Hunters Healthcare Limited

Hunters Down Care Centre

Inspection report

Hartford Road
Huntingdon
Cambridgeshire
PE29 1XL

Tel: 01480456899

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Hunters Down is registered to provide accommodation and nursing care for up to 102 people. At the time of our inspection there were 96 people living at the service. The service is a two storey premises located on the outskirts of Huntingdon. The service has communal lounges and dining areas on each floor and all bedrooms are single rooms with an en-suite toilet and washbasin. The service is split into five units known as Montague, Pepys, Cromwell, Kings and Queens. People are cared for in a unit according to their needs and levels of independence.

This unannounced comprehensive inspection was undertaken by two inspectors and an expert by experience and took place on 5 June 2017. At the previous inspection on 23 June 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. 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.

Staff had a good understanding of how to protect people from harm. This was as well as being knowledgeable about those organisations they could report any potential concerns to.

Accidents and incidents such as falls, were identified and acted upon when required.

Risks of harm to people such as choking, malnutrition and skin integrity had been assessed and were managed well.

There were enough competent staff to provide people with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration. Staff enabled people to access support from external health care professionals as soon as this was required.

Shortfalls in staff practice around medicines administration had been successfully implemented to address the accurate recording of medicines.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People we observed were treated with kindness by staff. However, not all staff were consistent in their

approach to respecting people's privacy and dignity. Not all people's needs were responded to in a person centred way.

People were given the opportunity to feed back on the service and their views were acted on.

People received personal and nursing care by staff who provided this care with compassion and kindness.

People were offered and took an active part in the varied hobbies, interests and pastimes that were provided.

The registered manager and their team worked hard to create an open, transparent and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

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.

At our previous inspection we found that improvements were needed to the way medicines were managed.

At this inspection we found that medicines were managed and administered as prescribed.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always supported and responded to in a way which met their needs in a person centred way.

A wide range of hobbies, pastimes, activities and interests were made available to people who could choose how busy they wanted to be.

People's concerns, suggestions, compliments and complaints were used to help identify what worked well as well as where improvements were required.

Is the service well-led?

Good

The service remains Good.

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 inspection took place on 5 June 2017, was unannounced and was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with caring for older people and people living with dementia.

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 looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with visiting healthcare professionals and the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We spoke with twelve people and six relatives. We also spoke with the registered manager, the Care Manager two team leaders, eight care staff, the chef and the training administrator.

We observed how people were cared for to help us understand the experience of people who could not talk with us.

We looked at eight people's care records, medicines administration records and records in relation to the management of staff and the service. We also looked at records of complaints and compliments.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I feel safe here – it's the way the place is run you see." A relative said, "I absolutely cannot fault the staff and how they are always there for my [family member's] safety." People were supported by staff who demonstrated to us they understood how to keep people in their care safe. This included how to recognise, act upon and report any instance of abuse should it occur. People were assured that they would be kept safe by staff who had been trained on how to keep people safe from harm.

Records demonstrated that risks to people were identified and robust control measures were put in place to reduce these risks. We observed that staff were proactive in reducing the risks to people. For example, we observed staff ensuring that the equipment provided to keep people safe was being used correctly such as reminding people how to use their walking frames.

People told us and we observed that there were enough staff to meet their needs. On Pepys unit we did observe that, due to people's current needs, that the call bell system was in almost continuous use. This was as well as staff on this unit being much busier than other units throughout our inspection. The registered manager told us that, "Due to an increase in people being admitted with [health conditions] I am working with staff to make sure that people's needs are understood and met by all staff." On all other units we found a calm and relaxed atmosphere. One person said, "They're [staff] really good at getting to you when you call them. If they can't come straight away they tell you why and how long they will be." Another told us, "I press my [call] bell and they [staff] come quickly." The staffing level was determined using a recognised dependency assessment tool. In addition, regular reviews of people's needs were undertaken to help ensure the right staff with the right skills were in place to meet people's changing needs.

Staff we spoke with and records we viewed confirmed that staff were recruited only after they had been deemed suitable. One staff member said, "I had to have my DBS (criminal records check) before I did any personal care."

There were processes and procedures in place to maintain the safe administration of people's medicines. A new system had been implemented since our previous inspection and we were confident that the recording of people's prescribed medicines was safe. One person said, "They [staff] make sure I take all my tablets. They don't leave me until I have swallowed all of my tablets." Only staff who had been trained and deemed competent administered medicines. Medicines were managed, stored, disposed of and accounted for based upon current management of medicines guidance.

Good

Is the service effective?

Our findings

People told us and we observed that they were supported by staff who had been trained according to people's needs. This was as well as staff who were appropriately skilled in meeting these needs. One person said, "I can absolutely say for definite that they [staff] know what they are doing. I rarely have to ask for much these days as staff know me so well. They always ask though." Another person commented, "Very good, [staff] know what my preferences are as well as when I need to be left alone." A relative told us that as a result of staff's knowledge about their family member, "I am seeing improvements in [family member's] independence almost every day."

Staff told us that they had the training and support they needed to carry out their role effectively. A staff member told us, "The [administration] assistant sends details about our training to the [registered] manager. I am required to complete all the mandatory training such as, safeguarding, moving and handling, end of life care as well as being helped by experienced staff if I am ever not sure about something." Records showed that staff received appropriate supervision and appraisal, and that these sessions were focused on encouraging and supporting good practice. Staff were offered the opportunity to discuss any training required as well as setting their goals for the next 12 months.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Discussions with staff and our observations of how people could make decisions and choices demonstrated that staff understood MCA and DoLS and how this applied to the people they supported. One person said, "I choose what I want to do. They [staff] give me a choice of meals or if I want a bath or shower. I am free to choose what I do and where I do it. Staff encouraged people to make decisions independently based on their ability. Where people were unable to verbally communicate, we saw how staff encouraged and enabled people to make a choice from plated up meals or a selection of drinks to be able to choose their preferred option.

People told us the food at the service was of a standard that met their nutritional needs. One person said, "It can be of variable quality but generally it's okay." Another person told us, "We are having fish today with vegetables; It's [the food] always hot and homely." The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. This included records for those people who required a certain type of diet such as a pureed or sugar free. Records and our observations also confirmed that people were given the practical support they needed to eat. For example, staff offered to cut up people's food for them. We observed that people had equipment which enabled them to eat independently, such as adapted cutlery and crockery.

Staff and the registered manager had a good working relationship with external health professionals such as GP's and district nurses, dietician or tissue viability nurse. People, where required, were enabled to access external healthcare professional support as soon as this was required. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. A GP had fed back to us that, "People, as a result of staff's timely interventions, were able to lead more independent lives." An external healthcare professional we contacted told us, "I have found staff, both management and carers, as very approachable and knowledgeable about the care and needs of residents."

Good

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards them. We did however; observe on one unit that staff did not consistently knock on people's doors and wait for permission to enter. This put some people at risk of having their dignity or privacy compromised. People on the other four units were satisfied that their privacy was respected. One person said, "I would say the care is pretty good, you have to wait your turn but when they do come the care is good. They don't rush me." Another person commented, "Very caring people [staff], very kind and patient with people, I get myself washed and dressed and showered." A relative told us, "I would rate the care as outstanding if I could. Nothing regarding my [family member's care] is ever too much trouble."

We observed staff spending meaningful time with people and interacting with them in a thoughtful and considerate way. For example, by offering a reassuring touch to comfort people or sitting with them and engaging in conversation. Staff treated people as a person and not just someone who need care and support. We saw that as a result of staff's presence and interventions that people were calm and relaxed. This included those people cared for in bed who sometimes just needed staff's reassurance.

Although not everyone was able to be involved in making decisions about their care we found that other methods were used to determine the care that benefitted people the most. For example, relatives and other professionals were involved in making decisions on people's behalf such as suggestions for their favourite pastimes or meals. One person said, "I don't know about that [care plan] but they [staff] are always asking me if everything is alright, if I need anything and that I am happy." The person then went on to tell us that they were very happy and settled. A relative told us, "We discuss everything at [care plan] reviews. I know my [family member] very well and act as their spokesperson."

People were encouraged by staff to remain as independent as possible to keep skills they already had as well as gaining new skills. For example staff cutting up their food but then encouraging them to eat it independently. These skills helped people uphold their dignity and respect. People's care records provided staff with the appropriate guidance to help staff support people in the way they preferred to be cared for. This was as well as those aspects of their care that people could do for themselves.

People and relatives we spoke with told us that visits to the service were without restriction. One relative said, "I come most days at different times and they [staff] welcome me."

We found that where people were not able to speak up for themselves that arrangements were in place to help them. Examples of this included relatives with a Lasting Power of attorney for health and welfare. This was as well as information about advocacy services being made available to people and relatives if this was required. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

We saw records where a relative's feedback to the provider stated, "All the way though [family member's care] despite being extremely busy they [staff] made time to explain [about health condition]." However, we found that on the upstairs units people's needs were not always responded to in a timely manner. This meant that on some occasions people had to wait for their care needs to be met. One example was where a person was sat eating and another person who was not able to eat independently was sat waiting for 25 minutes before they were assisted to eat the meal. Another example was where a person who we saw who clearly had an urgent need for assistance with personal care was told by staff, "I'll just finish what I'm doing (cleaning) and I'll be with you in a few minutes." Staff attended to the person after a further three minutes but did not consider the person's preferences at having their personal care needs met in a timely manner.

In the lounge at lunch we observed a person without staff supervision, after 35 minutes the person's full plate and cold cup of tea was still in front of them but staff had not checked on the person's needs. People also commented that, "If you don't go down to the lounge you don't see anyone all day to talk to – You are very cut off –really activities for all of us are limited." And, "I am not going to lie I do get very bored here – there is no-one to talk to I keep asking them [staff] when am I going to have someone to talk to and they don't do anything."

In another situation we observed two people being supported to eat by one staff member at the same time. One staff told us that people sometimes did have to wait for their needs to be met and that "care had to be prioritised". We also observed one person being assisted to move by staff. The person said, "No cushion? And you haven't put the brakes on have you? Something is cutting into my leg." The care staff did not stop to look at their leg but pushed them out of the lounge. This meant that staff did not always consider people's needs.

People told us that most staff knew them well and staff were able to describe in detail what people's needs were. One person said, "They [staff] know me very well and probably better than I know myself as I can't always remember things these days. They are very good at getting this done in a way I like." This was supported by our observations and speaking with staff about people's needs.

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. People were supported to engage in meaningful activities which helped ensure an appropriate amount of social stimulation, such as arts, crafts, baking and pressing flowers. During our visit we observed staff sitting with one person reading the paper to them, another staff member was enabling a group of people to take part in a quiz. This was as well as supporting people who were cared for in bed with manicures, having a chat and reminiscing about their past. We observed that people appeared to enjoy these activities and engagement with staff. One person said, "I love my weekly workout and joining in the bi-weekly exercise classes."

People told us they felt able to feedback their views on the service and were encouraged to do so and that they felt listened to. One person said, "We get to go to residents' meetings. I have requested more fish and

other people asked for more summer lunches in the warmer weather and we have had these." A relative told us that they would speak with the nurse in charge but they had never had to complain but they felt confident in the way staff responded without having any cause to speak with the registered manager. Records we viewed showed that complaints were acted upon in line with the provider's policies to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

There was a registered manager working at the service. 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 registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service, relatives, staff and external health professionals. This information was used to make any improvements and to help determine the future shape of the service. For example, by using guidance from national organisations such as the National Institute for Health and Care Excellence. This was as well as nursing staff adhering to the Nursing and Midwifery Council's code of practice by keeping accurate records.

Feedback from people using the service had been used to make changes to the meal options that were available. This was in addition to other requests from people such as the chef attending residents' meetings to ensure that people's dining experience was as good as it could be. As a result of the chef's attendance they would visit each unit regularly to receive feedback about the meal.

Staff told us they felt able to share concerns with the registered manager, care manager as well as the regional manager. Staff felt confident that their views were considered before any changes to the service were implemented. This was confirmed in the staff meeting minutes we looked at as well as staff confirming that their supervisions were a two way process. Meeting minutes also recorded the praise staff had received from the registered manager which was in ensuring that nobody developed a pressure sore in the service and team work being very good.

The service had strong links with the community and other care services in the local area. A forum had been hosted for relatives of people living with Alzheimer's disease; a common type of dementia. Other links included the service entering its gardens in a local 'Gardens in bloom' event. This was where the service was able to show off its gardens which the people using the service had helped create. This was as well as participating in a national programme of exercises in care homes, of which the aim was to improve the quality of people's lives. The organised exercises had made a positive difference to people's lives such as improving their cognitive ability as well as better levels of independence. The registered manager told us that even people living with dementia had joined in these events and that people's ability to do more had been evident in many areas such as eating and drinking and mobility.

The registered manager also attended other externally organised meetings, such as those organised by the provider to share information and best/good practise. This was for subjects such as dementia and diabetes care as well as any learning from CQC inspections.

The registered manager, care manager and representatives of the provider undertook a regular programme of audits to assess the quality of the service. This was for subjects such as care plans. We saw that these

were effective in identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly, such as medicines recording. As a result of our inspection findings the registered manager told us they would undertake a dining experience audit to help drive improvements as well as reviewing responses to people's care needs.

The registered manager had an electronic records system which helped them identify trends such as frequency or location of people's falls. This was as well as identifying those staff responsible for completing any required actions. Actions taken included new equipment such as adapted beds and wheelchairs. This was as well as changes to people's medicines. A 12 month programme was underway which was working towards 'The Gold Standard Framework' for end of life care. This demonstrated to us that the registered manager and provider were committed to continual improvement.