PAKS Trust

# Hatfield House

## Inspection report

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Date of inspection visit:
21 January 2016

Date of publication:
29 February 2016

## 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

We inspected Hatfield House on 21 January 2016. The inspection visit was unannounced.

Hatfield House provides accommodation for people in a residential setting for people with learning difficulties. There were 4 people living at the home when we inspected the service.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection. We refer to the registered manager as the manager in the body of this report.

Staff had received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. Risk assessments around the provision of care and support had been carried out and action was taken to reduce any identified risks. There were systems in place to ensure that medicines were stored and administered safely.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with DoLS and the MCA, and at the time of our visit was awaiting the outcome of those applications.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

People were supported in a range of activities, both inside and outside the home. Activities outside the home enabled people to be part of their local community and to take regular holidays. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were

supported to make decisions about their environment and choose how their room was decorated.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

People knew how to make a complaint if they needed to. Complaints received were fully investigated and analysed so that the provider could learn from them. People who used the service and their relatives were given the opportunity to share their views about how the service was run. Quality assurance procedures identified where the service needed to make improvements, and where issues had been identified the manager took action to continuously improve the service.

## 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 felt safe living at the home. People were protected from the risk of abuse as staff knew what to do if they suspected abuse. Staff identified risks to people who used the service and took appropriate action to manage risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. Medicines were stored and administered to people safely.

### Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

### Is the service caring?

Good

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives were involved in the development of care plans and frequent reviews. People were able to make complaints about the quality of the service which were analysed

to identify areas where the service could be improved.

## Is the service well-led?

Good

The service was well led.

The manager and staff were approachable and there was a clear management structure in place to support staff. The manager was accessible to people who used the service, their relatives, and members of staff. There were systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained.

# 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 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.

The inspection took place on 21 January 2016 and was unannounced. The inspection was undertaken by one inspector.

We spoke with all the people who lived at the home and one person's relative. We spent time observing how people were cared for and how staff interacted with them so we could get a view of the care they received.

We spoke with the registered manager, the deputy manager and two members of care staff. We reviewed two people's care records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

Good

# Is the service safe?

## Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. One person we spoke with told us, "Yes I feel safe. It's home."

There were enough staff to meet people's care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. During the day there were two members of care staff on duty when all four people were present. The manager explained they were also available during the day to offer staff and people support and assistance when required. One person said, "There are always enough staff, even at night."

Some people were supported to attend a day centre run by the provider two or three days per week. At the day centre there were staff available to support people with hobbies and interests that met their individual preferences. When some people remained at the home, at least one staff member was available to support and assist them there. Staff confirmed there were enough staff available to offer people support and assistance at all times. This included supporting people to attend activities in their local community and supporting people to remain at home when they wished.

People were supported by staff who understood their needs and how to keep people safe. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. One staff member said, "I'm confident the manager would act to protect people if we raised any concerns."

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and actions they had taken.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the potential risks. Risk assessments were detailed, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of harming themselves when they became anxious. There were plans which informed staff how the person should be assisted if they became anxious. Information was included in the records on why the person may display this type of behaviour, so that staff

could take preventative action. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by staff on the risks facing individuals.

The provider had systems to minimise risks in the environment, such as regular safety checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care.

We observed how medicines were administered at Hatfield House. Care staff were trained in how to administer medicines safely and received regular checks on their competency following their training, to ensure they continued to maintain their knowledge and skills. Medicines were stored safely and securely. Administration records showed people received their medicines as prescribed. We asked people whether they received their prescribed medicines when they needed them. People told us they did. One person said, "Yes, I've already had my medicines today."

Each person at the home had a Medicine Administration Record (MAR) that documented the medicines they were prescribed. MAR records contained a photograph of the person so that staff could ensure the right person received their medicines.  Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Daily and monthly medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

Good

# Is the service effective?

## Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the manager was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. No-one had a DoLS in place at the time of our inspection visit. However, the manager had identified some people who may require a DoLS and had submitted applications to the local authority for their consideration. This demonstrated the manager was acting in accordance with the MCA.

Staff demonstrated they understood the principles of the MCA and DoLS. They gave us examples of applying these principles to protect people's rights, for example, assuming people had the capacity to make their own decisions unless it was established that they did not. They described asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people could not make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals.

Staff told us they received an induction when they started work at the home which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. There had been no new staff recruited to work with people at the home for several years. However, the provider had recently introduced a new induction programme linked to the Care Certificate which provides care staff with the fundamental skills they need to provide quality care. This demonstrated the provider took action to keep staff induction procedures up to date in readiness for new staff joining the service.

Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff told us, "Yes, my training is kept up to date. Some training is refreshed yearly as we are required to refresh our skills regularly." They added, "I can ask for further training to be arranged if I need to." Staff told us regular training kept their skills up to date so that they could support people at the home effectively. The provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

People told us staff who cared for and supported them had the right skills to do so. Staff used their skills to

assist people at the home effectively. We saw that staff communicated with people effectively and understood their individual needs. For example, some people at the home had limited language skills. Staff used their knowledge and communication skills to understand the wishes of people at the home. They communicated with people using clear language and tailored their communication according to the individual's abilities.

Staff told us they had regular supervision meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly appraisal meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found supervision helpful with one staff member explaining, "We can discuss how things are going and also our personal development."

We were unable to observe a mealtime during our inspection, so we asked people whether they enjoyed the food on offer at Hatfield House. One person told us about the food they ate saying, "I enjoy breakfast. I always choose what I like." People at the home told us they made choices about the food on offer and assisted staff in preparing their meals. A daily menu of the food was displayed in the kitchen so that people could choose each day what they wanted to eat. One person said, "We help prepare the meals here." They added, "I am planning to do the shopping today with a member of staff." This demonstrated people at the home were involved in choosing the food they ate according to their likes and dislikes.

People had access to food and drink throughout the day and staff supported them when required. People told us they could request snacks and drinks whenever they wanted them. We observed people asking for drinks when they required assistance to prepare them, and other people helping themselves to drinks and snacks in the kitchen which assisted people to maintain their nutrition and hydration.

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. Information was written down in a communication log and each person's daily records, so that each member of staff could review the information when they started their shift. One staff member confirmed, "We always look at the communication log when we start our shift to check if there is anything we need to know."

People told us and records confirmed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals such as nutritional professionals, when a change in their health was identified. One person told us, "I go to the doctors and the specialist about my health, my keyworker takes me when I need to go." We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Good

# Is the service caring?

## Our findings

We asked people if they enjoyed living at Hatfied House. They responded with smiles and said they did. One person told us, "Staff are really lovely here." They added, "I'm comfortable."

We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People laughed, smiled and chatted with staff and each other.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring with one explaining, "Staff really care about the people here. I've been here a number of years because I just don't want to leave."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw some people went out to a day centre as they wished and another person stayed at home. One person was preparing to go out for the day on a shopping trip with staff.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in. One person told us about the daily tasks they were involved in, such as doing their own laundry and cleaning their room. One staff member explained, "People are encouraged to be as independent as possible."

We observed three bedrooms at the home. We saw these were personalised and each one was different. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. People told us they had been involved in choosing the colour schemes, decoration and furniture in their rooms. One person said, "I can decide how I want things. I'm just trying to decide how I would like it decorated again."

We saw people's privacy was respected. Staff knocked on people's bedroom doors before announcing themselves. People had access to areas where they could meet their family in private or spend time alone. Staff supported people to maintain relationships with those closest to them. Relatives confirmed they could visit when invited by their family members and always felt welcomed into the home.

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

# Is the service responsive?

## Our findings

People were encouraged to participate in activities inside and outside the home according to their personal wishes. One person told us they enjoyed the garden saying, "I like doing the gardening and using the garden, the lavender is lovely." The manager explained that most people at the home chose to go out individually as well as taking part in group activities. For example, people were supported to go shopping, go out for meals in local restaurants and participate in activities in their local community.

Everyone had activities arranged according to their personal preferences. People were encouraged to do things individually such as reading, listening to music they enjoyed, or visiting places in their local community. We saw photographs displayed around the home showed people participating in a number of activities such as trips out to the seaside and places of interest. People told us they made choices about where they wanted to go on holiday each year. One person said, "I'm going to Bognor Regis this year, however other people are going somewhere else." Another person told us about what they did at the provider's day centre saying, "We do all sorts of things we like at the centre like preparing and eating food and playing games."

Each person had a care and support plan with detailed information and guidance personal to them. People and their relatives told us they were involved in making decisions about their care and how support was delivered. Care plans included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and provided staff with written instructions on how tasks should be performed. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. One staff member said, "The care records give us all the information we need." This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received.

People's care plans were reviewed regularly to keep them up to date. When we visited the service the manager was reviewing and updating two people's care records. They explained, "Each month staff also complete a review of each person's care. People meet with their keyworker (a designated member of staff personal to each individual) to find out whether they are happy with their care, and whether anything has changed. The information from these meetings is assessed and any changes to care plans are made where needed in response."

People had information in an 'easy read' format in their care records. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. Information about who people could talk to, or how they could raise a complaint if they were worried was in 'easy read' in care records and on display at the home. We asked people what they would do if they were unhappy or had any concerns. People told us they would not hesitate to raise any concerns if they had any.

In the complaints log we saw previous complaints had been investigated and responded to in a timely way. The provider had acted on the feedback they received in complaints to improve the quality of their service.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post. People told us the manager was approachable and they could raise any concerns they had with the manager or care staff if they needed to. One relative told us, "The manager always keeps us up to date when we see them." The staff members we spoke with also told us the manager was approachable and they felt well supported. One staff member told us, "Yes the manager is really approachable. They often work a shift to keep in touch with what's happening." They added, "The deputy manager is really good too."

There was a clear management structure within Hatfield House to support staff. The registered manager was part of a management team which included a deputy manager. Care staff told us they received regular support and advice from managers to enable them to do their work effectively. Care staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The service was run by a registered charity who owned a number of similar services in the local area. The manager told us the provider was supportive of them and offered them regular feedback and assistance with their role. The manager said, "I have the opportunity to speak with my manager on a daily basis. This is because my manager is available at the day centre (run by the provider) and is always available by telephone if I need any support or assistance." The provider also visited the service quarterly to hold formal meetings with the manager, and to discuss issues around quality assurance procedures and areas for improvement at the home.

The manager explained they were also supported in their role by other registered managers who worked for the provider. They said, "We have monthly managers meetings and talk on a daily basis regarding all areas of our job. We all work as a team. I feel that being part of a team helps me in decision making and allows me to share ideas and concerns with others to reach a positive outcome for the people we support."

There were systems in place so people who lived in the home, their relatives, and staff could share their views about how the home was managed. People took part in regular house meetings where they were able to discuss what activities they would like to take part in and what food they would like. The provider conducted a yearly quality assurance questionnaire that was sent out to people and their relatives. Feedback from the questionnaires was collated and reviewed by the manager to identify any areas of concern. The manager told us, "The surveys are done on an annual basis. The most recent survey gave us good feedback with no concerns to act on."

Staff were also asked about their views of the service. All staff were involved in regular meetings where their feedback was sought. One staff member said, "The manager takes into account our views." Another staff member said, "We have regular meetings where the manager asks for our feedback."

There was a system of internal audits and checks completed within the home to ensure the safety and

quality of service was maintained. The manager told us, "PAKS trust conducts Annual Quality Audits and the provider visits the home every three months to conduct monitoring checks." The provider also directed the manager to conduct regular checks at the home. For example, the manager conducted regular audits in medicines management and health and safety. These checks ensured the service continuously improved. For example, recent changes had been made to a fire exit to improve security at the home.

The provider had sent statutory notifications to us about important events and incidents that occurred at the home. They also shared information with local authorities and other regulators when required. They had kept us informed of the progress and the outcomes of investigations they carried out. For example investigations in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from these incidents. The investigations showed the manager made improvements to minimise the chance of them happening again.