We are a good team, we support each other and we can always get help from within the team when needed."

Staff understood the importance of providing people with choices. We observed throughout the day numerous positive examples of staff seeking peoples permission prior to assisting them, staff also respected people's views when they declined. One relative told us their relative always refused everything they were offered or asked to do. They explained further that staff adopted a understanding and patient approach with this person and that when they said 'No' they weren't refusing care. For example, staff would ask the person to stand, they would refuse, but would also stand at the same time. They told us that when the chiropodist visited, if the person could see the chiropodist they would still say 'No', but on visually seeing would raise their feet indicating their consent. The relative told us, "They [staff] are really good and know when `No` is no and when it is actually a habit of just saying this. My [relative] is really well cared for and the staff have managed to do wonders."

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, and we found that they were. For example, one person had an authorisation for them to remain in the home for their own safety. However, assessments were in place to ensure this person was able to walk within the grounds unaccompanied but observed by staff to ensure the least restrictive approach was taken. The registered managed was aware of the process for people's relatives to make decisions on their behalf and ensured they had seen copies of the relevant legal documents that give relatives the power to make legal decisions in relation to peoples care.

People told us the food was good and they had plenty of choices. One person said, "I like the food on most days and if I don't there is always an alternative. We have plenty of drinks coming round and homemade cakes, biscuits. They [service] are using [name of food supplier] now because it`s just 10 of us here." The provider was using a supplier of freshly frozen meals which had specific calorie counts and ensured an appropriate nutritional intake. The meals were cooked from frozen in a special oven and then served to people. However we also saw that people had freshly cooked breakfasts in the morning and also had a variety of options for freshly made sandwiches and home baked cakes. Tables were nicely laid with fresh flowers and condiments and at meal times the atmosphere was sociable and informal. People were supported to maintain their independence using equipment such as plate guards or plastic beakers where china cups were too heavy. Those people who required assistance from staff received this in a calm and patient manner that did not rush the person and encouraged them to eat their meal.

People were weighed regularly and where a weight loss was identified staff involved the person`s GP and a dietician to ensure they had specialist advise in meeting people`s nutritional needs, which were then monitored.

People told us they had access to a range of health professionals when they required them. We saw that the home was regularly supported by professionals such as the GP, district nurses, dieticians, mental health teams and chiropodists. One health professional told us they had no concerns and was happy with how staff followed instructions. They told us if people did sustain a wound these always healed and with no pressure ulcers developing in the home they felt this meant the care was good and met people's needs. A second visiting professional told us, "Having just reviewed [Person] I think this is a good home, [Person] and their family seem very happy with things and [Person] looks well in them self."

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "The girls are lovely and kind. I do think they are very caring and I don't have any complaints." One relative said, "They [staff] are very sweet." Another relative said, "Staff are very kind here, they are very friendly and very patient."

People were observed to receive care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiled when approaching people. We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated to us that good relationships had been formed between them based on respect and trust. Staff addressed people using their preferred names and it was clear that staff knew people well. When staff approached peoples rooms to assist them they were knocked and waited for a reply and called out to people when they went in.

People and their relatives told us that dignity and privacy was promoted by staff. One person said, "I can stay in my room if I want privacy and they knock on my door." One relative said, "Staff are very good in promoting my [relatives] dignity and privacy. They are good in not going into the room if [person] says no and they are very mindful about how they deal with issues around continence."

People looked presentable and well groomed. People`s hair looked clean and combed. Although staff were busy and were also facilitating visits from the district nurse and a social worker review there remained a calm and relaxed atmosphere in the home. This was in addition to the on going redecoration works that had recently been completed. People told us that the management team and staff constantly ensured their privacy was maintained through these works, and that people's needs came before works were started or carried out. One person said, "If we said to the manager that the builders were affecting our privacy, then [Registered manager] would delay the works until we were happy."

People told us they were involved in planning their care and where appropriate relatives were involved as well. For example a relative told us about recently discussing changes to their loved ones mobility and continence care plans. These care plans further evidenced these issues had been discussed and other records we looked at clearly demonstrated that staff had discussed with people their view of their care needs including their end of life wishes. Staff clearly treated this issue with sensitivity and respected people and relative's view that it was a difficult area of care to discuss. For example one person's care plan noted that the person had thought about and wanted a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in place. However, at that time they were not prepared to discuss where they wanted to spend their final hours or how they wished this to be managed. We did see examples however where these end of life wishes had been fully discussed and we saw that the staff team worked closely with health professionals to ensure people had an end of life that met their needs, preferences and maintained their dignity throughout.

People's care records were stored safely and securely within locked offices and cupboards to ensure people unrelated to a person's care were unable to view personal information. Staff were sensitive to people overhearing discussions they may have with a person, so were mindful to close the door and lower their

voices when discussing sensitive issues.

People were able to freely access advocacy services for advice on a range of different issues not restricted to only their health needs, but to enable them to express their views and concerns and also explore their choices and options. The registered manager was able to provide us with examples of where advocacy had been used positively in the home.

Good

Is the service responsive?

Our findings

People, their relatives and visiting health professionals told us staff were responsive to their changing needs and supported them when they required it. One person said, "I think they know me well enough by now to know when I need help." One person's relative told us, "[Person's] been here for so long I sometimes think they know what they need better than I do."

Care records we looked at contained clear information regarding people's backgrounds, interests and noted what was important to each person about the care they received. They contained information about people`s past and current medical conditions, personal care needs, medication, risks to their well-being, and also records of when other health or social care professionals visited. These records including the care reviews clearly demonstrated that people had as much choice and control regarding their care as possible. Care plans were detailed in providing information to staff about people`s likes, dislikes and their preferences regarding the care they needed. For example one person's care plan detailed that they disliked staff to help them and when they needed help they asked themselves. Staff would check this person was okay, however respected their views. Another person`s care plan detailed that before they went to sleep they liked to retire in their room to watch TV and have a hot drink before they settled in bed. People`s care plans also accurately depicted the type of clothing people wore, how they wore their hair and general appearance, whether they had any gender preference towards the staff supporting them and how they wished to spend their day.

People had the opportunity to join in activities and socialise with other people. Due to the location of the home people had easy access to local pubs and gardens to enjoy time in the community. On the day of the inspection two people wanted to have lunch together in the local pub, so the activity coordinator organised this for them. Maintaining relationships both with people within the home, and with their relatives was an important aspect of the care provided to people. One person's relative told us, "It's always been a sociable place, they have friends here, who then are like our friends. We can visit whenever we want which is important as it is [Persons] home.
There were also other trips organised regularly, for example a trip to a local garden centre was being organised and people were individually asked if they wanted to go. The activity staff looked to find activities that were personalised to people and would keep them meaningfully occupied. For example, one person was a keen gardener and we saw they had taken on keeping the multitude of pots and flower beds in good order. Relatives also told us they often saw people engaged in meaningful activity when they visited such as knitting and playing bingo.

People and their relatives told us they felt they could approach both staff and the management team if they were unhappy with any aspect of the service. One person told us, "I will soon tell them if I am not happy. They are very good at listening and putting things in place." One relative said, "I have no complaints but if I would I could talk to staff or managers at any time." Where concerns were raised with the registered manager we saw they took decisive action to investigate and respond to these promptly.

The registered manager had kept people informed about developments in the home through meeting with

them to hear their views and opinions. The home had recently undergone extensive refurbishment to ensure it met fire safety regulations. This had resulted in a significant upheaval for staff and people alike. However, we found that people had been kept informed, that the registered manager listened to their concerns and responded. For example, one person was happy with the room they had, and did not want it redecorated in any way. The registered manager listened to this persons concern and was aware that significant changes to the persons environment or routine may cause significant anxiety. Therefore, they arranged with the builders to carry out the required work, but to leave that room as it was. This person was clearly content their views had been listened to.

Good

Is the service well-led?

Our findings

People, relatives and staff told us they felt the management team was approachable, supportive and listened to their views and opinions. One person said, "The management is around, they are always clearly visible." One relative said, "I am very pleased with the home, staff and management. [Person] is better here than at home where I could not achieve as much with them." Another relative said, "This home is perfect for [person]. They seem happy here."

Staff told us they had regular meetings and they were kept up to date with the progress of the refurbishment and future plans. One staff member said, "There are regular updates for staff about the home and the [registered] manager explains things. I know what is happening before it does." Staff were able to tell us about the plans for the home moving forward in relation to beginning to move people in, and also the need to recruit staff to ensure people's needs continue to be met. Staff were aware of the pressures placed on the home during the recent refurbishment, and felt comfortable in approaching the management team to provide their views on developments.

At our previous inspection we found that care records contained conflicting information about peoples changing needs. However at this inspection we found that peoples care records had been migrated fully to an electronic system and the anomalies in recording no longer occurred. We also found at our previous inspection that audits were not effective in identifying areas for improvement. However we found at this inspection the registered manager had taken action to improve the effectiveness of their auditing, and we found that audits in areas such as medication, care planning, mental capacity were effective, and where issues were identified the registered manager was addressing these. For example, they had identified a number of relatives had declared they held power of attorney to make decisions relating to people's health needs. The registered manager had been in contact with the relevant organisation to confirm whether an application had been lodged, and where this had not had taken appropriate action to address this.

Where we reviewed incidents that had occurred within the home, we saw a comprehensive record was made of the incidents, and were able to see through a comprehensive chronology the actions taken to address the risk. The registered manager also monitored issues such as frequency of falls, incidents and injuries and used this information to review the management of the home.

At the time of the inspection, the registered manager was also working with their line manager to improve the identification of areas for improvement. They were identifying key performance indicators that they could share with the provider to improve the monitoring of the home by the organisation as a whole to improve performance across the group.

The views and opinions of people living at the home and their relatives had been sought in relation to the quality of care they received. Where people had raised any areas for improvement the registered manager had taken action to make these improvements.

Where the registered manager is legally obliged to inform the Care Quality Commission of specific events

and incidents within the home we found they had reported all required events as needed. In addition where they required referral to an external agency such as the local authority, these referrals took place promptly.